

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

## Crossroads Care North Nottinghamshire

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Mansfield, NG18 5QP

Tel: 01623658535

Date of Inspections: 15 February 2014  
14 February 2014

Date of Publication: March  
2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	North Notts Crossroads
Registered Managers	Mrs. Elizabeth Scott Newton Ms. Elizabeth Ryley
Overview of the service	Crossroads Care North Nottinghamshire is managed by North Notts Crossroads. The office is situated in the town of Mansfield in Nottinghamshire and offers support to adults, children and young people across the north of Nottinghamshire .
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 February 2014 and 15 February 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with three people who used the service and eleven relatives and asked them for their views. We also spoke with four community support workers (CSWs) two assessment officers, a training and assessment officer and the registered manager. We also looked at some of the records held in the service including the support files for eight people, which were copy files of the ones in people's homes.

We found people gave consent to their support and received care and support that met their needs. A person who used the service told us, "They listen to what I want to do." A relative told us, "We have got a support plan at home, it is accurate and clear, I was there when they prepared it."

We found that suitable arrangements were in place to manage people's medication and ensure they received any medication they needed. A person who used the service told us, "They (staff) manage my medication for me." A relative told us their relation, "Has assistance with medication, they get it out of the packet as she can't do that, then they observe her to make sure she takes it."

We found the staff team were supported through training and the provider assessed and monitored the quality of the service. A person who used the service told us, "They seem to be very well trained to me." A relative told us they "definitely" felt able to raise anything the wished.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We found the provider had effective systems to involve people in planning their care, and obtaining people's consent for this to be provided. Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

There were two assessment officers employed who completed an initial assessment of needs for any new person who used the service. The assessment officers then prepared the support plans. We saw in some files people who used the service had signed these to show they had been involved in preparing them. In other files we saw a relative had signed these.

A relative told us, "I signed the support plan on their (relation's) behalf." An assessment officer was able to explain the reasons why a relative had signed a person's support plan. The provider may find it useful to note it had been recorded the reason why a relative signed the support plan to show their involvement and agreement rather than the person who used the service.

There was a form used to show a support plan had been discussed and how the person had indicated their consent, if they had not been able to do so in writing. A community support worker (CSW) told us they checked to see people had signed their support files to show they were in agreement with these. The CSW said they had come into the office to check a new client had agreed to their support before they visited them.

We saw people had given their consent, if needed, for any information to be shared with other medical agencies. People had also signed to acknowledge they had been informed that the provider would report any information classed as abuse to the appropriate authorities, and that their support file could be seen by us (the Care Quality Commission) as part of our inspection process.

We found staff responded appropriately when people had the capacity to make decisions

about their care and welfare. The initial assessment included identifying if there were any issues with the person's capacity to make any decisions.

A CSW told us everyone they supported had the capacity to make decisions for themselves and were able to give their consent to be supported. The CSW said they always asked people for their consent prior to supporting them. They said, "We talk to people and ask them. I always ask what would you like us to do." A person who used the service told us, "They always ask me."

Another CSW said, "People can change their minds about what they want, as long as we can do it. If someone cannot communicate with us we have to follow their care plan." A person who used the service told us, "They listen to what I want to do."

We found the provider protected the rights of people who did not have the capacity to consent, and they acted in accordance with the legal requirements of the Mental Capacity Act (2005). This is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive.

An assessment officer told us they used the information from other professionals to determine people's level of capacity to make decisions. They said if they had any concerns about a person's mental health they would raise this with the family or refer the person to the appropriate professionals.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We found people's needs were assessed and their support was planned and delivered in line with their individual support plan. We saw the support plans were well laid out which made them easy to refer to. They described what support the person needed on each visit. There were also support plans prepared for any moving and handling that was needed and for promoting people's skin integrity. A relative told us, "We have got a support plan at home, it is accurate and clear, I was there when they prepared it." A person who used the service said, "I have got a plan, it is there if I want to read it."

Another relative told us, "We were involved in preparing a plan, we had a few teething problems, they were very good at trying to accommodate us the best they can." A community support worker (CSW) said the support plans gave them the information they needed to support people.

We saw there was a system to review people's support plans, which identified if there had been any changes to the person's care and support needs. Where there had been changes to a person's needs we saw new support plans had been prepared, which the person who used the service, or their representative, had signed. Where there was no change in the person's needs there was a form signed to show the review had taken place and no changes were needed. A CSW said support plans were changed and kept updated. A relative told us, "We had some new support plans drawn up recently, they are kept under review. If there are any problems with them we only have to contact the office and they will come and review them, more or less straight away."

An assessment officer told us each person's support plans should be reviewed at least annually, but added they were running a bit behind at the time of our inspection. The assessment officer showed us a schedule they had prepared to catch up so all the plans were reviewed. A person who used the service told us, "I had an annual review yesterday, there weren't any changes, we are very happy with what we have."

An assessment officer told us during one recent review a person had asked if their call could now include a bath. The assessment officer said they arranged for the person to be assessed and the required equipment was obtained so this could be provided.

We found staff responded to people's needs. Most people said they had the same few regular CSWs visit them, which they liked. Some people said they did not have a regular CSW, but said they were happy with the arrangements. A relative told us, "They (CSWs) are sensitive. We have the same carer all the time." A person who used the service told us, "I know what time and who is coming. I have regular carers, they try to cover each other." Another person said, "We have an excellent permanent carer, but when she is on holiday the ones who cover are equally as good."

CSWs said they usually wore a uniform when visiting people, however there were some circumstances when they did not. This included if they were taking someone into the local community as the person may prefer them to be in casual clothes rather than their uniform. CSWs said they always used personal protective equipment (PPE) such as gloves and aprons when providing any personal care. People we spoke with confirmed this. One person said, "They help me to the toilet, they always put on their apron and gloves."

We found staff were effective in meeting people's needs. People told us CSWs were punctual and stayed the full length of time. A CSW said they had enough travel time allowed between appointments so they did not arrive late for them. Another CSW said, "We can't control the traffic, if we say we don't have enough travelling time they will adjust it."

A relative told us, "I would describe them as punctual, it is understandable if they are held up due to unforeseen circumstances." The relative also told us CSWs stayed the full length of time and left everywhere clean and tidy. Another relative told us, "They do a good service, it gives me a break."

There was an environmental risk assessment which showed if there were any potential risks to providing people with the support they needed safely. A relative told us, "They did a risk assessment before they started to make sure they could do what they needed to safely."

People told us CSWs were polite and respectful. A person who used the service told us, "They are very polite and professional. They like a bit of fun like we do." A relative told us CSWs wrote what they had done each visit in the support plan.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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An assessment officer told us as part of the initial assessment they checked what medication people took and made a record of this. We saw records made of people's medication in their support files. The provider may find it useful to note we found where a person needed a cream applied the name of the cream required was not always named. A person who used the service told us, "They manage my medication for me."

An assessment officer told us they always prepared a medication support plan, even if the person did not require any support with their medication. They said this would ensure there was no ambiguity about this. If the person did not need support this was recorded in the support plan and how they took their medication was described, for example if they self-administered or a relative was responsible for this. A community support worker (CSW) said, "It is an absolute no no to give any tablets that are not written into the support plan." A relative told us, "There are details in the support plan so they could give them their medication if they needed to, but I do it."

The provider may find it useful to note we saw some references in people's support plans to where their medication was stored, but this was not in all the support plans we saw. The training and assessment officer told us they were working on putting a lot more detail into the medication support plans, such as what drink the person took their medication with, and the storage arrangements for the medication.

The training and assessment officer told us they had just successfully completed a medicine management competency course run by the local authority. This provided a framework for them to train and assess staff as competent in supporting people with their medication. We saw a form used to assess staff competency, and this showed whether they were competent in key areas and made an overall judgment. If any additional support was identified there was an action plan made to show how this would be provided. The training and assessment officer told us they would arrange for any staff to have any additional training if they felt this was needed.

A CSW told us they had received training on the safe handling of medicines as part of their induction and they would have an update on this after a year. The CSW said they had seen the provider's policy on medication and said they felt safe to be able to support

people with their medication. The CSW said there was always someone available if they needed any advice or support about medication. Two recently started CSWs were receiving training on the safe handling of medicines as part of their induction during our visit to the office.

A CSW told us they only supported people with their medication if it was dispensed into blister packs. The CSW said they always checked the medication was correct and on one occasion had found a person's was not. The CSW said they contacted the dispensing pharmacist who corrected it.

We saw there was information about when and how to apply pain relief patches. There was a body map used to show where previous patches had been applied so they could be rotated as this made them more effective. We saw one person's support plan had been changed when they discontinued having pain relief patches applied.

We saw there was a medicine administration record (known as MAR sheet) completed to show when people had been supported to take their medication. This had a key which indicated the level of support provided. Options included, "reminded and observed," "assisted and observed" and "prepared only." A relative told us their relation, "Has assistance with medication, they get it out if the packet as she can't do that, then they observe her to make sure she takes it." The relative also said if their relation did not have this support they were at risk of taking all their medication at once.

A relative had raised a concern recently about the support their relation had received with their medication. The provider had responded by investigating the concern and identified some improvements that could be made, which included adding more information in the support plan. The manager told us that although they had not done anything wrong, this had been a new situation for them and they had been able to learn from this. The relative told us they felt the provider had responded appropriately to their concern.

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

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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Staff received effective support to enable them to carry out their duties. We spoke with two recently employed community support workers (CSW) who told us they were currently having an induction to prepare them for the work they would be doing. This had included training on manual handling and safeguarding. The CSWs said they had been given a copy of the staff handbook and some information about promoting dignity in care.

One new CSW told us they had also accompanied more experienced staff on some visits to observe how they carried out their duties. The CSW said this had been very helpful as they had been able to see the different ways of accessing people's properties and how CSW's introduced themselves to people. A relative told us new CSWs were brought out during their induction to be introduced.

The CSW said the first thing they had done was to refer to people's support plans to see what needed to be done during the visit. The CSWs said they thought the induction was preparing them for the work they would be doing. They also said they were able to ask any questions they had.

The training and assessment officer told us they followed a training plan to ensure staff received the training they required. CSWs said they received regular training. One CSW said, "I don't think there is any training we haven't done!" A person who used the service told us, "They seem to be very well trained to me." A relative said their relation, "Had a turn yesterday, they dealt with it very well." Another relative told us, "They have all been very much up to scratch. I had to fight to get the whole (of my relation's) care package given to Crossroads."

There was a room which was used for training at the office and we saw a course was taking place during our visit. There was a large staff noticeboard which had information about team meetings and the provider's staff training plan. There was also information where staff could gain confidential advice and support over any problems they may have.

A CSW told us they felt supported and had regular supervision. They also said there were regular team meetings. Another CSW said, "We definitely get enough support, there is always someone on the other end of the telephone if we need them." During the inspection

some CSWs came to the office for a meeting to discuss some proposed changes to the rota system.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The manager told us there was a lot of uncertainty at present due to changes in contracting arrangements with the local authority. The manager said they were responding as quickly as they could when any new information became available.

The provider ensured the service was well led through an effective quality assurance. A relative told us, "We have a personal review, we can say anything we want to." Another relative told us they had been given a booklet with information about the service which had details of the complaints procedure in. The relative also said they discussed the service when they had their regular review. An assessment officer said people were asked if they were happy with the service as part of their review.

A community support worker (CSW) said they had recently had a spot check when visiting a person who used the service. The CSW said they had received feedback in a supervision session afterwards on how they had carried out their duties. The CSW said it was good because, "It reinforced I was doing things right." The training and assessment officer showed us a completed spot check form which had a supervision record attached to show this had been discussed with the CSW.

The provider responded to the views of people whom used the service. A CSW said people who used the service were sent questionnaires to complete to help monitor the quality of the service. Another CSW said they would help people to complete these if they could not do so themselves. A relative told us they had completed a survey form in the past and said they thought the service was well managed. We saw the results of the most recent survey displayed on the staff noticeboard. This showed people who used the service were satisfied with the services they received.

CSWs said people would tell them if things were not right for them. One CSW gave an example that someone may want to alter the time of their appointment. One CSW said a person had made a complimentary comment to them that morning. Another CSW said people were always telling them they were doing a good job. They said they would know if the person or their families had any complaints, but they did not. A relative told us they "definitely" felt able to raise anything the wished.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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