

## Crossroads Care North West

# Crossroads Care North West - West Lancashire

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on the 5, 10 & 11 November 2015 and was announced. 48 hours' notice of the inspection was given because we wanted to ensure the registered manager was available.

We last inspected this service under its previously registered name of 'Crossroads Care West Lancashire' in

February 2013. The service was judged to be compliant in all the areas we looked at. The service registered under the name of 'Crossroads Care North West – West Lancashire' on 31 July 2015.

Crossroads Care North West – West Lancashire provide support and personal care for people of all ages to enable them to remain in their own homes. The service helps people's main carers in West Lancashire and

# Summary of findings

surrounding areas to have some respite from their caring duties so that their own health and wellbeing is maintained. The agency office is located near to the town centre of Ormskirk.

The registered manager of the service was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at training records we found that all of the staff had received medication training and updates, as stipulated in the providers' medicine policy and procedure. Staff files included staff competency assessments for the administration of medicines.

We saw that the service had appropriate policies in place to ensure that people who used the service were kept safe, including an up to date safeguarding policy.

We asked people if care support workers turned up on time and if they stayed the amount of time they were allocated to do so. All the people we spoke with, and their main carers, agreed that they did stay for the amount of time they should.

The care records we looked at evidenced service user agreements and consent to care. However, we found a lack of consideration for assessment of a person's mental capacity prior to asking the service user for consent to care and treatment or prior to making a decision on a person's behalf. Staff were not trained in Mental Capacity Act awareness. The manager told us they were aware this area needed development. During our feedback meeting the week following our inspection we saw that training had been sourced for staff with regards to MCA and DoLS.

Staff we spoke with told us that they received appropriate training, formal support through supervisions and appraisals as well as informal support. They told us they were able to visit or contact the office, including outside of office hours, for advice or support.

We looked at care records for four people and found that nutritional risk assessments, preferred foods and drinks and peoples abilities were recorded throughout the related care plans.

People we spoke with told us they were happy with the care they received from the service and told us that they had positive relationships with staff.

We contacted other professionals involved with the service and asked them about their experiences of dealing with managers and staff at Crossroads, including the local authority contracts team. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

Details of the services complaints process was contained within the 'Service User Information and Guidelines for Carers and People with Care Needs Using our Service' booklet that was given to people when they started to receive a service. This pack also contained contact details for the agency's 'out of hours' or 'on-call' service which was available 24 hours a day seven days per week.

Care plans were completed and reviewed in accordance with the persons changing needs. There was a lack of consistency in the information between care files. However overall the care plans included personal preferences and individual information.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

A range of quality audits and risk assessments had been conducted by the registered manager. The organisation had their own internal quality audit tool entitled 'CROQUET' (Crossroads Care Quality Evaluation Tool) with the most recent audit having taken place in July 2014. The West Lancashire service had received the highest level within the organisations structure.

The service held regular staff meetings and we were shown a copy of the latest minutes. Staff we spoke with told us that they found these meetings useful and were able to contribute within the meetings.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

Staff spoke knowledgeably regarding medicines management and confirmed that they were trained appropriately.

Good



### Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

There was evidence of staff supervisions, appraisals and observations of staff competence on the staff files we reviewed.

Nutritional risk assessments, preferred foods and drinks and peoples abilities were recorded throughout the related care plans.

Good



### Is the service caring?

The service was caring.

People we spoke with told us they were happy with the care they received from the service and told us that they had positive relationships with staff.

We saw that carers and people who were cared for were involved in the care planning process and a person centred ethos was evident throughout care records.

Good



### Is the service responsive?

The service was responsive.

The service had a complaints procedure in place which and staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were completed and reviewed in accordance with the persons changing needs.

Good



### Is the service well-led?

The service was well-led.

A range of quality audits and risk assessments had been conducted by the registered manager.

Good



# Summary of findings

Staff spoke with felt supported and spoke highly of their managers. We saw that clear lines of accountability were in place throughout the organisation.

The service held regular staff meetings. Staff we spoke with told us that they found these meetings useful and were able to contribute within the meetings.

# Crossroads Care North West – West Lancashire

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5, 10 & 11 November 2015 and was announced. 48 hours' notice of the inspection was given because we wanted to ensure the registered manager was available.

The inspection was carried out by two adult social care inspectors, including the lead inspector for the service, and an expert-by-experience, who made telephone calls to main carers and people who they cared for. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service. The provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about the service; this included 21 people who used the service either as the main carer receiving respite or the person they cared for. We also spoke with four care and support workers and the registered manager of the service.

We spent time looking at records, which included six people's care records, four staff files, training records and records relating to the management of the home which included audits for the service. We also looked to see if the home had relevant, up to date policies and procedures in place.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe whilst receiving care and support from Crossroads. One person told us, "I do feel extremely safe. I confide in my carer and I know that when confiding anything I say is confidential." Another person said, "Oh I do feel safe, yes." Not one person indicated that they felt unsafe in any way. This was similar when speaking with people's carers who were taking respite. One carer told us, "I do not have any concerns about (name) safety with them." Another carer said, "No problems and (name) is very keen on feeling safe."

We looked at assessments undertaken for four people before the agency agreed to provide their domiciliary care package and found that safety checks and risk assessments were undertaken.

We looked at recruitment processes. We found that employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people. We looked at four staff recruitment records and found that disclosure and barring service checks (DBS) had been undertaken prior to their employment. We found that pre-employment references were obtained. The staff files contained a copy of the application form and interview details. This ensured that staff recruitment was done in a safe way to protect the safety of people who use the service.

We looked at training records we found that all of the staff had received medication training and updates, as stipulated in the providers' medicine policy and procedure. Staff files included staff competency assessments for the administration of medicines. When we asked people if they received their medicines on time no-one cited any issues. We discussed arrangements for assisting people to take their medicines with staff. Staff told us that they only reminded people to take their medication and then recorded this on the Medication Administration Records (MARS) chart. Staff spoke knowledgeably regarding medicines management and confirmed that they were trained appropriately, had the necessary assistance from management and were competency checked regularly.

We saw that the service had appropriate policies in place to ensure that people who used the service were kept safe, including an up to date safeguarding policy.

We spoke with staff regarding their understanding of safeguarding procedures; they were all aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. Staff were also able to tell us who they would report issues to outside of the provider if they felt that appropriate action was not being taken internally. One member of staff told us, "I have had safeguarding training in the last 12 months, all the training is kept up to date. I would certainly never let any concerns go but anything you tell the office is dealt with."

We looked at care records and found a generalised risk assessment in place, which covered areas, such as the risk of falls, in relation to steps, paths, flags and lighting. Further risk assessments were completed on an individual basis and covered social outings and behaviour management.

We found that care plans identified risk management in a person centred way. One person's care plan informed us about a restrictive diet and the foods that could and could not be eaten by the person. Staff we spoke with were knowledgeable about people's needs and were able to tell us about the specific needs of the people they supported regularly.

We asked people if care support workers turned up on time and if they stayed the amount of time they were allocated to do so. All the people we spoke with, and their main carers, agreed that they did stay for the amount of time they should. One person told us, "Yes, they always stay for as long I need them and they are never late." People also told us that they saw the same staff unless there was a specific reason for not doing so such as annual leave or sickness. One person told us, "I always get the same carer. Replacements are sent for holidays, but I'm warned by phone and given details about the person." Staff we spoke with told us they were given enough time with people, were given time for travelling and that visits to people did not overlap.

# Is the service effective?

## Our findings

People we spoke with told us their needs were met in a way they wanted them to be. They told us that staff were well trained, competent and caring when carrying out their role. We were told that staff were matched with people depending on their background, preferences and personality. One person told us, “In the very beginning, someone came to my home and they matched me up with someone suitable. I really appreciated that.” Another person said, “Crossroads changed the carer and tried hard to match the new one with me and they are always introduced to you. My family think they are the crème de la crème, as do I.”

We saw the agency had a detailed induction programme in place for all new staff, which they were required to complete prior to supporting anyone in the community. This programme covered important health and safety areas, such as moving and handling, infection control and also included courses, such as safeguarding and dementia care. Staff we spoke with, many of whom had been working at the agency for a number of years confirmed they had been through a thorough induction process.

We looked at training records and found that staff had obtained mandatory training as specified in the provider's policies and procedures. For example, fire safety, equality and diversity and first aid. There was also evidence of specialised staff training depending on the individual needs of the people who used the service.

Staff we spoke with told us that they received appropriate training, formal support through supervisions and appraisals as well as informal support. They told us they were able to visit or contact the office, including outside of office hours, for advice or support. One member of staff told us, “The support we get is fantastic, whether you are poorly, need help or assistance, you always get an answer to any issues raised.”

There was evidence of staff supervisions, appraisals and observations of staff competence on the staff files we

reviewed. It was evident that appropriate discussions took place regarding staff performance, any identified development needs and that staff had the chance to discuss any issues they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We discussed the requirements of the Mental MCA with the registered manager who had a good understanding of them.

The care records we looked at evidenced service user agreements and consent to care. However, we found a lack of consideration for assessment of a person's mental capacity prior to asking the service user for consent to care and treatment or prior to making a decision on a person's behalf. Staff were not trained in Mental Capacity Act awareness. The manager told us they were aware

this area needed development. During our feedback meeting the week following our inspection we saw that training had been sourced for staff with regards to MCA and DoLS.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we spoke with and their relatives spoke very positively about how staff communicated with them.

We looked at care records for four people and found that nutritional risk assessments, preferred foods and drinks and peoples abilities were recorded throughout the related care plans.

# Is the service caring?

## Our findings

People we spoke with told us they were happy with the care they received from the service and told us that they had positive relationships with staff. One person told us, "They are excellent. My previous provider was not so good but Crossroads staff are all nice people." Another person told us, "I can't think of anything that would make the service better, they are all very friendly." A carer we spoke with said, "My relative has a very high level of need. They (staff) are very attentive and very very caring."

We saw that carers and people who were cared for were involved in the care planning process and a person centred ethos was evident throughout care records. We asked people if they felt they were involved in how their care was planned and we received positive responses from them. One person said, "I'm fully involved in every aspect of my care, at least as far as I want to be."

In one of the staff files we saw a copy of a local newspaper story which featured a family thanking the staff member and the care team for their help, "without whom we could not have coped".

We contacted other professionals involved with the service and asked them about their experiences of dealing with managers and staff at Crossroads, including the local authority contracts team. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

We spoke with staff on issues such as confidentiality, privacy and dignity. Staff were knowledgeable in all areas and were able to talk through practical examples with us. One member of staff told us, "There are no issues in this area, the staff all have a nice way about them and do the job for the love of it. We treat people as if they are part of our family."

We spoke with staff regarding end of life care. Staff spoke passionately about the subject and had a good understanding of how end of life care impacted upon the person and their family. We saw that training took place in this area and other professionals we spoke to commented on how professional the service was in regard to end of life care and told us the reputation of the service was well known locally.



# Is the service responsive?

## Our findings

People we spoke with and their carers told us they knew how to raise issues, including how to make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. However not one person we spoke with had made a formal complaint to the service. We saw from the information provided to us prior to our inspection from the 'Provider Information Return' that there had been no complaints received into the service in the twelve month period prior to our inspection. We checked the services internal records during the inspection and this confirmed that no formal complaints had been received.

The service had a complaints procedure in place which we were shown a copy of. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns. There were numerous compliments recorded although we were told that not all verbal compliments were recorded. We saw lots of thank you cards, letters and even donations to Crossroads from people who had used the service.

Details of the services complaints process was contained within the 'Service User Information and Guidelines for Carers and People with Care Needs Using our Service' booklet that was given to people when they started to receive a service. This pack also contained contact details for the agency's 'out of hours' or 'on-call' service which was available 24 hours a day seven days per week. People we spoke with who had used this service confirmed that there was always someone available to talk to if they had any

concerns. There were also contact details for external agencies such as the Care Quality Commission for if people felt their issues were not satisfactorily resolved via the service itself.

We looked at needs assessments for four people. The assessments were completed prior to agreement of services and they showed a good standard of person centred detail. The service had guidelines in place regarding the timeliness of when assessments took place following an initial request for a care package to start. This was set at an initial response within 48 hours followed by a full assessment within five days unless the request was for end of life care when the aim was to put a service in place the same day.

Care plans were completed and reviewed in accordance with the persons changing needs. There was a lack of consistency in the information between care files. However overall the care plans included personal preferences and individual information. For example on persons care plan stated, "(name removed) is an Everton fan". There were other similar examples throughout the care plans we reviewed.

We found that not all interventions completed by the care workers had been recorded appropriately within the care records we looked at. Basic detail regarding the visit was recorded. However, this did not always specify the level of support people had received or the person's experience of the service provided. At times repetitive phrases were used such as, "all well on leaving" and "(name removed) was fine". We discussed this issue with the registered manager who told us they would remind staff to enter detailed information after each visit.

# Is the service well-led?

## Our findings

We asked people and their carers if they felt the service was well run and if communication was good between them and the service. One person said, “Yes very helpful. Easy to contact and I feel I could get more help if I needed it. I have had them for a few years. All carers involved over the years have been good. I cannot fault Crossroads at all.” Another person told us, “They have pushed their resources to meet my needs, they are making a difference to me. More than making an effort, they mean what they say. I was going down the pan, an hour with other carers was usually fifteen minutes (carers from another agency). I need cleanliness. I became quite seriously ill, which was due to lack of any awareness of my illness or willingness to learn. It was totally ignored. It’s different now. I can trust crossroads and that goes a long way.”

We spoke with one carer who had recently used the crossroads service and they told us, “I relied on them so much, they enabled me to have a break. I had three hours a fortnight. There were two permanent staff. A gentleman who was very good and another younger man, he was wonderful with my husband, did jigsaws and played dominoes. I could go out and not have to think about anything. He was wonderful, I miss seeing him. He was so kind and willing.” Another carer told us, “Crossroads never let me down, holidays someone else would replace them, I never had any qualms about Crossroads. Queries, changes, last minute requests for cover, they were my lifeline to get out and they enabled this.”

There were numerous other quotes, written testimonials and praise for the service that had been received from people and their carers currently using the service and people who had used the service recently. We found no negative comments when speaking with people and when looking at quality assurance documents such as the annual survey. The most recent annual survey had been completed in September 2015. Out of 34 returned surveys

33 stated they would recommend Crossroads to family and friends. One person did not answer this question. 34 people, i.e. 100%, stated they were satisfied or extremely satisfied with staff, their punctuality and confidentiality.

We spoke with four members of staff as well as the registered manager, all of whom spoke positively about their employer. Staff had a good understanding of their roles and responsibilities. Direct care staff we spoke with praised the management team and they told us that communication with the office was good.

A range of quality audits and risk assessments had been conducted by the registered manager. The organisation had their own internal quality audit tool entitled ‘CROQUET’ (Crossroads Care Quality Evaluation Tool) with the most recent audit having taken place in July 2014. The West Lancashire service had received the highest level within the organisations structure. We were shown a copy of the full report which detailed the services achievements in many areas including the management of the service, customer satisfaction, contingency planning and training.

The service held an annual strategy day to plan the direction of the business and this was attended by the board of trustees, Chief Executive Officer, senior and local management teams.

We saw a number of files in the office, such as a quality file, this held information that was reported back to the board of trustees and clearly laid out the management structure and oversight of the service. There was a risk management plan in place that covered areas such as governance, finances, regulation, IT, health and safety and policies and procedures. As well as this we saw an equal opportunities plan, five year business plan from 2011-16, statement of purpose and quality policy statement.

The service held regular staff meetings and we were shown a copy of the latest minutes. Staff we spoke with told us that they found these meetings useful and were able to contribute within the meetings.