

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Crossroads Care Trafford

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Crossroads Caring For Carers (Salford Trafford & Stockport)
Registered Manager	Mrs. Christina Patterson
Overview of the service	Crossroads Care Trafford provides practical and emotional support in the form of a respite service to carers who are supporting adults with care needs. Care workers visit people's houses so the carer can have a break from their caring responsibilities. On the day of our visit Crossroads Care Trafford provided support to 130 carers and the people they cared for. The office is in Sale.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

As part of our inspection we spoke with people who gave positive feedback about Crossroads Care Trafford. People said they felt very comfortable with their care workers, were able to choose what they wanted to do when their care workers visited, and were regularly asked their opinion of the service. Comments from people included "[My relative] looks forward to [our care worker] coming; a different person to talk to on the outside world", "I could not be more satisfied to know [my relative] is left in good hands" and "As far as I'm concerned, Crossroads are tops".

Staff told us they felt well supported, had regular meetings with their manager, and their training was kept up to date.

We saw evidence that people's needs were assessed before they started to use the service, checked again after 12 weeks, and then reviewed at least every year. We saw people were involved at all stages of their care planning, and their preferences and opinions were noted in detail.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with the manager who explained the procedure they followed when people started to use the service. Most of their clients were contracted by Trafford Council. The manager explained that they visited the person requiring care and their carer, who was usually a family member, and discussed what assistance they required. The usual amount of support provided was four hours each week. We were told that care workers were matched up with people according to their interests so that people were more able to take part in the activities they preferred.

We looked at the records for six people. In all cases we saw that the person requiring care and their regular carer were asked about what they wanted providing during the time they spent with Crossroads Care Trafford. Although the client was the carer (Crossroads Care enables carers to spend some time away from their caring responsibilities) people were asked about how they would like to spend their time. In some cases people asked for company in their homes, and other people expressed a wish to go out, for example to visit shops or local parks. The records we saw provided evidence that Crossroads Care Trafford provided what people asked for.

We saw the results of the Crossroads Care 2012 Satisfaction Survey. Comments from people using the Trafford service were very complimentary. These included "It gives [my relative], who has dementia, a chance to go out with the Crossroads care worker or to chat, which gives him a break from me", "It has made an enormous difference to [my relative's] life. He is taken to a singing group once a week and he loves it. His favourite day of the week" and "[My relative] looks forward to [our care worker] coming; a different person to talk to on the outside world". Another person said "[My care worker] is a wonderful, caring, kind and efficient person".

We spoke to three people who used the services of Crossroads Care Trafford. They told us that they had recently been invited to and attended the Crossroads Care Trafford Annual General Meeting. They felt they were kept informed about any changes in the company. We were told that other organisations, such as a local Alzheimer's group, also attended so people could be given more information that may be useful to them. All the people we spoke with said they were treated with dignity. They said they could choose

what they did on the days their care workers attended, and they could change their mind at any time. One person said "Our carer often takes [my relative] to Dunham Park to see the gardens. She thoroughly enjoys that and comes back radiant". Another commented "Our carer is just like a son to us. I know you aren't supposed to get close to them but they are so good".

We spoke with three staff members. They said they usually saw the same people each week so they were able to get to know them well and build up a relationship with them. They said they always asked people what they wanted to do each week and their choices were respected.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the records for six people who received care and support from Crossroads Care Trafford. We saw that prior to using the service people were assessed to ensure the care workers had the required skills and training to meet their needs. All areas of support were considered, such as personal care, continence management, mobility and assistance with eating or drinking. When needs were known care plans were put in place. These gave information about exactly what support and care was required during each visit.

We saw that if people's needs changed their care plans would be reassessed. Otherwise, every year their needs would be reviewed to make sure they received the care they required. People regularly had the opportunity to comment on the care they received.

We spoke with three staff members. They told us that they were introduced to new clients by a manager and they would be able to look through the care plans and ask any questions. They said care plans were easy to follow so they always knew what people's needs were.

We spoke with three people who used the services of Crossroads Care Trafford. They all said they were happy with the standard of care that was provided. People told us that their health issues had been discussed when they first started to use the service. People's comments included "As far as I'm concerned, Crossroads are tops" and "[Our care worker] is so good, and extremely helpful".

We saw a selection of feedback forms completed by people using the service. The majority of people rated the service as 'excellent' when asked questions about the overall quality of the service and their opinion of their care worker. Comments on these forms included "Everything is excellent. 10 out of 10 for service" and "I'm more than happy. All my needs are taken care of".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our inspection we saw the staff training records. Staff received training in safeguarding adults and children every two years. We saw that this training schedule was up to date.

We spoke with three care workers. They confirmed they had received safeguarding training. They all had a good understanding of the type of concern they should report, and how they should report it.

We saw the results of the Crossroads Care 2012 Satisfaction Survey. People using the service in Trafford commented "I don't have to worry about the person I care for when they're with the support worker", "I could not be more satisfied to know [my relative] is left in good hands" and "It is a wonderful service which maintains the very highest standard of care for very vulnerable people".

We spoke with three people who used the services of Crossroads Care Trafford. They told us they felt comfortable with the care workers, with one person saying "I feel very safe. I have no reservations at all about the carers".

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw records that confirmed staff training was monitored by the manager. Mandatory training, such as moving and handling, first aid and fire safety, were up to date for staff. We also saw that other training, such as infection control, nutrition and hydration and the use of hoists was completed by staff.

We saw that staff had an annual appraisal meeting with their manager, and they also had supervision meeting at least twice a year. The staff we spoke with confirmed these meetings took place, and said they were able to approach their manager at any time if they wanted an additional meeting. They told us they felt well supported at work. They also said that they thought the training was very good. We heard additional training was often offered and if they felt they needed training in other areas they could request it.

Evidence was held of staff being made 'staff champions' in areas such as training and fundraising. The manager told us this was to give staff other areas of responsibility and help with their development. We also saw that a staff benefits package had been recently compiled so staff could be given support from a chaplaincy service, or an emergency loan scheme, should the need arise.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with the manager who told us formal feedback was requested from people 12 weeks after they started to use the service. By this time people had got to know the service and their care worker and could say if there was any aspect of the service they were not happy with or would like to change. We saw a selection of the feedback forms and the majority rated most aspects of the service as 'excellent'. We saw that where any negative comments were made a manager would ensure the necessary changes were made.

We saw that an annual satisfaction survey was carried out for Crossroads Care. Although a report was compiled for the service that covered different areas within the region, responses from each area were available. In addition, a review for each person was carried out every year by a manager. People could make any comments about the service or their care workers then. We saw that the manager kept a record of when people's reviews should be completed to make sure they were up to date.

We saw evidence that service coordinators checked people's records to make sure the correct level of care and support was being provided. If there was anything that could be improved this was discussed with the care worker. We also saw that staff meetings were held approximately every two months. We saw that the day of the meetings had recently been changed so that more staff could attend. Training updates and changes to policies and procedures were discussed at the meetings to make sure all staff received the same updates.

The three people we spoke with said they were asked about twice a year if they thought any improvements could be made to the service. They also said they would feel comfortable contacting the manager if they had any concerns, and felt any concerns would be acted upon.

A question on the 2012 customer satisfaction questionnaire was "How could we improve the service to you and your loved one(s)? Most people stated they were happy with the service and those that made a comment were usually expressing a wish to have care provided for more hours a week.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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