

## Crossroads Care North West

# Crossroads Care North West - St Helens

### Inspection report

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13 November 2017

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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

The inspection took place on 08, 10 and 13 November 2017. It was unannounced on the first day and announced on the second and third days. This was the first inspection at the service.

Crossroads Care Northwest is a domiciliary care service offering support to 269 adults, young people and children within their own homes across the areas of St. Helens, Halton, Widnes, Leigh, Wigan, Runcorn and Warrington.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff recruitment systems were robust and this helped to ensure only staff suitable to work with vulnerable people were employed. All staff had undertaken a thorough induction process which included completing shadow shifts at the start of their employment. Staff had all completed mandatory training required for their role. Staff attended team meetings and were supported through regular supervision. This meant staff had the right knowledge and skills to support people.

Systems were in place to protect people from abuse. Staff had completed safeguarding training and through discussion with them they demonstrated a good understanding of this. Staff were clear of the processes to be followed in the event of a person being at risk of harm.

Assessments were completed prior to a person receiving care from the registered provider. The information from this was used to create individual and person centred care plans and risk assessments. People and their chosen relatives participated in the development of their care plans. Regular reviews were undertaken to ensure information remained up to date.

People received support from regular staff that knew them well and whom they had developed positive relationships with. People received care from staff that promoted their independence and offered them choice.

People told us staff treated them with dignity and respect. People and their relatives described staff as kind, caring and patient. Staff rosters demonstrated there were sufficient staff available to meet the needs of people.

A complaints policy and procedure was readily available for people and their relatives. They told us they felt confident about raising a complaint and thought any concerns would be listened and responded to promptly.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance in place for staff in relation to the MCA. Staff had received training in relation to the MCA and demonstrated a basic understanding of it.

The registered provider had quality monitoring systems in place that were followed by the management team for development and improvements. Audit systems were regularly undertaken as part of the registered provider's governance process.

The registered provider had policies and procedures in place to support the running of the service and they were regularly reviewed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The registered provider had robust recruitment procedures in place and employed sufficient staff numbers to meet the needs of the people.

Risk assessments were in place that identified and mitigated the risks to people's safety and well-being.

There were systems in place to reduce the risk of abuse. The registered provider had a policy and procedure in place for safeguarding people from abuse, which staff understood.

### Is the service effective?

Good ●

The service was effective.

Staff had received up-to-date training to ensure they had the right knowledge and skills to meet people's needs.

People's rights were protected by staff who had knowledge of the Mental Capacity Act 2005.

People received appropriate support to meet their food and drink requirements.

### Is the service caring?

Good ●

The service was caring.

Positive relationships had been developed between staff and the people who used the service.

People were supported by staff that were kind, caring and patient.

Information for people was available in easy read and pictorial formats.

### Is the service responsive?

Good ●

The service was responsive

People had developed positive relationships with a regular staff team.

People's rights to privacy and dignity were promoted and respected.

People had access to and participated in activities of their choice.

### **Is the service well-led?**

The service was well-led

The registered provider regularly sought feedback from the people who used the service and their relatives in different formats.

Audit and monitoring systems were in place that were used to identify and action areas of development and improvement.

The registered provider had policies and procedures in place to support and guide staff that were regularly reviewed and updated.

**Good** ●

# Crossroads Care North West - St Helens

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place over three days on 08, 10 and 13 November 2017. The visit was unannounced on the first day and announced on the second and third days.

This inspection was carried out by three adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information that we held about the service. This included notifications received from the registered manager and safeguarding referrals. We contacted the local authority quality monitoring and safeguarding teams who told us they did not have any immediate concerns about the service.

We looked at 11 people's care plan files, 11 staff recruitment and training files as well as records relating to the management of the service. We visited the relatives of four young people in their homes. We contacted 27 people who used the service and their relatives by telephone.

During the inspection we spoke with nine support staff, a care co-ordinator, the chief executive officer and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe with staff. Relatives comments included "I trust the staff that support [Name] to access activities within the community. Staff are well trained and I have full confidence in them" and "The staff are developing [Name's] skills and independence within the community, which I believe will keep them safe in the longer term."

We reviewed staff rosters and they confirmed sufficient numbers of staff were available to keep people safe and provide them with the correct level of support. The registered provider had a robust recruitment process and all records reviewed demonstrated this. Each file held a completed application form, interview records and two references that included the applicant's most recent employer. An up-to-date disclosure and barring check (DBS) was held for each person employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. This meant people were supported by staff that were deemed of suitable character to work with children, young people and vulnerable adults.

Comprehensive risk assessments were in place within the 11 care files we reviewed. These included risk assessments such as environmental, moving and handling requirements, outings and activities and specific risks relevant to the individual. For example health and safety risks to staff and people were considered within the environmental risk assessment and identified risks were mitigated. Children and young people that undertook activities within the local community had risk assessments in place that included clear guidance for staff to follow. The registered provider encouraged and supported positive risk-taking and ensured clear documentation was in place to support this. All risk assessments had been reviewed regularly to ensure staff had the most up to date information to support people. This ensured staff were able to provide the correct level of intervention relevant to each person to promote safe care.

Accidents and incidents were clearly documented and detailed thoroughly events that had occurred. Actions following the accident or incident were identified and signed off when completed. The registered manager undertook an audit and analysis of all accidents and incidents service. This was used to identify trends, patterns or development opportunities.

Staff described their responsibility to keep the people safe and also an awareness of their own safety at all times. The registered provider had policies and procedures in place for safeguarding the people they supported. Records showed that all staff had completed safeguarding training relevant to their role. Staff confidently described the different types of abuse, signs and symptoms that they needed to be aware of and the process that was in place for reporting any concerns they had. All staff stated they felt confident the registered manager would promptly address any safeguarding concerns.

Policies and procedures were in place for the safe management of medicines. We reviewed the medicines records for two people and found these were fully completed and signed by staff. The provider only supported a very small number of people with their medicines. One care plan file held clear guidance for staff on the managements of rescue medicine for a person who was diagnosed with epilepsy and

experienced seizures. Records showed staff had all undertaken training and were assessed as competent in the management of this. A relative told us that they had confidence in the staff that cared for their [Relative]. This meant people received their medicines safely and as prescribed.

Staff told us of the importance of washing their hands between tasks as well as between every visit they undertook. Records showed that all staff had completed infection control training. Personal protective equipment (PPE) was held at the office and made available to all staff. This included disposable gloves and aprons used by staff when undertaking personal care tasks. These items are used to protect staff and people from the risk of infection being spread.

Care plan files included contact details for relatives, GP and other healthcare professionals to be contacted in the event of an emergency. Staff were familiar with where to find this information and confirmed it was regularly reviewed and updated to ensure the most up to date information was always available. Staff told us the registered provider operated an 'on call' system that was available at all times. Staff described the on-call process as helpful, supportive and responsive. This meant that in the event of emergency or when staff required support or information, an appropriate person was available to contact without delay.



## Is the service effective?

### Our findings

People and their relatives spoke positively about the staff team. Comments from people included "I'm very happy with the care provided, I can trust all the staff", "When new staff come they always read the care plan file and I have a chat with them about my needs" and "Staff seem well trained". Relatives comments included "I've never had any issues with staff and they've been absolutely fabulous with [Name]", "Even when staff are new they appear to have the right skills and knowledge to do their job" and "Staff all really great with [Name]."

All staff had undertaken an induction when they started their employment. Staff were introduced to the organisation, had an overview of the policies and procedures and were also given key information relating to conduct, confidentiality and data protection. The induction met the requirements of The Care Certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff also had the opportunity to undertake Qualification and Credit Framework (QCF) qualifications. QCF is a nationally recognised qualification which demonstrates staff can deliver health and social care to the required standard. Records showed a very high percentage of staff had either completed or were working towards a QCF qualification. All staff undertook a period of shadowing an experienced member of staff before they worked with people independently. All staff told us their induction had been really helpful and fully prepared them for their role.

All staff had completed mandatory training essential for their role. Certificates were in place for training completed including; health and safety, moving and handling, infection control, first-aid and fire safety. There was evidence that refresher training had taken place as required. Staff told us that the training was a mixture of classroom sessions as well as e-learning on the computer that they accessed with their own security code. Records showed that some staff had completed additional training relevant to the needs of people they supported including dementia awareness, diabetes, autism and epilepsy.

Records showed that people had access to health and social care professionals if required and the details of important contacts were held within people's care plan files.

People that required support with meal preparation or to manage health related diets had documentation in place for staff to follow. People told us that staff supported them appropriately and always offered a choice of food and drink. Young people told us that staff encouraged them to try new foods and explained about healthy eating.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff had a basic understanding of the Mental Capacity Act and had completed training. The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. The registered manager told us that they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions. Records reviewed confirmed this and also evidence that

consent was sought during interactions between staff and people supported.

## Is the service caring?

### Our findings

Relatives told us staff were kind and compassionate. Their comments included "The staff supporting [Name] are kind and quite fun actually. Exactly what is needed by [Name]", "The staff speak to [Name] in a lovely manner. They are very patient, use a nice soft tone of voice, they've got the right way about them", "Staff are very caring, they help in every way they can to make [Name] feel special each day" and "[Name] absolutely loves the regular care staff that visit".

Relatives told us that preferences of male or female staff had been discussed with them at assessment before the service started. Relatives told us that the people supported had been included in this process wherever possible. People that had requested a younger or more mature, male or female member of staff told us this had been respected also.

People told us they had mostly regular staff that knew them well. We saw and staff confirmed that the majority of their visits were to the same people. Staff told us this meant they could develop positive relationships with people and helped them to fully understand and meet people's individual support needs.

Relatives told us that people who used the service were encouraged to be independent where possible. One relative told us the young person supported could now get on and off public transport and also pay for their own fare. This had taken a long time to achieve as the young person was very anxious about using public transport. Staff had been patient and used their knowledge and understanding of the young person to support them to achieve this goal. They told us staff had set this as a target which they were delighted had now been achieved.

Staff described the importance of offering choice and explained how they met people's individual communication needs. Some of the young people and children used communication systems specific to meet their individual needs and staff were familiar with these. These included I pads and PECS which is a pictorial exchange communication system. Pictures are used to describe the activity or communication the person wishes to describe.

People told us their privacy and dignity was promoted and respected by staff. We saw that staff asked permission ahead of undertaking any task. Staff described the importance of valuing people's privacy whenever possible. Staff did not rush people when undertaking tasks and always worked at the individual's own pace.

Relatives described information being available in accessible formats. Young people and children were invited to give feedback using a pictorial format at the end of each support session. This information was reviewed regularly as part of the registered manager's quality audit processes. This meant people had information available to them in formats appropriate to their individual needs.

## Is the service responsive?

### Our findings

People and their relatives told us that they knew all the staff that visited them. They also said that staff almost always arrived on time and it was very unusual for staff to be late or have visits cancelled. Comments from relatives included "The office staff telephone me to let me know if there are any changes", "The staff look after [Name] properly and people at his club have commented how well he is looked after" and "The staff that visit [Name] always complete the personal care and support to a high standard".

The registered manager completed an assessment of each person's needs prior to them using the service. People and their relatives where appropriate were included in this process. The information gained at assessment was used to develop people's individual care plans. Information held within the care plans reflected people's individual needs and included information about areas of need such as their personal care, communication, mobility and continence.

Care plans reviewed were person centred and specific to the individual. Care plans included clear information and guidance for staff to follow about each person's needs and choices. For example, information relating to one person who had epilepsy was detailed and clear for staff to follow. There was evidence that these documents had been reviewed regularly and updated as required. People and their chosen relatives were included in this process. Any changes to care plans were promptly shared with staff to ensure continuity of care.

The registered provider provided a service to five young people through their 'Saturday Group'. Young people, relatives and staff spoke very positively about this group and the outcomes they achieved from it. Relatives and staff described the development and improvement of young people's communication and social skills, confidence building and ability to express themselves appropriately. Young people with the support of the staff team choose activities they would like to participate in, discussed areas for development, for example accessing public transport and money management. Relatives all described each young person's willingness to attend 'Saturday Group' and the importance of the friendships they had developed with other young people in attendance.

Staff completed daily records at the end of each visit. Information within these records included the time staff had arrived and left, details of activities undertaken and were signed by the staff in attendance. This information was reviewed regularly by office staff to ensure full completion. Children and young people completed a pictorial feedback form following each activity undertaken. Feedback included their favourite part of the day, anything they didn't like and how they felt overall about the activity. We saw these were consistently completed and regularly reviewed.

We reviewed compliments that had been received by the service and quotes from these included 'Having the support has been 100% beneficial', 'All the staff are brilliant and I couldn't cope without them', '[Staff] is fantastic with [Name] and has a fabulous and caring nature' and 'A big thank you to all the girls have worked with [Name] and have picked up her spirits'. There were many examples of people and their relatives contacting the service to thank and praise individual staff members for their work.

The registered provider had a complaints policy and procedure in place that was available in accessible formats including easy read and pictorial. People and relatives told us they felt confident to raise any concerns through the office. Relatives comments included "When I have needed to have a discussion with the office, they've always listened and responded to what I've said to them" and "I received regular calls from the office staff to check everything is okay, this means any minor concerns never develop into a complaint". Staff we spoke with were knowledgeable about the complaints procedure and stated they were confident to deal with any concerns or complaints people had.

## Is the service well-led?

### Our findings

People, relatives and staff we spoke with described the management team as supportive, knowledgeable and approachable.

The service had a registered manager in post had been registered with the commission since August 2015.

The registered provider completed an annual satisfaction survey. We reviewed the collated results of the most recent survey that had been completed by people and their relatives. 100% of respondents were satisfied or extremely satisfied with the service. 100% of respondents were satisfied or extremely satisfied with the staff that supported them. 100% of respondents stated the service was meeting their needs and all respondents stated they would recommend the service. Comments included 'It gives me top quality time for myself and I look forward to my breaks gives meet quality time for myself and I look forward to my breaks', 'The service has definitely made a difference' and 'I am able to feel more independent, it feels like going out with friends'. People were also invited to give feedback through telephone calls they received from the service. This meant people were encouraged to give feedback about the service and participate in its development.

The registered provider undertook weekly, monthly, quarterly and annual audits at the service. Topics reviewed for quality monitoring purposes included care plans, medicines management, accidents/incidents and daily records. Records showed that any identified concerns had been addressed through the creation and completion of action plans.

Staff meetings were undertaken regularly and we reviewed the minutes of these. We saw that compliments that had been received were shared with staff that were in attendance. Subjects discussed had included organisational updates, safeguarding and medicines management to ensure staff knowledge remained up to date. Staff told us their opinions and ideas were welcomed by the management team and that they had received copies of the minutes if they were unable to attend a meeting. This meant were regularly updated about service developments and had the opportunity to share new ideas.

The registered provider's chief executive officer held quarterly meetings with a staff focus group. This consisted of eight staff that were representative of the geographical areas of the service, as well as staff that worked with adults, young people and children. The focus group discussed ideas for improvements, staff concerns and operational factors. Ideas from this group were put forward for approval to the board of directors.

The registered provider offered long service awards to staff after five years of employment and these were repeated in five-year intervals. Staff spoke positively about this and stated they felt valued and rewarded for their work.

The registered provider had accessed Children in Need funding to support relatives to fund the cost of their children and young people to access activities within the community. This meant all children and young

people could access their chosen activities.

The registered provider and relatives of people living with dementia supported by the service had completed training for local businesses. The purpose of the training was to improve the knowledge of local businesses staff in the area of understanding dementia. The service also worked in partnership with a local counselling service to offer resilience building sessions to help them develop coping strategies for managing as a family unit.

The registered provider had up to date policies and procedures available that were reviewed regularly. Staff told us that they had access to these as and when they needed guidance.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.