

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

Crossroads Care in Mid Yorkshire

Trafalgar Mills, Leeds Road, Huddersfield, HD2
1YY

Tel: 01484537036

Date of Inspection: 21 February 2013

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2013

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

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Records ✓ Met this standard

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Crossroads Care In Mid-Yorkshire |
| Registered Manager | Mrs. Margaret Ruth Stratford |
| Overview of the service | The location is registered to provide personal care to people of all ages. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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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'.

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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 21 February 2013, talked with people who use the service and talked with staff.

What people told us and what we found

During the inspection we spoke with four people who use the service and they told us they were very satisfied with the quality of the service provided. They also told us they had been fully involved in the assessment and care planning process. One of the people we spoke with told us 'I cannot speak highly enough of the service the staff are kind, supportive and professional and without this service my mother would have to go into a care home'. Another person told us 'This is a worthwhile service that gives me respite and has been absolutely brilliant'. We were also told 'The carer is very respectful and polite he understands what care my husband and I need, this service has been a great help to me and has given me a break which I didn't have before'.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People were supported in promoting their independence and community involvement.

We looked at the respite care records and plans for eight people who use the service and saw they included person led assessments on the individual needs of people receiving care and on the individual needs of their carer.

People who use the service and their carers were included and involved in the development of their person centred plans, safety and welfare risk assessments and care plans.

If a person did not have the mental capacity to make informed decisions about their care and support, then staff made an effort to seek the views of their carer, the person who "knew them best", in order to gain an insight into what the person needed during the respite period of care. For example, support plans contained personalised information on the type of help and support each person required for managing their personal care, individual communications, social and leisure activities and maintaining their personal safety and welfare.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Care plans detailed people's autonomy, independence, likes, dislikes, safety and welfare needs. Each assessment, together with the person's care plan described the support for staff to follow in maintaining people's care and support, whilst their carer took planned breaks. People's continuation care records detailed the support provided in accordance with each person's plan.

We saw that people who used the service and their carers were involved in reviewing their care plans and risks. All of the care plans we looked at included annual reviews in 2012 as a minimum. People who used the service and/or their carer had been involved in these reviews. We saw that they had signed consenting to their care.

We also saw a range of safety and welfare risks assessed in relation to people's moving and handling, nutrition, personal safety, personal hygiene, medication regimes, social and cultural activities, communications and emotional support. In all eight records we looked at, we saw people's individual medication needs were assessed and these assessments included directions for staff to follow on whether people needed prompting to take their medicines or on whether staff needed to administer their medicines.

We looked at two people's medication administration records and saw staff had administered the medicines as prescribed and each record was dated timed and signed by the staff. The manager told us these records were reviewed for accuracy on a monthly basis. We looked at the training matrix for staff which showed that all staff were up to date with administration of medicines training. We also saw that all staff were up to date with training in first aid therefore able to deal with emergencies if required to do so.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We spoke with the provider who told us they were responsible for managing the personnel records of the staff. There were recruitment procedures in place to ensure each person employed was of good character, fit to work and had the qualifications necessary for their role. We saw that all of the staff working for the service had an up to date criminal record bureau (CRB) check.

We spoke with two staff who told us they had completed an induction on commencement of employment. They told us the provider was very supportive of professional development. We saw that training relevant to the service had been completed by all staff. This included Administration of Medicines, Infection Control, Mental Capacity Act, Deprivation of Liberty, Fire Safety, Health and Safety, Moving and Handling and First Aid.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs and was given to them when they started using the service. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We saw that in relation to all complaints received, the provider had taken appropriate action and dealt with each complaint in a clear, transparent way. We saw that the provider kept a detailed log of all complaints which included the actions taken and responses that people received in relation to their complaint being resolved.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed.

We looked at eight peoples care/support plans and saw these were accurate and up to date. We also saw staffs personnel records were accurate and stored securely. The manager was able to access these records easily and throughout our visit both care and staff records were not left unattended.

People who use the service retained a duplicate copy of their care plans and daily records safely in their own homes. This enabled staff to document as they delivered care. However, the provider may wish to note that the information within each of the care records we looked at was not secured and some documents were loose. A referenced index of the information contained within each of the four sections of the records was not included.

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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