

Crossroads in East Lancashire Limited

Crossroads in East 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 ●

Summary of findings

Overall summary

About the service

Crossroads in East Lancashire is a domiciliary care agency that is registered to provide personal care to people living in their own homes. 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. At the time of the inspection, 57 people were receiving personal care from the agency.

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

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work for the service. The registered manager carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

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. People's needs were assessed prior to them using the service. The provider had arrangements for the induction of new staff and provided regular training updates for existing staff. Staff were supported by the management team. People were helped to access healthcare services, as appropriate.

People and their relatives told us staff were caring and always showed kindness, respect and compassion. People and where appropriate their relatives had been consulted about their care needs and had been involved in the care planning process. Staff respected people's privacy and dignity. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported and encouraged to continue hobbies and interests of their choice. People and their relatives had access to a clear complaints procedure.

The management team carried out a number of audits to check the quality and safety of the service. The registered manager provided clear leadership and took into account the views of people, their relatives and staff on the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to 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 9 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crossroads in East Lancashire

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one inspection manager on the first day and one inspector on the second day.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short period of notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 3 March 2020 and ended on 4 March 2020. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as notifications.

These inform us of events that happen in the service which the provider is required to tell us about by law. We also sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used our planning tool to collate and analyse the information before we inspected.

During the inspection

During the inspection, we visited the office and spoke with the registered manager, the care manager, the team leader, the administrator and finance manager. We also spoke with five people using the service, four relatives and four members of staff over the telephone.

We reviewed a range of records. This included four people's care records and associated documentation as well as one person's medicines records. We also looked at the staff training records, one staff member's recruitment records and a variety of records relating to the management of the service, including audits and policies and procedures.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or avoidable harm. One person told us, "They are all very nice, kind people." Relatives had no concerns for the safety of their family members. One relative said, "The staff are very good with [family member] they always make sure he is safe and happy."
- The registered manager and staff understood safeguarding matters and were aware of when to report incidents and safeguarding concerns to other agencies. All staff had received regular training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's personal safety were assessed, monitored and managed effectively. Each person's care plan included a series of risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as bad weather.
- Management and staff completed records of any accidents and incidents. The registered manager carried out an analysis of the accidents and incidents to determine whether there were any trends or patterns. All accidents and incidents were discussed at the monthly Trustee meetings and any learning was shared with the staff team.

Staffing and recruitment

- A sufficient number of staff was deployed to meet people's needs in a person-centred way. People told us they usually received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- The provider followed safe recruitment systems and processes. We looked at one staff recruitment file and found appropriate checks were carried out prior to employment.

Using medicines safely

- Medicines were managed safely. The provider's systems and processes were designed to ensure people had the level of support they needed to manage and take their medicines safely.
- Staff had access to best practice guidance and appropriate policies and procedures. Staff were trained to administer medicines and checks were carried out on their practice.
- Staff maintained records following the administration of medicines. The management team checked the records when they were returned to the office.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area. Staff had access to an infection prevention and control policy and procedure. Staff were provided with personal protective equipment, including disposable gloves and aprons as well as hand sanitiser. People confirmed staff used the equipment when providing personal care.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had completed appropriate training and applied the principles of the MCA. Staff understood the need to ask people for consent before carrying out care and people using the service confirmed this approach.
- People had signed consent forms to indicate their agreement to the care provided. There were no restrictions placed on people's liberty.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare conditions were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- People and relatives told us they were well supported. One relative told us, "The staff take great care when helping [family member]. They noticed a difference in his condition and advised we contact the GP. They take so much worry off me."
- The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

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

- The provider had established systems to ensure people's individual needs and choices were met. A member of the management team completed an assessment prior to a person receiving a service. The assessment followed the care plan format and considered people's protected characteristics, such as sexuality, religion or belief. The registered manager explained a new separate assessment form was due to be developed.

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

- People were supported to eat and drink in line with their needs and preferences.
- Staff carried out risk assessments as necessary and monitored people if they were at risk of poor nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives told us the staff were competent and well trained. One person said, "You couldn't get any better staff. They are all brilliant."
- New staff were supported through an induction programme, which included the provider's ongoing mandatory training. Staff training was monitored, to ensure staff completed their training in a timely way.
- Staff were provided with one to one supervision and an annual appraisal. This facilitated discussions around work performance, training needs and areas of good practice.

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 remained the same. 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

- People's rights were promoted, and person-centred care was delivered. People and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff are absolutely excellent. They take a real personal interest in my care," and a relative commented, "They are always so helpful and will do anything they can for us."
- The provider promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People were given the opportunity to express their views about their care on an ongoing basis and during reviews of their care plan. This ensured they were fully involved in decisions about their care.
- People told us the staff understood their individual needs and preferences and always accommodated these when delivering their care. One person told us, "They take time to establish everything about you."
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect by the staff and confirmed staff helped them to maintain and build their independence. One person said, "They are very understanding and let me be as independent as possible." All staff spoke warmly and kindly about the people they supported.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's policies and current legislation.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "They (the staff) are very obliging and thoughtful."
- The management team had developed person-centred care plans, which provided staff with guidance about how best to meet people's needs. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. A member of the management team reviewed the plans with each person and any changes in needs had been recorded.
- Staff understood people's needs and it was clear people were supported to make choices and to take control of their daily lives. Staff documented the care people had received, in a detailed and respectful way.
- The provider used technology to help with the operation of the service. The staff used mobile telephones to log the times of their visits using a barcode system. Computer-based systems were used to store and analyse information as well as plan staff rotas.

End of life care and support

- At the time of our inspection, there was no one in receipt of end of life care. However, in these circumstances the registered manager explained the service would work closely with health and social care professionals to ensure the comfort and dignity of the person.
- Staff had completed end of life training as part of the provider's mandatory training and the care manager and team leader had completed an intensive course entitled, Six Steps to Success in End of Life Care training.

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 supported to continue hobbies and interests that enhanced their quality of life. The registered manager and staff placed a significant emphasis on the importance of social interaction and people's emotional wellbeing.
- The staff ensured people were supported to attend their chosen activities. This included support to access community facilities.

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 registered manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their care plans. Information was available in a variety of formats and in a way people could understand.

Improving care quality in response to complaints or concerns

- The provider had arrangements for recording, investigating and resolving complaints. The registered manager confirmed he had received two complaints about the service in the last 12 months. Both complaints had been resolved.
- People had access to a complaints procedure. The procedure provided a clear explanation of the complaints process and reassured people their concerns would be investigated. People and their relatives felt confident they could speak with staff or management if they were unhappy about the service or needed to complain.

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 remained the same. This meant 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; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. We found staff morale was good and they felt valued and respected. The registered manager told us he was proud of the dedication and commitment of the staff team.
- The provider had established systems to monitor the quality of the service. The management team carried out audits and monitored the standards and safety of the service.
- The registered manager was supported by the Board of Trustees. He met the Trustees on a monthly basis and prepared a detailed report on the status of the agency for each meeting. A Trustee visited the agency on a regular basis and carried out a series of checks on the operation of the service.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations. The registered manager understood his regulatory responsibilities to inform CQC about significant events at the service.
- The registered manager utilised meetings with staff, both on an individual and group basis, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.

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 registered manager understood and acted on the duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the registered manager, staff and people who used the service.
- The registered manager spoke with people when things went wrong. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

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

- The registered manager and staff promoted the provision of person-centred care to achieve the best outcomes for people. Staff confirmed they felt everyone was well supported and they all told us how much they enjoyed their work. One member of staff told us, "I absolutely love my work, I wouldn't change it for the world."
- Throughout the inspection, people and their relatives spoke positively about the registered manager and the staff team. One relative told us, "[The registered manager] is approachable and sorts things out quickly.

Overall we are very happy with the service."

- Organisational policies and procedures set out what was expected of staff when supporting people. Staff had access to these, and they were familiar with the key policies.

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

- Staff involved and engaged people in the service and considered their equality characteristics.
- People and staff were invited to give feedback on the service and had been given the opportunity to complete a satisfaction questionnaire. The last survey, carried out in April 2019, indicated that people were satisfied with the service.
- The registered manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the continued development of the service.