

Crossroads Care Cheshire, Manchester & Merseyside Limited

Crossroads Care Greater Manchester

Inspection report

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Date of inspection visit:
21 May 2019
22 May 2019
30 May 2019

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12 July 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Crossroads Care Greater Manchester provides care and support to adults and children living in their own homes in the Bury area only.

People's experience of using this service

People who used the service, parents and a relative spoke positively about their experiences and the quality of care and support offered. We were told that staff were kind and respectful and were aware of the individual needs, risks and wishes of people. They told us that support workers had enough time to perform tasks and would spend time listening to what they had to say.

People told us that they were supported by staff who knew them well. People were supported by small consistent staff teams. When taking on new staff the service ensured appropriate checks were carried out to check candidates' suitability to work with vulnerable people. Ongoing training provided staff with up to date knowledge and understanding of their care and support responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People were given opportunities to provide feedback on the quality of their support and given the opportunity to comment on the service they received. There were processes in place to monitor the safety and quality of the service.

There was evidence of management and oversight of the service. Audits and checks were completed to monitor and review the service. Records showed that any themes or patterns were explored; where improvements had been identified, the management team shared any 'lessons learnt' across the organisation to help improve practice.

Rating at last inspection:

At the last inspection the service was rated Good (25 November 2016).

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected:

This was a planned inspection based on the rating at the last inspection

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

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

This inspection was carried out by one inspector.

Service and service type

Crossroads Care Greater Manchester is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Crossroads Care Greater Manchester received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', for example, tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 27 people were receiving personal care.

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 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection. We visited the office location on 21 and 30 May to meet with the registered manager and management team; and to review records connected with the management of the service. On 22 May 2019 we visited four households where support workers were supporting people and their relatives.

What we did

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information we require providers to send us at least once annually, which is called a provider information return (PIR), to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service, a relative and three parents of children with complex needs. We also spoke with the registered manager, the registered manager of a nearby service of the provider's, the trainer for the organisation, two co-ordinators and three support workers.

We looked at the care plans and risk assessments for four people and children we visited, three staff recruitment files, the training matrix for all staff and a range of records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People, relatives and parents said they felt safe with the support workers coming to their homes. Support workers told us that they felt comfortable working as lone workers and confirmed they wore identification badges.
- Support workers received safeguarding training in protecting both adults and children. They had a good understanding about how to raise concerns and were confident that any concerns they had would be taken seriously. One commented, "Most definitely. We have it drummed into us. It is not today, tomorrow or next week. We have to report any concerns, immediately" and "Without a doubt they would take action."
- The staff 'welcome pack' included information about hate crime and also a key ring that had a jigsaw piece, to remind staff that any information they held could be the first piece of wider ranging concerns.

Staffing and recruitment

- People, parents and staff told us that their support workers were reliable and consistent. They said, "You could set your watch by [support worker]. [Support worker] never comes early or goes before they should", "Always spot on time", "Absolutely excellent support, like part of the family. [Support worker] has known me for years but they never take the relationship [professional boundaries] we have for granted. [Support worker] always follows the rules" and "We have no strangers [staff] coming in and out. [Child's] face lights up when they see the staff. We work as a team with the staff and talk about anything with them."
- We saw that recruitment procedures were sufficiently safe. We discussed with the registered manager the need to strengthen full employment histories for candidates. They told us they would address this immediately and ensure that changes to practices were made at all the providers services. No volunteers were active at this service at the time of this inspection.
- The registered manager told us that finding support workers with the right qualities and attitude to carry out the role was their greatest challenge. They gave us examples of where additional support and reasonable adjustments had been put in place to ensure that they could carry out their roles and responsibilities.

Assessing risk, safety monitoring and management;

- Risk to people's health and safety were assessed and a range of detailed risk assessments were completed.
- Where a child used a hoist and sling for moving around parents said they were confident that support workers knew what they were doing.
- Some people told us that though they had had the same carers for many years (around 20 years in some cases) they were very conscientious and never complacent about risks.
- Checks were carried out in people's homes to ensure they were safe for them and also for visiting support workers, for example if they had pets. Support workers told us that if an emergency happened they could ring the co-ordinators and they would offer support.

- Support workers had a card they carried with them to support them in determining any decisions about the levels of risk they identified.
- Accidents and incidents were recorded and investigated. Where incidents had occurred, this had been acted upon.

Preventing and controlling infection

- Support workers confirmed they had completed training in food hygiene and infection control. They confirmed they had access to disposable aprons and gloves (PPE) when supporting people with personal care or preparing food.
- We saw at the office that stocks of PPE were plentiful.

Using medicines safely

- In most cases people who used the service or their parents or relatives dealt with medicines.
- Staff told us, where they administered medicines and completed records they confirmed they received annual refresher training.
- The service had recently introduced medication training for managers to ensure they had the skills need to competently audit medicines and the competency of support workers.

Learning lesson when things go wrong

- Following an inspection at another of the provider's services, competency medicines spot checks had been updated to make them more detailed.
- Where appropriate the registered manager had introduced additional one to one support sessions for staff. These sessions were used a means of supporting staff and make reasonable adjustments, for example, if they had had time off for ill health.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Support workers we spoke with were knowledgeable and skilled. They told us they received a wide range of training. This provided them with the skills to provide effective care and support to people and children with complex needs.
- The service had an in-house trainer who was passionate about their role. They had received the appropriate training they needed to train support workers. One support worker stated, "She is very positive about what she does."
- All training was face to face training and no eLearning was used. This enabled the trainer to assess whether staff had fully understood what they had been taught and how it applied to practice.
- Additional training was provided to staff who supported adults and children with specific health needs. The trainer had recently undertaken additional training in how to positively support children and young people who may display behaviours that could challenge other people.
- New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. One support worker commented, "I have worked for Crossroads for many years. I like to pass on my knowledge to new staff" and "They have helped me with Maths and English, which has helped me achieve my NVQ."
- Support workers received regular one to one supervision from their line manager, which provided them with the opportunity to discuss any issues including their development needs.
- Improvements had recently been made to the organisation's website. The staff handbook, training handouts and policies and procedures could all now be accessed online.

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

- People's nutritional and hydration needs were assessed, and staff had received training in safe food hygiene.
- Some children required support with feeding via a tube. Support worker said, "If you don't feel confident then you are encouraged to ask for extra training, for example, PEG feeding" and "I have received PEG training and emergency medicines training too."

Supporting people to live healthier lives, access healthcare services and support.

- People and children's care plans contained information and guidance about their health needs.
- People who had had carers in place for a long time said that they trusted that they could confide in the support worker and they gave good emotional support.
- Staff undertook training in the care certificate included standard nine which covers mental health dementia and learning disabilities. They also carried information that showed symptom alerts for signs of meningitis and septicaemia.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service was acting within the legal framework of the MCA. People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence they had consented to their care and support where they had the capacity to do so.

- The registered manager understood the principles of MCA and how to protect people's rights. Most people who used the service had capacity.

- Support workers told us they had received MCA training and had access to pocket size guidance about the MCA and the five important principles everyone must follow when using the act.

Support workers told us, and people, parents and relatives confirmed that they always asked for consent and explained what they were doing during personal care tasks.

- People's needs were assessed by co-ordinators to ensure they could be met and also match people and support workers to help create positive relationships.

- People's care plans described the support required. We found care plans were detailed and contained person centred information.

Staff working with other agencies to provide consistent, effective, timely care; Working in partnership with others

- The service worked closely with other services so that people and children's assessed needs were appropriately met, risks were reduced, and their health and well-being was maintained.

- Links had been developed within the local and wider community to help promote people's community presence as well as maintain their independence.

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

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

- People, parents and a relative, we spoke with all said the staff supporting them were kind and caring. They knew people's preferences and used this knowledge to support them in the way they wanted. They said, "They are nice and kind", "They are all lovely, brilliant", "[Support worker] is one of the kindest people I know. I feel so much better when [support worker] has been. [Support worker] has my interests at heart." Staff said, "It's great to see people's faces, smiling because they are pleased to see you" and "I really do feel appreciated."
- Support workers confirmed that they had received training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People said support workers were conscious of maintaining people's dignity and promoting their independence. People and parents said they felt listened to and support workers acted on their wishes. One person said, "I am very independent, and this is important to me."
- People told us that their support workers were clear about professional boundaries and never talked about other clients that they visited.
- A trainer from the Blind Society came to the service to train support workers who were supporting people and children who were blind, deaf blind and partially sighted. This included experiencing using aids such as a white stick and blacked out goggles taking them walking round the building, so they could get a feel of what it would be like to help when promoting people's independence.
- The service kept case studies where they had supported people with exceptional outcomes. For example, supporting a young person to become more independent around daily living and social skills and using public transport to enable them to participate in meaningful activities.

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

- Support workers had formed good relationships with people who used the service and engaged positively with people
- The provider ensured that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand, such as the use of large print in care documents.
- Information and guidelines for service users, carers and people with care needs using the service was available. This document could be made available in large print or on an audio CD.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery. The service was tailored to meet the needs of people and ensured flexibility and person-centred care.

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

- People received person-centred care which fully revolved around their needs. People, parents and relatives were involved in assessing, planning and reviewing the care and support needed to make it truly person-centred. One parent said, "If the plan wasn't followed I would say something about it."
- Support plans were sufficiently detailed to guide staff. Co-ordinators met with people to review the care plan and risk assessments and check they were happy with the service provided. Support workers asked thought that plans were clear and easy to follow.
- As part of their role support workers often took people out and encouraged social inclusion, for example, shopping and out to the park. One support worker said, "It sometimes depends on the weather but where we can people and children prefer to go out."
- We saw records were children and young people with autism had been supported by the organisation to increase their range activities to help reduce interests that they had become fixated with. They also helped to increase the age appropriate choices and decisions they were able to make.
- The service has contact with the trainer who also worked in the children's school who passed on to the service information about activities that children had enjoyed. For example, dry slope skiing, cookery classes and a graffiti art class. The service also took a child who is blind and deaf to special football sessions.
- The service had plans in place to merge two existing services into a new office which was also a community centre. This would increase the services ability to run group sessions for both adults and children.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place that was available on people's files at their homes.
- People and their relatives told us they knew any concerns raised, would be taken seriously by the management team.
- Records of compliments were kept and shared with the support workers.

End of life care and support

- The service was not providing any end of life care and support at the time of our inspection; however, the service had previously supported people who were at the end of their life.
- Support workers undertook training entitled 'The Grieving Wheel' which discussed dealing with both death and loss.
- The service was in the process of making arrangements for support workers to undertake end of life passport training at a local hospice.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was committed to providing high quality care. The registered manager who was also the nominated individual (named responsible person) was keen to develop professionally and was in the process of standardising procedures and systems across all services across the organisation.
- The registered manager/nominated individual understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- The registered manager/nominated individual worked closely with the chief executive officer (CEO) and the board to develop and achieve the organisations strategic plan. The board met regularly to discuss issues relating to the service.
- The service had a clear and effective management structure. Support workers told us that the all the managers and office staff were very approachable and supportive.
- People, staff, parents and a relative we spoke with had confidence in the way the service was managed and thought the service was well led.
- Staff performance was monitored through spot checks, supervision and appraisal. A support worker said, "The training and support I have received have help me increase my knowledge, confidence and self-esteem. Working for Crossroads has help make me a better person."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to comment on the service they received during review meetings and completing surveys.
- People using the service and their relatives were given an annual calendar which gave information about the annual review of the organisation. This gave people a wide range of information which included, the vision and mission statement of the service, the new electronic system coming into use to reduce paper work, plans to improve social inclusion and young carers awareness day. A quarterly newsletter was produced by the organisation and a local update.
- Staff groups met frequently, and the management team met with staff regularly to support them in their role.

Continuous learning and improving care

- We saw that the service had recently started to introduce easy slide products for staff to use to support

people when dressing them. This new technology helped reduce skin friction, made it easier to put on tights, leggings and tight jeans that people wanted to wear, reduced that amount of moves it took to dress people and reduce the numbers of staff needed.

- A new computerised support system was about to be introduced. The new system would help to reduce the amount of time support workers spent completing paperwork enabling them to spend more time with people.
- A new training package had been introduced for first line managers. This had been put into place to ensure consistent approaches by managers across the organisation.
- Following recent safeguarding training with the Local Authority Designated Officer (LADO) the service had made changes to the body map it used and recruitment advertisements to help ensure that candidates with the right qualities
- The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained high standards. Quality assurance checks were carried out to check records were accurate and up to date.