

***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:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ 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 relatives or friends with care needs. The service visit people's homes so carers can have a break from their caring responsibilities.
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 3 December 2013, 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

We found there were appropriate systems in place to ensure consent to provide care and support was obtained.

One staff member told us; "I explain what I want to do, but as we know these clients, I would soon know if they didn't want to do anything. It is a matter of explaining carefully and ensuring they understand".

We found that care support plans were detailed with specified support needs and desired outcomes recorded for each person.

People told us; "I think they are wonderful, I couldn't manage without them," "Very respectful, punctual and spot on. The lady who comes has become a family friend" and "Very happy, the lady who comes is excellent, kind and very friendly".

We found robust checks had been undertaken prior to the commencement of employment by new staff.

The provider had a comprehensive system in place to monitor the quality of the service they provided.

We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service.

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

We looked at the care files of eight people who used the service and found their care and support needs were met in a safe way and according to individual requirements. We found there were appropriate systems in place to ensure consent to provide care and support was obtained.

The service provided practical and emotional support in the form of a respite service to carers who were supporting relatives or friends in their home. We saw written consent had been obtained from people who used the service on care support plans. This demonstrated that before people received any support, consent had been obtained from the individual carer enabling the service to act in accordance with their wishes.

We found written consent had also been obtained for service contract agreements and permission had been obtained to share information with other agencies if required. We found that care support plans were reviewed annually or in response to changes in need with the carer requiring support.

We asked staff to tell us how they obtained valid consent from people who lacked the capacity to make decisions for themselves. Staff were able to explain how they interacted with people and as they provided support to the same people, they quickly developed an understanding relationship with that individual. One staff member told us; "I explain what I want to do, but as we know these clients, I would soon know if they didn't want to do anything. It is a matter of explaining carefully and ensuring they understand".

One carer who used the service said "They are absolutely brilliant with my X. They are kind, caring and have taken time to get to know him. My X can be quite challenging, but they are brilliant." Another carer told us; "I get a great service. The lady who comes gets on absolutely brilliantly with my X and communicates well with him. I feel very confident leaving her with him. She is great with him."

We looked at current policies which provided guidance to staff in relation to the

requirements for written consent and Mental Capacity Act 2005 and associated code of practice.

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

We sampled eight care files and found assessments of support needs had been undertaken. At the time of our inspection, the service was migrating from paper based records to electronic records. We were told that staff would be able to access client care support records in the future, securely via the internet from their home.

We found that care support plans were detailed with specified support needs and desired outcomes recorded for each person. These included mobility, communication, personal care and eating and drinking. Care support plans were person centred and were updated annually or as required. Risk assessments were in place which provided clear instruction to staff and had been updated as required following reviews. This demonstrated the provider regularly considered adjustments to reflect people's changing support needs.

The service used an electronic recording system which enabled staff to register their arrival and departure at the homes of people requiring support using the house phone at no cost to the client. This enabled the service to monitor accurately visiting times and respond immediately to any delays or staff safety concerns.

We spoke to ten people who used the service, all of whom were very complimentary about the service provided and individual staff members. Comments included; "I think they are wonderful, I couldn't manage without them," "Very respectful, punctual and spot on. The lady who comes has become a family friend", "Very happy, the lady who comes is excellent, kind and very friendly", "My X really has a good relationship with them. They are great girls I don't know what I would do without them," and "It has been a wonderful service, they have been absolutely fantastic."

We were told staff were nominated for an annual award for dedication and commitment. We looked at 23 individual nominations made during the current year, the majority of which had been made by people who used the service. Comments included; "X always goes the extra mile, she makes sure I'm safe" and "X has the patience and understanding necessary for the task."

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

We looked at seven personnel files which were comprehensive and detailed. We found robust checks had been undertaken prior to the commencement of employment. Each member of staff had completed an application form, which detailed their previous work experience, skills and relevant qualifications for the work to be performed.

We found criminal records bureau (CRB) disclosures had been obtained for all staff and at least two references had been obtained prior to commencing employment. A health questionnaire had also been completed. We saw copies of driving licences and passports as identification checks.

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 found the provider had a comprehensive system in place to monitor the quality of the service they provided.

We found annual reviews of care support plans were undertaken or more often in response to changing needs of people who used the service. We found that regular reviews of risk assessment were also undertaken.

Incidents and accidents were fully recorded with action taken to avoid repeat incidents.

People were provided the opportunity to express their views and concerns about the service. We looked at annual questionnaires completed by people who used the service, the majority of which were very complimentary about services provided. Results and findings were summarised and shared with staff.

We looked at minutes from monthly staff meetings which included a register of attendance by staff.

We saw evidence of regular supervision and observation supervision of staff undertaken by the manager. Supervision of staff enabled managers to assess the development needs of their staff in a timely and formal manner.

We looked at a comprehensive range of policies and procedures available to support staff undertaking their role and included whistleblowing, safeguarding of adults and children, medication and food hygiene.

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

We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service. People who used the service told us they were aware of the complaints process and what action to take. The complaints process was detailed in customer information folders which had been provided to each person who used the service.

One person who used the service told us; "I'm aware of the complaints procedure through the file we were given, my starting point would always be the office if I had a problem." Another person who used the service said "I have never had cause to complain, I'm very grateful for the service they provide."

We looked at the current complaints and procedures policy. This clearly set out how complaints would be addressed and included contact details of other agencies such as the Care Quality Commission.

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.

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