

Crossroads Care Cheshire, Manchester & Merseyside Limited

Crossroads Together Greater Manchester

Inspection report

Deepdale Community Centre
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Bolton
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Tel: 03333231990

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16 March 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Crossroads Together Greater Manchester is a specialist voluntary organisation providing practical and emotional support to carers who are supporting adults and children with care needs. Care workers visit people's houses so the carer can have a break from their caring responsibilities.

The office is based in Bolton. At the time of the inspection there were 198 people using the service, 161 of whom were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The service had systems in place to help safeguard people from the risk of abuse. Risks were assessed, monitored and records updated as required. Medicines were managed safely and staff completed medicines training. Infection control and prevention measures were in place.

Staff files evidenced people were recruited safely. There were sufficient staff to ensure people's needs were met effectively. Staff completed a thorough induction and were supported through an on-going training programme.

Thorough assessments of people's needs were in place. Care plans were reviewed regularly to ensure people's information remained current. People were supported, where required, with nutritional and hydration needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were extremely positive about the way they were supported and how their dignity was respected. Support was provided for people to be as involved with their care and support as possible. People's communication needs were recorded and adhered to. Many people were taken out to activities they enjoyed, as part of their support plan.

The provider promoted a positive, inclusive and person-centred culture. Quality performance was regularly monitored to help ensure high standards were maintained. Notifications about serious incidents were submitted to the CQC as required. Complaints were recorded and addressed in an appropriate and timely way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 14 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to look at all five domains and to rate the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Crossroads Together Greater Manchester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 14 March 2022 and ended on 22 March 2022. We visited the location's office on 16 March 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eleven relatives about their experience of the care provided. We spoke with six members of staff, including the registered manager, the acting manager, two care coordinators, the locality administrator and two members of care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to help safeguard people from the risk of abuse.
- Staff had all completed safeguarding training, which was refreshed on an annual basis.
- Any safeguarding concerns were logged and responded to and there was a quarterly analysis completed to help identify any trends and address them.

Assessing risk, safety monitoring and management

- All individual and environmental risks were assessed appropriately and control measures implemented.
- Risks were clearly documented within people's care files, monitored, reviewed and updated as required.

Staffing and recruitment

- Staff files evidenced staff were recruited safely. All appropriate documentation was included in the files.
- Staff told us that, despite some issues with recruitment during the pandemic, the service had managed to maintain a good level of service provision.
- The service had a good level of staff retention with many staff members having been with the company for over 10 years.
- Staff were proud of the service. One staff member told us, "I am very proud of what I do. It is a great company to work for." Another said, "[Staff] turn up on time and would let people know if there were any issues, but it would be a last resort to let anyone down."

Medicines

- Medicines were managed safely at the service, and staff worked within the requirements of their policy and procedure.
- Staff had completed medicines training and took regular refresher courses.
- Staff competence was checked annually, or more often if required, to help ensure their skills remained up to standard.
- When any medicines errors occurred, there was a reflective supervision undertaken with the staff member, to look at why the error occurred and how to ensure it did not reoccur.

Preventing and controlling infection

- All staff were aware of the infection control policy and procedure and had completed extra training, on top of the usual annual training, throughout the pandemic.
- Staff had been trained in how to don and doff personal protective equipment (PPE) and spot checks were carried out regularly to ensure they continued to do this correctly.
- Staff supervisions included discussions about the correct use of PPE.

- All required risk assessments with regard to COVID-19 had been completed and the service had ensured all staff were aware of current guidance.

Learning lessons when things go wrong

- The service ensured lessons were learned from any incidents, safeguarding concerns or complaints.
- All incidents were logged and addressed appropriately. This was followed with a monthly trends analysis, from which any appropriate actions were implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough initial assessments of people's needs were completed and these were monitored and updated as required.
- Care plans were written with regard to people's individual needs and choices and with as much input from people and their unpaid carers as possible.
- Care plans were reviewed yearly for adults and six-monthly for children, or as needs or circumstances changed.

Staff support: induction, training, skills and experience

- Staff completed the Care Certificate for induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported through an on-going training programme, evidenced by training records.
- Staff we spoke with said they were encouraged and supported with further development opportunities. One staff member told us, "Excellent training, nicely laid out. I learn better from reading and studying, the way things are written is helpful, very accommodating."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported, where required, with nutritional and hydration needs.
- Care files included records of people's needs with regard to food and drink.
- There were clear instructions about how food and drinks should be prepared and how best to assist the person with the food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies and professionals to help ensure the best results for people they supported.
- The service provided support for people's unpaid carers by supporting their loved ones for periods of time to offer the carer respite. They also were able to refer carers to Crossroads' carer advisor team who could support and help unpaid carers with a range of issues.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- All care coordinators and care support workers completed mental capacity training.
- People's capacity was clearly recorded and consent forms for issues such as privacy, permission to share information and consent to care had been signed by the individual or their representative, as appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with were extremely positive about the way they were supported. One person said, "I like them coming, they are all nice and polite." Another person told us, "I am very happy, they do everything I need. They always come and are always reliable."
- Relatives felt their loved ones were looked after to a very high standard. One relative commented, "The staff are definitely the nicest mannered and most caring people that you could wish to meet. They are sensitive, cheerful, understanding and highly committed to providing the highest standards of care possible."
- People felt their diversity was respected. One person told us, "Yes, they are respectful of dignity. They are all good with me if I have any problems."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all aspects of their care and support and there was evidence of this within the care files.
- People told us they felt they had a good level of input. One relative said, "I am involved in discussions, we work together." Another relative told us, "They involve both us and our [relative] in all aspects of the care provided. Their skill and care in this respect have enabled a very positive, ongoing dialogue between us all."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected and people expressed their gratitude for how the care and support was provided. A relative said, "The staff are very respectful. I don't know what I'd do without them. They are so understanding of [person's] needs".
- There was information within care files about how people's independence should be promoted and maintained. A relative told us, "They help with [person's] independence, get the right balance." Another relative, when asked about promoting independence, said, "They [service] are phenomenal. Crossroads have changed my life, [person's] life and other family members' lives."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files included a significant level of detail about people's wishes, choices, likes and dislikes.
- People's family relationships, interests and things that were important to them were recorded and staff were aware of people's preferences with regard to care and support.
- The service tried to ensure that each person had a small team of support workers and were matched well with them, to help ensure consistency. A relative told us, "[Person] needs consistency and familiarity with carers, which they get. They match [person] with the same carers."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's particular needs with regard to communication were recorded and adhered to. Where people were non-verbal there was training for staff and aids and they could use, such as pictorial representations.
- Family members and other professionals involved with the person were consulted to help ensure the best method of communication was being used.
- Printed information could be provided in various forms including easy read, large print and other languages, to help ensure it was accessible to as many people as possible.
- The provider's website had a wheelchair button where accessibility tools could be used to change the text to help aid understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans included information about family, routines, activities and places people liked to visit.
- Many people were taken out to activities as part of their support plan. One relative told us, "[Person] had a big fear of crowds and loud noises. Now [person] goes out into town, shops, takeaways and asks for things for themselves. [Person] is no longer violent and angry. It's a delight, an absolute delight. It has changed our whole world."
- The service also facilitated local community activities at their office base. These included, dementia cinema club, musical memories and walk and talk activities.

Improving care quality in response to complaints or concerns

- The service welcomed the opportunity to learn and improve from any feedback received.
- Complaints were recorded and addressed in an appropriate and timely way.
- All complaints were analysed for on-going trends and themes. Anything identified was addressed with appropriate actions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive, inclusive and person-centred culture. Their vision and values set out the aspiration to offer outstanding care to all people supported and their carers.
- The company had a board of trustees who had regular meetings and discussions, which included examining their values.
- A discussion had been held at a recent meeting around ensuring the board had the correct skills and training to maintain effective oversight of systems and processes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was proactive in sharing outcomes of complaints, feedback and incidents to help ensure honesty and openness at all times.
- Discussions with the management team demonstrated a willingness to ensure open and honest dialogue with all parties.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff we spoke with, including the management team and the carer support workers, were able to explain their roles and responsibilities.
- Quality performance was regularly monitored to help ensure high standards were maintained.
- Notifications, with regard to significant incidents such as serious injuries, deaths and alleged abuse, were submitted to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication with people who used the service and their relatives was described as excellent. One person said, "They turn up on time and ring if they are running late. I can get hold of the office and they will change things if needed.". A relative told us, "It is very easy to contact the office, they are available 24/7 and ALWAYS respond promptly."
- Staff felt communication with the management was positive and a staff survey evidenced a high proportion of staff were proud to work for Crossroads and had confidence in the leadership. Comments from staff included, "They are very supportive as a company"; "Very supportive company" and, "Crossroads

are lovely, a very good company. They are very fair with me and other staff. It is very well run."

- Regular staff meetings and supervisions provided forums for discussion about work issues and learning and development needs.

Continuous learning and improving care

- Continuous learning was taken from issues raised, complaints and incidents.
- A number of audits and checks of systems and documentation were completed. These included required actions, which were signed off when completed.
- Reflective practice in supervisions helped staff review their practice and informed personal and professional development.
- The board and management team were made aware of all improvement required and best practice noted.

Working in partnership with others

- The service worked well with partner agencies, identifying hidden carers and aiding recognition and support for them.
- Care files evidenced how the staff worked with other professionals to help ensure joined up care for people they supported.