

Crossroads Care Cheshire, Manchester &
Merseyside Limited

Crossroads Care Greater Manchester

Inspection report

6 Barlow Moor Road
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Manchester
Greater Manchester
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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 ●

Summary of findings

Overall summary

About the service:

Crossroads Care Greater Manchester is a domiciliary care agency registered to provide personal care to adults and children who live in their own homes. At the time of the inspection the service was providing personal care to 48 adults and seven children.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found:

People continued to receive a consistently good service and felt safe with the support they received from the staff.

Staff were reliable, caring and professional in their approach to their work.

People and staff spoke of the registered manager's and senior staff team's commitment to provide a high quality of service. One relative told us, "The agency are excellent all round. Staff are genuinely caring." Another person told us, "Crossroads provide a 5 star service with continuity that is essential to my relative's needs."

The service assessed people's needs in partnership with them to help ensure they received appropriate care that was person-centred.

The service worked in close partnership with healthcare professionals and families to ensure people's health care needs were met. We received positive feedback from healthcare and training professionals about the service provided and the open nature of the management team.

People were safeguarded against the risks of abuse and harm by the systems and by the staff training in place. Risks to people were assessed and mitigated.

When incidents took place, the provider reflected on events to help reduce the risk of these happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had access to a comprehensive training programme developed by the company. Staffing levels were continuously reviewed to ensure there were enough staff to provide reliable, flexible and responsive care.

They worked in partnership and proactively with other organisations. This was demonstrated by the innovative Carers Link scheme set up by the provider to give unpaid carers support and a break from their caring role.

The service continued to be well-led and benefitted from clear and consistent leadership. The registered manager had improved consistency across all the offices the provider ran to ensure the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 6 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our Well-led findings below.

Good ●

Crossroads Care Greater Manchester

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One adult social care inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection it was providing care and support to 48 adults and seven children.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit to be sure the registered manager, staff and people they supported would be available to speak with us.

Inspection activity started on 3 June 2019 and ended on 12 June 2019. We visited the office location on 4 June 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with 18 people who used the service and five relatives on the telephone about their experience of the care provided. We visited the office location and spoke with seven members of staff including the registered manager, care co-ordinators, senior care workers, office staff and care workers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected against abuse and avoidable harm. All staff had safeguarding training and understood their role and responsibilities in protecting vulnerable adults and children from abuse. Staff were encouraged to raise concerns and challenge unsafe practise.
- People told us they felt safe receiving care and support from staff. They told us, "I trust all of the staff" and "I feel safe with the staff. I can speak to any of them about worries or concerns I might have."

Staffing and recruitment

- The provider had well-established systems to monitor staffing levels to ensure staff were in sufficient numbers to provide safe and individual care to people. The provider had introduced a new IT system to ensure all people had visits at the time requested and that the full allocation of time for the visit was being used.
- People told us there had been very few issues with staffing levels and deployment of staff. Any changes were always communicated to people, such as later visit due to heavy traffic. They told us they received a reliable service and had the same staff team visiting them most of the time; with new care workers being introduced to them prior to starting.
- Recruitment practices continued to be safe. The registered provider completed relevant checks before staff worked with people in their homes. These included checking their good character and obtaining a Disclosure and Barring Service check.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The registered manager made sure people were protected by the thorough management of risks. Detailed risk assessments included the person's level of independence, risks in the environment, and medical risks.
- The provider had emergency procedures for keeping people, staff and others safe and these were regularly reviewed and updated as required.
- Staff were trained and followed good infection control practices with risk assessments in place to reduce the spread of infection. People told us how staff carried out hand washing practices and wore gloves and aprons and disposed of these appropriately.

Learning lessons when things go wrong; Using medicines safely

- The service had robust systems in place to monitor and learn from incidents and accidents. The registered manager checked records for any themes or patterns and took preventative actions to reduce any future risks.
- Medicines continued to be safely managed and the service followed good practice guidance.

- Staff had regular medicines training and competency checks to ensure they had suitable skills to carry out the task safely. Where there had been errors made with recording of medicines, these were quickly identified and measures put in place to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law

- The service had improved assessments of new referrals to ensure people's health and care needs could be met. The care plans in place were regularly assessed so staff knew people's current needs well to provide safe person-centred care.
- The registered manager and provider kept up to date with new research, guidance and legislation and used this to train staff and help drive improvement.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations

- The service supported people to access healthcare services to promote their health and well-being. Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One relative told us, "They are always very quick to let me know if they have any concerns about their health or welfare."
- The service understood the importance of working with other agencies to ensure timely effective care. We received positive feedback from external professionals about the agencies multi-disciplinary working to ensure good outcomes for people, especially those who were being discharged from hospital.
- The service was very reliable and people told us they never had a missed visit.

Staff support: induction, training, skills and experience

- Staff were well supported and received a comprehensive training programme to equip them for the specific needs of people they were supporting. Staff praised the supportive relationship provided by the management team and told us they could be contacted at any time for advice and guidance.
- The organisation had a training co-ordinator, who with the registered manager, had designed a comprehensive training programme. Additional person-centred training to support people with more specialist health care needs was regularly provided. Training was based on current best practice covering all aspects of Skills for Care and linked to the key lines of enquiry used by CQC.
- The service matched staff with the appropriate skills and attributes best suited to people's needs. This had led to a high degree of satisfaction expressed by people.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had a good understanding of people's nutritional needs. The registered manager ensured all staff received training on nutrition, malnutrition and hydration.
- People's care plans contained good information to support people to have enough to drink and to eat,

and of any risks associated such as food allergies or swallowing problems. Staff reported any changes or concerns to their line manager for further investigation by the appropriate health care professional.

Adapting service, design, decoration to meet people's needs

- The provider used technology to assist in the effective delivery of care and all care staff had phones for monitoring care visits. The system had details of people's levels of risk which were accessible to staff in an emergency.
- The staff team were knowledgeable about accessing services so people could have equipment and adaptations to their homes to keep them both safe and promote their independence.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- People's rights were protected. The service followed the MCA guidelines and were involved in best interest meetings to ensure people's capacity was assessed and they were supported to make their own decision, wherever possible.
- People's records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Staff had completed training in the MCA and had a good understanding of the principles of the legislation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, friendly and caring and treated people with respect. People talked very well of the agency and told us of them 'going the extra mile'. One person told us, "The service is brilliant. I couldn't ask for better. The girls are so caring with me, they tell me what they are going to do before they do it and check that I am alright all the time."
- Each person had their life history recorded within their care records which staff used to get to know people and to build positive, caring relationships with them. People told us staff knew them well and cared for them in a considerate manner.
- The registered manager and staff documented people's diverse needs and assisted them to maintain their different requirements. Recruitment, training and support for staff was underpinned by the key values of kindness, respect, compassion, dignity in care and empowerment. All staff had training in human rights and equality and diversity awareness.

Supporting people to express their views and be involved in making decisions about their care

- The service cared about and valued the views of people who used the service. Staff recognised people's communication needs and what was important to people. They supported them to express their views and maintain their independence. One relative told us, "She chooses when she wants a shower. They don't pressurise her. it's always her choice."
- People were given information in different formats particular to their needs.
- Care records detailed how people had been involved in developing their care plans. One person told us, "The staff are fabulous, always there for you. I always feel I can talk to them and they listen. They often check my care plan to see it still suits me. We have a laugh too."
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was always respected. Staff had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's human rights.
- People told us their independence was encouraged.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General

Data Protection Regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support and care continued to be personalised and centred on the individual. People had control over their how their support was delivered.
- Senior staff met with people to identify what they would like to achieve from receiving care services. People's care files were person-centred and individualised to give staff clear guidance about people's specific needs and how these were to be best met.
- The registered manager and senior staff acted responsively to people's changing needs by rearranging care visits, scheduling additional care and contacting professionals to help ensure people had the support they required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from the risk of social isolation and loneliness as social contact and companionship were encouraged. Staff supported people to maintain relationships that matter to them, such as family, community and other social links.
- The agency was very knowledgeable and had developed strong links with the local community and they encouraged people to access activities and local support groups.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard.
- People were given information in different formats particular to their needs. Staff used a Picture Exchange Communication System which supported children with little or no communication abilities to communicate and express emotions by using pictures.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. The people we spoke with were all happy with the service they received and had no complaints. They told us they knew how to make complaints and felt these would be listened to and acted upon.
- The provider had a complaints policy. This detailed how people could make a complaint and how these

concerns would be investigated. The policy also detailed external agencies that concerns could be referred to such as the local authority.

End of life care and support

- The service had policies and procedures and staff had training for end of life care for people supported by the service. Currently none of the people supported were at the end of their life. However, the service had previously worked with other health professionals to coordinate end of life care in order to provide a dignified and pain-free death that was comfortable as possible.
- People's religious beliefs and preferences were respected and recorded in their care plans, where they had wanted to do this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team demonstrated a continued commitment to providing person-centred, high-quality care. People's wishes were highly respected and care was arranged around people's preferences and requirements.
- Health and social care professionals spoke positively about the service. One social care professional told us, "The service is very well-led and they are committed to promoting people's independence and well-being. They are proactive in communicating issues."
- The registered manager and staff had a well-developed understanding of equality, diversity and human rights. This was embedded and under-pinned in policies and practices of the organisation and ensured safe, high-quality, compassionate care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had developed policies and procedures and training around the duty of candour responsibility if something was to go wrong. One person told us, "The agency are very good like that, very open. They are not afraid to say sorry if something's not worked out. They make it easy to speak to them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-organised with clear staffing structures and a well developed staff development programme. This included their own management training programme.
- People spoke positively about how the service was managed. They informed us the registered manager and senior staff were approachable and had a good understanding of people's needs and backgrounds.
- Management systems identified and managed risks to the quality of the service. The service based these systems on relevant legislation along with best practice guidelines, for example, using current good practice in dementia care from the National Institute for Health and Care Excellence.
- The registered manager understood their role in terms regulatory requirements. For example, when notifications should be sent to CQC to report incidents that had occurred and required attention.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with other organisations to make sure they followed current

practice, provided a quality service and to ensure people in their care were safe.

- The provider was engaged in projects to improve services given to people. They had set up a family carers scheme, 'Carer Links', through funding from the Big Lottery Reaching Communities programme. This offered 16 hours free paid support from Crossroads carer workers. The scheme coordinators had built up numerous community support links in addition to the respite breaks. These included, with Citizens Advice, Manchester Carers Forum, GP surgeries and volunteer groups. One carer benefitting from the scheme said, "I had no time for myself, I felt trapped. I don't know what I would have done without the break from the Carers Link service."
- The service listened and responded to the views of the people they supported and their family members through annual satisfaction surveys. People were also actively encouraged to comment on care plans and feedback to the management team through regular review meetings.
- Staff spoke positively about the support they received from the management team. They told us senior staff were very approachable and available for advice and support. One member of staff told us, "The manager is really good at listening. If we speak up about an issue there's never any blame. They always say tell us so we can help sort things out."

Continuous learning and improving care

- Crossroads Care Greater Manchester had a strong emphasis on continually striving to improve the service to deliver the best possible care for people supported. The registered manager carried out regular audits that included medication, complaints, financial records, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service.
- The registered manager and provider had carried out a full organisation restructure across all the its north west services. This had improved efficiency, promoted joint working between the offices and lead to a more consistent approach.