Crossroads Care In Greater Manchester

Crossroads Care Trafford

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

Summary of findings

Overall summary

This inspection took place on 10 March 2016. We gave the provider 48 hours' notice that we would be visiting to ensure someone would be at the service.

Crossroads Care Trafford provides practical and emotional support in the form of a respite service to carers who are supporting relatives or friends with care needs. The service visit people's homes so carers can have a break from their caring responsibilities. On the day of our inspection there were 100 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Crossroads Care Trafford was last inspected by CQC on 3 December 2013 and was compliant with the regulations in force at that time.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service and staff. Staff had been trained in safeguarding and the registered manager was aware of their responsibilities. Appropriate arrangements were in place for the administration of medicines.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and training sessions were planned for any due or overdue refresher training. Staff received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act.

Staff were aware of people's nutritional needs.

People who used the service, and family members, were complimentary about the standard of care at Crossroads Care Trafford. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using Crossroads Care Trafford and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service and family members were aware of how to make a complaint and the provider

had an effective complaints policy and procedure in place.

The service had links with the community and with other local organisations. Staff felt supported by the manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. People told us the management were approachable and understanding.

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 was safe.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

Staff had been trained in how to safeguard vulnerable people.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff with their dietary needs.

The provider was working within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using Crossroads Care Trafford and care plans were written in a person centred way.

Staff supported people to take part in activities they enjoyed.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other organisations.

Crossroads Care Trafford

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 10 March 2016. We gave the provider 48 hours' notice that we would be visiting to ensure someone would be at the service. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were reported by any of these professionals.

Before the inspection, the provider completed 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 used this information to inform our inspection. We sent questionnaires to people who used the service, family members, staff and community professionals. We received 18 questionnaires back from people who used the service, six from members of staff and three from community professionals.

During our inspection we spoke with two people who used the service and four family members. We also spoke with the registered manager, quality officer and four care workers.

We looked at the care records, including care plans and risk assessments, of six people who used the service and observed how people were being cared for. We also looked at the personnel records for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of people and their interactions with staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe with Crossroads Care Trafford. They told us, "No concerns" and "Their whole procedure, every safety aspect is covered". In the questionnaires we sent out, people who used the service told us they felt safe from abuse or harm.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the registered manager. Staffing levels varied depending on the needs of the people who were being supported. People received support from the same support worker, or a small team of support workers. The registered manager and staff told us that other staff were introduced to people who used the service in case the person's usual support worker was absent. This was only done with the person, or carer's, permission. The registered manager and staff confirmed that no agency staff were used by Crossroads Care Trafford.

The service operated a 'Webroster' system, which all staff had access to via an application on their mobile phones. This allowed staff to clock in and out when visiting a person who used the service and office staff received an alert if this did not happen. The system kept a record of which staff had visited each person, which made it easier to identify a member of staff to cover if a member of staff rang in sick. People who used the service also had access to Webroster via the client portal and could see who was visiting them on a particular day. People who used the service, and family members, we spoke with told us they always knew in advance which support worker would be visiting them. One family member told us, "If [staff member] is off sick, they let me know in advance." This meant people who used the service were supported by regular and familiar staff who knew them well.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included safe handling for children or young people, behaviour management and social outings. For example, a risk assessment for safe handling provided background information on the person, described the tasks to be undertaken and whether the tasks presented a hazard to the person carrying them out. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Care records described how one person had a history of seizures due to epilepsy. The care record described what action staff were to take if the person they were supporting experienced a seizure, for example, call for medical assistance if the seizure lasted for longer than five minutes and inform the medical staff that the

person was allergic to penicillin.

We looked at the safeguarding procedures file and saw a copy of the provider's safeguarding policy and procedure, the local authority referral form, contact numbers for the provider's safeguarding officer, registered manager and emergency on call manager. We discussed safeguarding with the registered manager, who was aware of their responsibilities and saw staff were trained in how to safeguard vulnerable people. A member of staff told us, "We are encouraged to speak up and say if something isn't right."

We saw copies of the provider's accidents, incidents and near miss report forms, which were used to report any accident or incident. These included the name of the person who used the service, carer details if the person was under 18, names of staff members present, date and time of the incident, details and cause of the incident and action taken.

Staff were provided with an infection prevention and control guidance that set out the provider's approach to infection prevention and control for staff, people who used the service, carers and family members. All staff received infection control training and the use of personal protective equipment (PPE) was checked during management spot checks on staff.

Staff received medicines training. This included administration, how to recognise and deal with problems such as side effects, collecting, storing and disposing of medicines, what to do in the event of an error and how to document changes.

Care records described when staff were required to administer medicines to people who used the service and guidance was provided on where the medicines were stored, how to prepare the medicine and to record the administration on the medicine administration record (MAR).

Good

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff at Crossroads Care Trafford. People who used the service and family members told us, "I couldn't live without it", "I'm really happy with the girls", "They've been absolutely great" and "She [support worker] is remarkable. A little gem". In the questionnaires we sent out, people who used the service told us they received care and support from familiar and consistent care and support workers.

The provider maintained an electronic training record for each member of staff. We saw mandatory training included first aid, food hygiene, medicines, moving and handling, health and safety, safeguarding, behaviour management, infection control, equality and diversity. We checked individual staff records and saw the majority of training was up to date. Any training that was due was booked or planned. Staff we spoke with told us their training was up to date and was "Very thorough" and "Always available if I need more".

New staff completed an induction to the service, which included five days of training prior to commencing the role. New staff then shadowed an experienced member of staff before being assessed as competent in the role. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.
This meant that people were supported by staff with the skills and knowledge to meet their individual needs.

Staff received three supervisions per year and one spot check. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Spot checks were an assessment of the staff member on duty and checked whether they arrived on time, were suitably dressed, used personal protective equipment (PPE) and followed appropriate moving and handling techniques. General observations were carried out of the staff member performing their role and a knowledge check was carried out. Staff also received annual appraisals however we saw one staff member's appraisal was overdue. The registered manager told us they were aware of it and it was planned. This meant staff were fully supported in their role.

Some people who used the service were supported by care staff at meal times. Information was provided to staff on the person's dietary requirements and support required with eating and drinking. For example, "[Name] can eat finger foods independently. [Name] uses a cup with a spout to drink from when in their own home and a straw when out" and "Support worker will provide drinks and snacks as requested". Staff were provided with guidance on food safety and hygiene and received training in food hygiene.

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 checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities with regard to the MCA. They told us one person who used the service had an advanced directive about their future care. This decision was made with the person's GP and the service had received a copy of the person's wishes. The registered manager told us staff had knowledge of mental capacity awareness and knew to report to the registered manager if they had any concerns. The registered manager had identified the need for formal training. Therefore, all staff were being trained in mental capacity and the next training course was booked for April 2016. One staff member confirmed they were booked on mental capacity training in April 2016.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). None of the people whose care records we looked at had a DNACPR in place.

Care records contained consent forms that had been completed by the person who used the service or their carer. These authorised care staff to support the person by performing tasks outlined in the person's care plan and agreed that the care plan was in the best interests of the person who used the service.

Care records provided information on people's communication abilities and preferred communication methods. For example, one person who used the service had limited communication however could understand a lot of what was being said to them and would attempt to communicate back using sounds, giggles and hand movements. Another person enjoyed to chat with care staff but staff were advised to "Listen carefully and allow [Name] plenty of time to answer any questions."

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Crossroads Care Trafford. They told us, "They are like sisters [support worker and person who used the service]. They sit and watch movies and they laugh", "She [support worker] is like a member of the family", "Very caring" and "I hope you appreciate how wonderful they all are". One family member told us they got the opportunity to nominate a support worker for an award and the support worker won.

In the questionnaires we sent out, people who used the service told us they were happy with the care and support they received from the service and that staff were caring and kind.

All the staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, one staff member explained the person they supported had been re-assessed after a hip operation and needed additional support with moving and handling. Another staff member explained to us how they helped a person who used the service with a bed bath, shave and helped them choose what to wear.

Information was provided in the care records to guide staff on how to promote personal choice and support people who used the service to be independent. For example, "Support worker will take care to ensure [Name] makes their own choices regarding social, religious and cultural activities", "[Name] likes to watch Asian TV programmes" and "[Name] cannot be left on their own. Support worker will encourage and promote independence and choice in all aspects of support provided".

Staff we spoke with provided us with examples of how they supported people to be independent. For example, "We maintain independence by prompting", "Emphasise the good in what [Name] can do" and "We prompt them". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Care records showed that people's dignity was considered. For example, one person's care record stated, "Support worker to ensure [Name] has towels or napkins to protect their clothes if they are eating or drinking." Staff we spoke with were aware of how to respect people's privacy and dignity and told us they had received training as part of their induction.

We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, "They respect [Name]. They are absolutely spot on", "[Support worker] always tells me when they notice anything. I know they protect [Name]'s dignity. They always do" and "No concerns about that". In the questionnaires we sent out, people who used the service told us their support workers always treated them with respect and dignity. This meant that staff treated people with dignity and respect.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using Crossroads Care Trafford. This ensured staff knew people's needs before they began using the service.

Each person's care record contained a front page that provided important information about the person being supported. For example, the preferred name of the person and the person's carer, emergency contact details, details of any disability or medical condition, service delivery details such as weekdays and times visits were carried out, contact details for the person's GP and social worker and whether the person had any religious or cultural needs. We saw that this had been written in consultation with the person who used the service and their family members.

People who used the service and their family members told us they were involved in the planning of care and were kept up to date. They told us, "Any changes we need to know are always sent out" and "They always keep us up to date".

The care records described the person's support needs, desired outcomes from the support and the specific tasks to be carried by the care staff. Care records were regularly reviewed and staff members told us they would inform the registered manager immediately if they noticed any changes or if any aspect of the care records required reviewing.

One person received support from staff every week day morning and also on a Saturday morning. This was to assist the person's carer with the morning routine. The person's support needs included mobility, communication, eating and drinking, medicines, personal care and activities. For example, the person's mobility support needs described how the person was to be supported in a safe and secure environment and how staff were to maintain the person's safety throughout all moving and handling operations. The person also had a safe handling risk assessment in place. Another person received support from staff two days per week to allow the person's carer a break from the caring role.

Staff carried out activities with some of the people they supported. Care records described people's individual likes and interests, and staff were provided with guidance regarding activities. For example, "[Name] likes reading, quizzes and doing jigsaws. When out and about, [Name] likes going to the cinema, bowling or shopping" and "[Name] will inform the support worker where they would like to go and what they would like to do each visit". Risk assessments were in place for social outings to protect people who used the service and staff from risks to their health and safety. A person who used the service told us, "It's my choice. I decide what I want to do." This meant the provider protected people from social isolation.

The provider maintained an electronic complaints and compliments database. We saw there had been one complaint made to the service in the previous 12 months and was in relation to a missed call. Full details of the complaint were recorded, including the provider's response. Outcome surveys were sent to

complainants after the complaint was resolved to confirm they were happy with how the complaint had been handled and the outcome. People received a copy of the provider's compliments and complaints procedure when they started using the service. People who used the service and family members told us they did not have any complaints. They told us, "No complaints", "None whatsoever" and "Never had to make a complaint". This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. People who used the service, and their family members, told us, "Everyone is so lovely to talk to on the phone" and "[Registered manager] has been wonderful".

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. Staff told us, "The office staff are very supportive. The door is always open", "I feel supported", "There's always someone at the end of the phone", "You can go to [registered manager] with anything" and "They are always there with advice and help". Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place monthly and included updates on any changes at the service such as recruitment and policies and procedures, and discussions regarding people who used the service and their needs. At the last meeting, staff were asked their preferences with regard to frequency and timings of future meetings. It was agreed to have meetings every two months in the future and in an evening so more staff could attend.

Staff satisfaction surveys were carried out annually and asked staff for their feedback on general satisfaction with the role and the company, learning and development, communication, team management and any other comments.

The registered manager told us they had recently introduced a new life coaching service for people with learning disabilities in the community. This was in partnership with two local organisations and would be provided free of charge. The service previously ran a learning disabilities support group and had in place a contract with the Parkinson's Society to provide care to people with Parkinson's disease so their carers could have a break.

We spoke with the quality officer who showed us the processes the provider had in place to check the quality of the service, and to seek people's views about it. The provider had mapped the 'Customer Journey', which provided the opportunity to obtain feedback at various stages. For example, people who were new to the service received a feedback form after six to eight weeks from starting to use the service. This asked the person whether they were happy with their support worker, whether the support worker stayed the allocated length of time, their opinions on the referral process, the punctuality of staff, whether their needs were being met and quality of the overall service.

Each year the provider carried out an annual customer satisfaction survey to determine the overall levels of customer satisfaction. We saw the results from the 2015 survey, which asked people and carers how satisfied they were with the service, how much the service had improved their lives, would they recommend the service to others, whether any contact with the office had been dealt with appropriately and how the service could be improved. All of the results we saw were positive. 100% of people surveyed said their enquires had

been dealt with appropriately and would recommend the service to others.

The provider produced a 'You said, we did' document, which addressed issues that were highlighted as part of the feedback process. For example, one person had said, "More communication between yourselves and the office especially when carer is off sick or on holiday." The provider responded, "We have specific care coordinators for each area that will let you know as soon as your carer calls in sick. If you don't know who the care coordinator is for your area, please ask. Mystery shopping is being looked into to test our communication."

We saw records of the provider's monthly quality audits, which checked referrals processes and documentation, the accuracy of the electronic webroster system, care records and staff files. Action plans were in place for any identified issues. For example, "16 supervisions due by the end of April" and "Behavioural risk assessment needed for one person who used the service".

The quality officer told us the service would soon be introducing a new electronic system that each support worker would have access to. This would include the list of tasks that support workers had to carry out at each visit and then mark them as complete when done. Support workers would also be able to electronically update care records on site without having to return to the office.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.