

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 Inspections: 20 January 2014
04 December 2013

Date of Publication: March
2014

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Crossroads Care In Mid-Yorkshire
Registered Manager	Mrs. Margaret Stratford
Overview of the service	<p>Crossroads Care in Mid Yorkshire is a provider of direct support for carers in Huddersfield, Dewsbury and Wakefield. They provide a range of support services for carers and the people they look after. The location is registered with the Care Quality Commission to provide personal care to people of all ages. At the time of our inspection they were providing personal care to 170 people.</p>
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	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cooperating with other providers	9
Management of medicines	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 announced 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 4 December 2013 and 20 January 2014, sent a questionnaire to people who use the service and talked with staff.

What people told us and what we found

As part of our inspection we gained feedback from questionnaires of 21 people or their friend/ relative who used the service. We also spoke with three members of staff, the registered manager and the policy and development manager. These are some of the comments people told us:

"I am delighted to have been offered a 2 hour support visit from Crossroads. It helps greatly to know that my mother has some company for this time to enable me to have time out. This service in itself is very good."

"The carer always listens to what I need and helps me achieve my goals."

"The care worker always gives a good standard of care and support. They show a wide interest in dementia care and they pass on information about activities or events we would possibly like."

"Makes a huge difference to my well-being knowing Mum is cared for properly."

"This excellent service allows my wife valuable time to leave our home knowing that I am well cared for. We could not do without it."

We found before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw care plans were person centred and people's likes and dislikes were recorded in their care plan.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Medicines were handled appropriately.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We looked at the care records of six people who used the service. In all the records we looked at we saw people or their relative had signed to say they agreed with the care plan to meet their needs. We saw from care records which staff completed each time they provided care, that people were involved in making care decisions. Staff we spoke with confirmed this and were able to tell us how they gave people choices while providing care. For example, one member of staff told us how they supported a client to participate in activities in the local community. They told us "I ask (the person's name) what would you like to do today? They tell me and that's what we do." Other staff told us "I would always ask the person prior to giving any personal care and check it was ok for me to do so." "I always ask people how they would like it to be done."

As part of our inspection we sent questionnaires to some people who used the service. We asked them if they got the care and support they wanted from the care worker. Of the 11 people who responded, eight people said this happened all or most of the time. We also asked friends and relatives if they had been involved in decisions about the care and support needs of their relative/ friend. Ten people replied to the survey, of which eight people told us they had been fully involved and two people said they had been involved a little. This meant the provider took into account people's individual choices and provided care which they agreed with.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

As part of our inspection we received feedback from questionnaires we sent to people or their relative or friend who used the service. We received feedback from 21 people. We also saw feedback from service user questionnaires the provider had sent out. These are some of the comments from both questionnaires:

"I am delighted to have been offered a 2 hour support visit from Crossroads. It helps greatly to know that my mother has some company for this time to enable me to have time out. This service in itself is very good."

"The carer always listens to what I need and helps me achieve my goals."

"The care worker always gives a good standard of care and support. They show a wide interest in dementia care and they pass on information about activities or events we would possibly like."

"Makes a huge difference to my well-being knowing Mum is cared for properly."

"This excellent service allows my wife valuable time to leave our home knowing that I am well cared for. We could not do without it."

"The support from our care worker is fantastic and has made such a difference to our whole family."

We spoke with staff who told us they carried out a detailed assessment of the person's needs. We looked at six care records and saw evidence that people had an assessment of their needs and care plans were based on these needs. We saw the assessment included information about the person's next of kin and past medical history.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw care plans were person centred and people's likes and dislikes were recorded in their care plan. For example in one care record for a child, we saw information on what they liked. These were recorded as "(the person's name) likes to be outside on his swing in all weathers." In another person's record we saw their desired

outcomes of the support had been recorded. These were documented as "It will allow my wife some time to do what she has to do and not worry about me." This meant the provider supported people and delivered care to meet their individual needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw where risks had been identified they were assessed and measures put in place to reduce the risk. Therefore ensured people's welfare and safety. For example, we saw there were assessments about risks to do with the environment in people's homes. Staff confirmed the information was in place. They also told us, further information had been recorded for example, what do do if there was a gas leak and where to turn the gas off. This meant the provider supported staff to ensure people's safety and welfare were maintained.

We saw regular reviews of care plans took place and this ensured they remained effective in meeting people's needs.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We looked at the care records of six people who used the service. We saw in one person's care records there was a document that contained details on how to manage their medical needs. We saw information from a consultant updating the provider on the management of the person's medical condition in an emergency situation. This meant the provider worked with other providers to ensure people were safe and effective care was delivered.

We spoke with the registered manager who told us they worked with other professionals to ensure people remained safe from harm. For example they told us they had attended a strategy meeting. A strategy meeting is where different agencies meet together to discuss how to investigate any concerns and how best they can support the person to stay safe from harm. We saw information in minutes of a meeting of the directors which confirmed the registered manager had attended a meeting to discuss a safeguarding incident. This meant the provider worked with other professionals and agencies to ensure people remained safe.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

As part of our inspection we looked at medication care plans in the care records of four people. We saw there was information about known allergies, the medication to be given, and the instruction for giving it. We also saw the care records contained a medication administration assessment form. We found the care plans contained specific information and instructions for care workers to follow. For example, in one care record we saw documented, "Paracetamol 10mls, to be given six hourly, if required. To be given via a syringe." This meant staff were given clear instructions on the medications people required.

We saw evidence staff had been trained in medicine management. We also saw that following the training staff had to complete a competency booklet which was marked by the training and policy manager. Staff we spoke with confirmed they had had medication training.

We spoke with the registered manager who told us how they responded to medication errors. They told us staff would undertake additional training and supervision. This ensured staff were safe and competent to administer medication.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw the service had a range of policies and procedures to support staff in caring for people. These included: Adults personal care guidance for care workers, Safeguarding children and adults, Code of conduct for staff and whistleblowing. This meant the provider had procedures in place to support staff while delivering care.

We saw minutes of communications, which showed how important information had been cascaded to staff. For example, in a December's 2013 memo for staff, we saw information about electronic call monitoring and what was expected from staff. The registered manager told us information was posted to staff at home to ensure they received it. For example, one staff member told us there had been an issue about unauthorised people trying to access people's homes. This had been shared with staff through staff meetings and through the monthly memo from the manager. This meant the provider had systems in place, to ensure important information was communicated with staff.

We found there was a complaints procedure in place for people could voice their concerns. We saw the service had a complaints file and a record of complaints. This included investigations carried out, actions taken, response and the complainant's satisfaction.

We spoke with the training and policy manager who told us team leaders were responsible for undertaking 'spot checks' on staff in people's homes. The 'spot checks' for example included medication, attitudes and values of staff and infection control. We saw information for three of these checks on different staff members. Staff we spoke with confirmed this happened. One member of staff told us "They (team leader) check you have the right equipment and observe what you are doing." This meant the provider had appropriate systems in place to ensure staff had appropriate skills and knowledge to support people.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
