

Crossroads Care North West

Crossroads Care North West: Hyndburn, Chorley & South Ribble

Inspection report

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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

We carried out an inspection of Crossroads Care North West: Hyndburn, Chorley and South Ribble on 20 and 22 November 2017. We gave the service 48 hours' notice to ensure that the registered manager would be available when we visited.

Crossroads Care North West: Hyndburn, Chorley and South Ribble is a domiciliary care service. It provides personal care and support to adults and children with a variety of needs including people with a learning disability or autistic spectrum disorder, poor mental health, physical disability, sensory impairment, people who misuse drugs or alcohol, older people, people living with dementia and their carers. Crossroads Care North West is a Network Partner of the Carers Trust, a national organisation which provides support and guidance for unpaid carers. The agency's office is located in Accrington in East Lancashire. At the time of our inspection the service was providing support to 126 adults and two children. This was our first inspection of this service.

At the time of our inspection there was a registered manager at the service who had been registered with the Commission since February 2015. 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.

During our inspection people told us they received safe care. Staff had a good understanding of how to safeguard vulnerable adults and children from abuse and were aware of the appropriate action to take if abusive practice was taking place.

Records showed that staff had been recruited safely and had received an appropriate induction. Staff received regular supervision and their practice was observed regularly to ensure that they were providing safe care. Staff told us they felt well supported by the registered manager and the office staff.

We found that people's medicines were being managed safely and people told us they received their medicines when they should. Staff members' competence to administer medicines safely was assessed regularly.

We found that people were supported with their healthcare needs and were referred to healthcare professionals when appropriate. The community health and social care professionals that we contacted provided positive feedback about the service.

People were happy with the care and support they received from the service. They told us that their care needs were discussed with them and they were involved in decisions about their care.

People told us staff arrived on time and stayed for the full duration of the visit. They told us that when two

staff were required to meet people's needs, two staff always visited.

People liked the staff who supported them and told us they were caring. They told us staff respected their privacy and dignity when providing care and encouraged them to be independent.

We found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the main principles of the Mental Capacity Act 2005 (MCA). They sought people's consent and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People were asked to give feedback about the service they received during regular reviews and in satisfaction questionnaires. We reviewed the questionnaires from September 2016 and found that people had reported a high level of satisfaction with all aspects of the service.

People we spoke with told us they were happy with the management of the service. They found the staff and management team approachable and helpful and knew who to contact if they had any concerns.

We saw evidence that regular audits were completed and found that these checks were effective in ensuring that appropriate levels of care and safety were maintained.

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 manager followed safe recruitment practices when employing new staff.

Staff had completed safeguarding training and were aware of the action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were being managed appropriately.

There were safe medicines policies and practices in place. People told us they received their medicines when they should.

Is the service effective?

Good 

The service was effective.

New staff received an appropriate induction and observed experienced staff before they became responsible for providing people's care.

People's needs were assessed before the service started supporting them and were reviewed regularly. Care plans were detailed and individualised. Care plans included information about people's preferences as well as their needs.

Staff understood the importance of seeking people's consent and supporting people to make decisions about their care. Where people lacked the capacity to make decisions, their relatives had been consulted.

Staff supported people with their nutrition, hydration and healthcare needs and contacted community healthcare agencies when appropriate.

Is the service caring?

Good 

The service was caring.

People were given information about the service when they started receiving care. This included a service user guide which was available in a variety of formats.

People told us their care needs had been discussed with them and they were involved in decisions about their care.

People told us that staff respected their privacy and dignity and did not rush them when providing care. They told us staff encouraged them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which reflected their needs and their preferences.

People were asked to give feedback about the care and support they received and reported a high level of satisfaction with the service.

People felt able to raise concerns with the staff or the registered manager.

Is the service well-led?

Good ●

The service was well-led.

The service had a mission statement which focused on treating people with respect and dignity and was promoted by staff and the registered manager.

People being supported by the service and their relatives were happy with the way the service was being managed.

Staff felt that the service was managed well and felt supported by the registered manager. They felt fairly treated as employees.

Regular audits of the service were completed and were effective in ensuring that appropriate standards of care and safety were being maintained.

Crossroads Care North West: Hyndburn, Chorley & South Ribble

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 was 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 on 20 and 22 November 2017. We gave the provider 48 hours' notice, as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by an adult social care inspector 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. The experts by experience contacted people who received support from the service or their relatives by telephone, to gain feedback about the care they received.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service including safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law.

As part of the inspection we contacted six community health and social care professionals who were involved with the service for feedback about the care provided, including five social workers and a community nurse. None of the professionals contacted expressed any concerns about the service. We also

contacted the Quality and Contracting Unit at Lancashire County Council and Healthwatch Lancashire for feedback. Healthwatch Lancashire is an independent organisation which focuses on the public's experiences of health and social care in Lancashire.

As part of the inspection we spoke on the telephone with 11 people who received support from the service and 18 relatives. We also visited one person at home. We spoke with five carer support workers, a care co-ordinator, a reviewing officer and the registered manager. In addition, we reviewed the care records of three people receiving support from the service. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered. We also looked at the results of the most recent customer satisfaction survey.

Is the service safe?

Our findings

The people we spoke with told us they always felt safe when staff supported them. Comments included, "I feel completely safe with them" and "I'm happy and safe at home. I've got no concerns". Relatives told us, "They make sure [my relative] doesn't fall in the shower", "Yes, it's safe. Any issues I contact the manager", and, "I have no concerns. They've been great, everything about it".

We looked at how the service safeguarded vulnerable adults and children from abuse. There was a safeguarding policy in place which included information about the different types of abuse and staff responsibilities. Information about safeguarding was included in the carer support worker handbook and up to date guidance from Lancashire Safeguarding Adults Board was also available for staff to refer to. Records showed that all staff had completed training in safeguarding vulnerable adults and children from abuse. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with their line manager or the local authority. We found that safeguarding concerns had been managed appropriately and referrals had been made to the local safeguarding authority in line with local safeguarding protocols. There was one safeguarding investigation outstanding at the time of our inspection. The registered manager had reported it appropriately to CQC and the local authority and was awaiting an outcome from the local authority.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to fire safety, mobility, the home environment and social outings. They included information for staff about the nature of each risk and how people should be supported to manage it. Risk assessments were reviewed regularly. One person told us, "They have brought different things like a higher toilet seat and a sitting frame which I use when I'm cooking".

A record was kept of accidents and incidents that had taken place and we saw evidence that accidents had been investigated appropriately and any necessary actions had been taken. Incidents were reported to CQC and the local authority when appropriate. One relative commented, "[My relative] had a recent fall. They do ongoing assessments. We may need more visits or different things to help. We will discuss these together. They are really good". Another relative told us, "[My relative] had a fall. The carer rang the ambulance. They dealt with it. Marvellous".

We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and two written references had also been obtained. These checks helped to ensure that the service provider recruited staff who were suitable to support children and vulnerable adults.

We looked at staffing arrangements at the service. Nobody we spoke with had experienced any missed visits. People told us that staff visited when they were supposed to. Comments included, "They always come. I'm happy" and, "They are on time or early, never late. I'm well pleased. They will do anything for me". One

person told us, "They were late once. The problem was with the client before. [Staff member] apologised and it was dealt with in a professional manner. They did come and make up the half an hour. It was all sorted out".

Everyone we spoke with told us that staff stayed for the full duration of the visit. One person commented, "They're all marvellous. If something needs doing, they will stay until it's done, even if they go over the time". One relative told us, "They remake the bed, make food, they only have half an hour, they do what they can". People told us that when two members of staff were required to provide support, two staff members always attended. One person commented, "They double up on shower days".

Staff told us that communication between staff at the service was good. They told us they documented the support they provided at each visit and any concerns were recorded on the daily visits sheets. They also documented concerns on a communication sheet which was kept at the front of each person's care file. We reviewed some communication sheets and found that they included information relating to concerns about people's health and the action taken, medication which needed to be ordered and broken equipment. Staff told us that they always contacted the office staff if they had any concerns about a person's health or wellbeing and where appropriate discussed any concerns with family members. We reviewed people's visit records and found that information documented by staff included the support provided with personal care, meals, medicines and domestic tasks, as well as any concerns identified. The records we reviewed were respectfully written and were signed by staff. This helped to ensure that all staff were kept up to date with people's needs, and that risks to people's health and wellbeing were managed appropriately.

We noted that people's care documentation and staff records were kept securely at the office and only accessible to authorised staff.

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about storage, administration, 'as required' (PRN) medicines, recording, disposal, and staff training. Records showed that all staff had completed up to date medicines management training. We found evidence that staff members' practice was observed regularly and this included an assessment of their competence to administer medicines safely. The completion of medicines administration documentation was reviewed as part of the observations. The staff we spoke with demonstrated that they understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly. We saw evidence that updates about medicines policies and procedures were issued to staff in memos and were addressed in staff meetings.

We reviewed the Medication Administration Records (MAR) for three people and found that they had been completed appropriately by staff. We noted that the dosage of a medicine for one person was not clearly printed on the MAR. We discussed this with the registered manager and the care co-ordinator and this was resolved. In addition, one person had a PRN cream but there was no guidance for staff about where it should be applied. We discussed this with the registered manager who advised that the service planned to introduce body maps which would clearly show where topical medicines should be applied. We noted that people's MARs were audited monthly when they were returned to the office. We saw evidence that where shortfalls had been identified, such as missing staff signatures, appropriate action had been taken to improve staff practice. People told us they were happy with how staff supported them with their medicines and they received their medicines when they should. Comments included, "I self-medicate but everything is still logged down in the book", "They put my eye drops in" and, "They make sure [my relative] has taken his tablets".

We looked at how the service protected people from the risks associated with poor infection control.

Records showed that all but one member of staff had completed infection control training and the outstanding member of staff was due to complete it in the near future. The staff we spoke with confirmed that they had completed infection control training and told us they had access to infection control equipment, including gloves and aprons. They told us that supplies for staff working the Chorley and South Ribble area were kept at premises in Chorley to ensure that staff had easy access to what they needed. Staff understood the importance of following appropriate infection control practices to keep people safe.

There was a business continuity plan in place which provided guidance for staff in the event that the service experienced a loss of communication systems, electricity, heating, lighting, premises or experienced disruption due to severe weather, staff sickness or terrorist activity.

Is the service effective?

Our findings

People and their relatives told us they were happy with the care provided. Comments included, "I'm very lucky with the girls and the care", "I'm happy with the service, I have no concerns", and, "I'm fully happy with the care". Relatives commented, "I just feel they make [my relative] feel happy" and, "They just help [my relative] stay in his house. I have peace of mind. It takes away the worry".

People told us they felt staff were able to meet their needs. Comments included, "They are well trained", "The carers are knowledgeable. They have empathy. The ones we have are absolutely marvellous. I don't know how they do their job", "All the girls are well trained, well dressed and willing to help" and, "They are absolutely fabulous. Honest, reliable and like friends. I cannot praise them enough".

We looked at how the service addressed people's mental capacity. 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 Act 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 make 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. We noted that the Court of Protection had appointed a deputy for one person in relation to their finances. This was clearly recorded in the person's care documentation and we saw evidence that the service had liaised with the deputy when appropriate.

We checked whether the service was working within the principles of the MCA. The service had an 'Autonomy and independence policy' which included information about the principles of the MCA, capacity assessments, best interests decisions and the importance of encouraging and supporting people to make their own decisions. Records showed that 60% of staff had completed MCA training. The remaining staff had been allocated the training to complete in the near future as part of their e-learning. The staff we spoke with understood the importance of seeking people's consent before providing support, even when people lacked the capacity to make decisions about more complex aspects of their care. They were aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care.

People told us that staff regularly sought their consent before providing support. One person commented, "They always ask what I want, they never just decide themselves". One relative told us, "They cook whatever [my relative] fancies to eat". We found that people's care files included signed consent forms relating to a variety of issues including the administration of medicines and personal care.

Records showed that staff completed a thorough induction when they started working at the service which included the service's policies and procedures, safeguarding, health and safety and confidentiality. All staff signed a code of conduct which included information about confidentiality and health and safety. Records showed that new staff observed experienced staff as part of their induction and this was confirmed by the

staff we spoke with. Each staff member's practice was observed regularly, when they were assessed in relation to a number of issues including appearance, familiarity with people's care plans, medicines administration, equipment and documentation.

We reviewed staff training records and found that all staff had completed up to date training in health and safety, load management, first aid and food hygiene. The staff we spoke with told us they had completed training when they joined the service and their training was updated regularly. They felt well trained and told us they could request further training if they needed it. This helped to ensure that staff were able to meet people's needs and provide them with safe, effective care.

Records showed that staff received regular supervision and the staff we spoke with confirmed this. We reviewed some staff supervision records and found that the issues discussed included training, workload and any updates or concerns about the people they were supporting. Staff told us they felt able to raise any concerns or make suggestions for improvement during their supervisions and appraisals. They told us they felt well supported and fairly treated by office staff and the registered manager.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. One person told us, "The management came out and had a look around and asked what we required".

We reviewed three people's care plans. We found that they included information about people's needs and how they should be met, as well as their likes and dislikes. Each care plan contained information about what people were able to do for themselves and how care and support should be provided by staff. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, we saw evidence their relatives had been consulted.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration.

People told us that staff supported them with their nutrition and hydration needs. One person commented, "They make a sandwich or heat up a meal in the microwave for me". Relatives were happy with the support provided. Comments included, "For meals I just tell them what [my relative] wants for his tea. I leave a little letter and they do it", "They usually ask [my relative] if there's anything specific she wants for tea" and, "If I'm away I let [staff member] know and the carers will get milk if [my relative] needs it".

We looked at how people were supported with their health. The people we spoke with felt staff made sure their health needs were met. Relatives were also happy that people's healthcare needs were met. Comments included, "If the carers have any concerns they give me a ring. If the doctor's been contacted and any medication has changed, they let me know", "They would get the doctor if needed" and, "[My relative's] health has improved".

Relatives told us that staff encouraged people to be mobile. Comments included, "[Staff member] gets [my relative] doing his exercises and walking with the frame", "They do exercises with [my relative] to help his circulation" and "They encourage [my relative] to be active".

Care plans and risk assessments included information about people's medical history, their health needs and guidance for staff about how to meet them. The staff we spoke with told us they contacted the office staff if they had any concerns about a person's health and the office staff contacted healthcare professionals

and people's relatives when appropriate. We saw evidence that staff had contacted appropriate healthcare services, including GPs and paramedics, when appropriate.

We received responses from three of the six health and social care professionals we contacted for feedback about the service. All of the feedback we received was positive. One professional commented, "I have always found Crossroads to be obliging and realistic with care provision and outcomes. I always feel confident in the reliability of the feedback and input from the support workers and senior staff members. I have received positive feedback from family members". Another professional told us, "I have found them reliable and they have adapted their working to suit the person they support. They are not afraid to ask for advice. I have found communication is open and good and record keeping in the person's home is good".

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were caring. Comments included, "I like them all. Never had a problem with any of them. They're all helpful, kind and very, very nice", and, "They're all marvellous. They help me out of bed, make me a cup of tea, give me my tablets, things like that. They're all good, nothing's a bother to them". Relatives also felt that staff were caring. Comments included, "The girls are excellent. They are patient, caring and very nice. [My relative] likes the girls. She's comfortable and safe with them and all of the girls are as good as each other", "They are kind, the way they speak to [my relative]" and, "The carers talk to [my relative] and really they are fantastic and just like friends".

People and their relatives told us that staff respected their right to privacy and dignity. Comments included, "They treat [my relative] with respect and dignity", "[My relative] feels comfortable with them. It's difficult but they make an effort to converse with him", "They close the door when [my relative] is in the bathroom", "The girls give [my relative] a bath every day and they always chat to her, tell her what's happening and protect her modesty" and "They empty the commode and bottle. They do it so you don't even know they're doing it."

People told that staff provided support when they needed it and did not rush them. Comments included, "They take their time. Nothing is rushed" and, "I'm not rushed, the first thing they say is 'Do you want a cup of tea or coffee?'. One relative told us, "They take their time and make sure [my relative] is ok before they leave".

People told us that staff encouraged them to be independent. One person commented, "They give me the sponge in the shower and let me wash myself". Relatives also felt that people were encouraged to be independent. Comments included, "If there's any washing, [my relative] will help the carer to sort it. If the meal needs doing, they do it together", "They walk to the laundrette with [my relative] to put the washing in. They help her to choose her menu. They do whatever they can do to encourage her to be independent" and, "They leave [my relative] in the bathroom and encourage him to bath himself and shave himself". Staff understood the importance of encouraging people to be independent. One staff member told us, "I support a person who's had a stroke. They need encouragement to participate in things like getting dressed". Another staff member commented, "We encourage people to do for themselves as much as possible to keep them mobile".

People told us they received a rota so they knew who would be supporting them. Comments included, "We get a rota every week", "We get a weekly rota. Any changes they ring me. Someone always notifies me" and, "They would tell me if someone different was coming".

People and their relatives told us they were introduced to new staff. Comments included, "The regular carers come with the new ones for an hour, to be introduced. They don't just turn up", "New staff come with existing staff before they start" and, "One new staff came with two carers to be introduced. [My relative] has met them all".

The staff we spoke with told us they knew the people well that they supported regularly, both in terms of their needs and their preferences. They could give examples of how people liked to be supported and felt they had enough time during visits to meet people's individual needs in a caring way. One staff member told us, "I support a lady who likes her bed made a certain way. I do it as she likes it".

People and their relatives told us their care needs had been discussed with them. Comments included, "We had a meeting to go through the care plan. We changed and added to it", "They involve [my relative] when they can", "We had an assessment and review in the house. [My relative] and I both signed the care plan" and, "We feel listened to and involved".

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the service's vision and values, the services and support available, health and safety, confidentiality, safeguarding and how to make a complaint. Information about local and national support services and CQC was also included in the guide. The registered manager told us that the guide could be ordered in large print, braille and a variety of languages if this was needed. This helped to ensure that people had access to information in a format that met their needs and preferences.

We noted that the code of conduct that staff agreed to abide by focused on respecting people's right to privacy and personal choice, and the importance of respecting people's customs, values and spiritual beliefs. It also included a commitment to treating people equally regardless of their race, gender, marital status / civil partnership, sexual orientation, gender re-assignment, age, ethnic origin, disability, religion or belief, status as a carer or offending background. This demonstrated a commitment by the service provider to ensure people's diversity was respected by staff and that people were treated fairly.

Information about local advocacy services was included in the service user guide. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People told us that the care they received reflected their needs and their preferences. Comments included, "I couldn't be in better hands. Whatever is needed, they will attend to" and, "They are good. I'm acutely aware that they are responsive and have the care of the individual at heart when designing a programme of care". Relatives told us, "All the carers are absolutely fine, great. They do all the caring that's needed", "The service is very person centred. They are usually having a laugh with [my relative], making her feel relaxed. It's nice to see them interacting with her", "When I've asked for care to change, it happens almost instantly. [Staff member] in the office is very good" and "They've been coming for more years than I care to remember and they are great and very flexible".

The care plans and risk assessments we reviewed were detailed and individualised. Care plans documented what the person being supported was able to do, what support was needed and how support should be provided to reflect people's needs and preferences. We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with the office staff and they sought medical advice when appropriate. Staff told us they updated relatives about any changes in people's needs when appropriate. Relatives told us that communication from staff was good and they were updated by staff if there were any concerns or changes in people's needs.

People told us that staff sought feedback about their care during their reviews. Comments included, "They came out six weeks ago to see if everything was alright. They went through the care plan, made changes and asked if there were any other considerations". Another person commented, "We've been asked our views, if we were happy with what we received. Everything went well".

People told us their support was provided by regular care staff. Comments included, "I have one regular carer and they are absolutely fabulous. They adapt to my changing needs and have recently changed my care because I need extra care since I came out of hospital" and, "There are three main carers, all friendly, we get on well". Relatives commented, "[My relative] has regular carers, the same lady virtually all the time. The manager has stressed this is what she wants, so that [my relative] has continuity". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs.

Relatives told us that staff offered people choices and encouraged them to make decisions when they could. Comments included, "[Staff member] makes [my relative] breakfast. She asks him what he wants. She knows him well" and "They cook whatever [my relative] fancies to eat". Staff told us they encouraged people to make everyday decisions such as what they wore and what they ate at mealtimes. One staff member told us, "Lots of people choose what they want to wear everyday". Another staff member commented, "I don't make decisions for people who can make their own". Staff could give examples of how they provided people with information in a way which enabled them to make decisions. One staff member told us, "I show people food from the fridge at mealtimes to help them choose what they'd like to eat".

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The service had 'Accessible Information Guidelines' in place which provided information about the Standard and clear guidance for staff about their responsibilities. We found evidence in people's care documentation that their communication needs had been discussed with them, recorded, highlighted, shared with other health and social care providers where appropriate and that action had been taken to meet people's communication needs.

We noted that the service used different types of technology to support people and staff. This included contact with people by email and text and emailing staff regular policy updates.

The service had a complaints policy which included timescales for an acknowledgement and a response. Information about how to make a complaint about the service was also included in the service user guide. Records showed that four complaints had been received in 2017. We found evidence that the complaints had been investigated appropriately and responded to in line with the policy. An apology had been offered where this was felt to be appropriate. Where complaints had been made about a specific staff member, we saw evidence that the issues raised had been addressed with them. We noted that where people had requested a specific type of carer support worker to provide their support, for example someone older, this was accommodated.

People told us they knew how to make a complaint and would feel able to raise any concerns with staff or the registered manager. Comments included, "I did complain, well not really complain, more raised a worry. It was about the attitude of one of the carers. It was a long time ago but once I told them my worry, the girl never came back", "I've never had cause to complain but if I had concerns I would voice them" and, "I'd ring and mention it to [staff member]. She would sort it out, she's very good. She would come to see us".

The registered manager showed us a large collection of compliments that had been received by the service. Comments included, "Many thanks for all your help and support this year. The girls have been smashing" and, "We would like to express our thanks for the help you gave us. [Person's name] was very happy and satisfied with the way the carers looked after him".

Is the service well-led?

Our findings

People we spoke with were happy with how the service was managed. Comments included, "It's well organised and the office know what they are doing", "The service is managed well. They are at the end of the phone", "It's definitely well run" and "It's a very efficient service. I'd recommend it to anyone".

People felt that the staff and registered manager were approachable and helpful. Comments included, "[Staff member] is always there. She works to try to be flexible and change things for us", "We can't complain. We are kept in touch with and treated well" and, "If I need to go to an appointment, I ask for changes and they have always helped me out".

We looked at staffing and management arrangements at the service. The registered manager was supported by two care coordinators, who had line management responsibility for the carer support workers. The care co-ordinators completed the initial assessments to ensure that the service was able to meet people's needs and completed people's care plans and reviews. In addition, there were two reviewing officers, who completed the observations of staff practice and audited care documentation including Medicines Administration Records and visit records.

People felt that staff understood their responsibilities. Comments included, "They will do whatever you need them to do to make you comfortable" and, "They go above and beyond". Relatives also felt that staff were clear about their roles and responsibilities. One relative commented, "They bathe and dress [my relative], whatever needs doing. They are brilliant and do everything". Another relative told us, "They do extras. They wash up when we never asked them to. They pick up the duster. They do everything off their own bat. They use their initiative". The code of conduct signed by staff when they joined the service helped to ensure that they were clear about their responsibilities when providing care. The staff we spoke with were clear about accountability within the service and who they should contact if they had any concerns.

We looked at how the service engaged with the people being supported. The registered manager told us that satisfaction surveys were sent to people being supported and their relatives each year. We reviewed the results of the questionnaires from September 2016. We noted that 119 surveys had been sent out and 59 responses received. People had reported a high level of satisfaction with all aspects of the service and 35 people had stated that they would recommend the service to family and friends. The remaining two people had not answered this question. Comments made included, "I couldn't manage without Crossroads", "I am happy with things and have improved a great deal", "It has become harder looking after [my relative] as he is very poorly. Without my weekly respite I couldn't manage" and, "The carers are fantastic, very caring and professional".

During the inspection we found evidence of the service working in partnership with a variety of agencies including Carers Trust, local district nurses, GPs and social workers to ensure that people received safe, effective care and their health and social care needs were met.

The service had a mission statement which stated, "Crossroads Care provides services that respond to the

needs of carers and the people they support, offering them peace of mind and understanding". We saw evidence during our inspection that the service's mission statement was reflected in the care and support provided by the staff and the registered manager.

The staff we spoke with told us they enjoyed their jobs. Comments included, "I love my job" and "I really enjoy what I do". They felt well supported by the office staff and the registered manager and told us they could speak with them at any time. Some staff had not had much contact with the registered manager as she only been in post since September 2017. Staff told us, "I feel well supported by [registered manager]" and "The management are fine. I get everything I need. We get an appropriate level of information, not too much". During our inspection we observed the office staff and the registered manager communicating with staff in person and on the telephone, and noted that they were respectful and professional.

Records showed that staff meetings took place regularly. Separate meetings were held in Chorley and Hyndburn, to ensure that staff were able to attend. We reviewed the notes of the meetings held in April and August 2017. Issues addressed included client issues, health and safety, medicines, safeguarding, training, policies and procedures, business progression and staffing. The staff we spoke with confirmed that staff meetings took place regularly. They told us they felt able to raise any concerns or make suggestions at the meetings.

Staff told us they were kept up to date with good practice through regular training updates, team meetings, memos and policy updates. The registered manager showed us the quarterly policy updates that were received from Carers Trust and forwarded to staff to keep them up to date with safe, effective practice.

The registered manager told us that satisfaction surveys were sent to staff each year. We reviewed the results of the survey completed in October 2016. We noted that a high level of satisfaction had been expressed about most areas including job satisfaction, support from line manager, the staff team and training. The lowest scoring areas related to pay and rewards. The registered manager told us that the provider has introduced enhanced rates of pay for weekends, bank holidays and visits during more unsociable hours, long service awards for staff who have worked for the service for 10, 20 and 30 years and advised that they are considering the introduction of awards for staff who have been in post for five years. The provider also pays bonuses to staff who recommended a friend if they successful in applying for a post at the service.

A whistle blowing (reporting poor practice) was in place which included the telephone number for the NHS and Social Care Whistle blowing helpline and the contact details for the CQC. The staff we spoke with were aware of the policy and felt confident that appropriate action would be taken if they informed the office staff or registered manager of concerns about the actions or practice of another member of staff.

Regular audits of the service were completed, including monthly checks of Medication Administration Records (MARs) and visit records. We found evidence that shortfalls had been addressed with staff. Staff practice was observed regularly to ensure that staff were delivering safe and effective care and people's care documentation was reviewed as part of these observations to ensure that it was complete and up to date. In addition, the service was audited every three years by Carers Trust. We reviewed the last Carers Trust audit and found that it was detailed and checked issues including staff recruitment, complaints, management processes, service user engagement, risk management, governance, finance and partnership working. We found that the audits and checks being completed were effective in ensuring that appropriate levels of care and safety were being maintained.

The Provider Information Return (PIR) received from the registered manager prior to the inspection

identified a number of planned improvements to the service. These included increased staff training via e-learning and specialised training in areas such as stoma care and EpiPen administration.