

Crossroads Care Staffordshire Limited

# Crossroads Care Staffordshire

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Crossroads Care Staffordshire is a domiciliary care agency providing personal to 65 people at the time of the inspection. They support both adults and children with a range of needs which may include physical disabilities and dementia and provide respite services for carers.

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 providers systems with regards to staff recruitment were not always robust. Risks to people were assessed but not consistently managed. People received their medication, however medicine management systems required strengthening. We have made a recommendation about this. Despite this, people told us they felt safe and there were enough staff to meet people's needs. People were safeguarded from potential abuse and lessons were learned when things had gone wrong.

The providers governance systems were not robust and had not identified areas for improvement. For example, audits had not identified issues with medication and mental capacity assessments (MCA). However, the provider worked in partnership with others and there was a positive culture within the service.

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; however, the policies and systems in the service did not support this practice.

People's needs were assessed, and staff received enough training to enable them to do their job effectively. People were happy with the way they were supported with eating and drinking, and staff worked with other agencies when necessary.

The provider worked in partnership with another agency around end of life care and support. However, not everyone had their wishes and preferences recorded. We have made a recommendation about this. The service was meeting people's communication needs and complaints had been investigated and responded to.

People were supported by caring staff who knew them well. People were supported to express their views and be involved in making decisions about their care. Staff respected and promoted people's privacy and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 12 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Crossroads Care Staffordshire

## **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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector, one assistant inspector and one Expert 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.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed some information about the people the service supported before the inspection started and we wanted to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 October 2019 and ended on 22 October 2019. We visited the office location on 21 and 22 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and 15 relatives about their experience of the care provided. This was because people who used the service were being supported by a relative. We spoke with nine members of staff including the registered managers, senior care workers and care workers.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at seven 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. We spoke with two professionals who had worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People told us they received their medication, however systems to manage people's medicines required strengthening.
- Where people were prescribed medicines to be taken on as 'as and when needed' (PRN) basis, for example painkillers, we found there were no written protocols in place.
- Medication administration records (MAR) were completed, however the dosage information about the medication was not always correct on the MAR. This meant there was a risk a person could be given too much medication.

We recommend the service ensures its medicine management systems are in line with national guidance.

### Staffing and recruitment

- There were recruitment processes in place, and evidence of recruitment checks taking place before care staff were appointed. However, these systems were not always effective.
- For example, some staff files did not contain references from their previous employer and where a positive DBS had been received there was not always a recorded rationale behind the decision to recruit, although this had been discussed between the employer and employee. Therefore, the provider could not be completely assured that these staff were suitable. The DBS helps employers make safer recruitment choices.
- There was enough staff to meet people's needs. Relatives told us staff were always on time and stayed for the duration of the call.
- Staff told us they had enough time in between calls to get to people.

### Assessing risk, safety monitoring and management

- Risk's to people were assessed but not consistently managed.
- For example, we saw a falls risk assessment that had been completed, however the only mitigating factor was to follow their policies and procedures. There was also no information in the person's care plan around any issues with mobility, which conflicted with the risk assessment. This meant there was risk the person would not be supported effectively due to insufficient guidance.
- We discussed this with the registered manager who acknowledged the inconsistency and told us the move to the electronic care system should prevent this from happening in the future.
- In another example, it had been recorded by care staff that a person needed their food to be blended but there was no other guidance in place, for example to what consistency and what foods could and could not be blended. This meant there could be a risk of the person receiving inconsistent support around their

nutrition needs.

- Despite what we found, people told us they felt safe. One person we spoke with said, "I feel safe with crossroads as they look after me properly." A relative told us, "Yes, [person's name] is safe. We have the same carer and you do get used to them."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- When concerns had been identified this were reported to the local safeguarding authority as required.
- Staff were aware of the different types of abuse and what signs to look out for and who to report their concerns to.

Preventing and controlling infection

- People were protected from the risk of cross infection as appropriate measures were in place.
- People told us staff wore personal protective equipment (PPE). One relative said staff wore, "Appropriate clothing such as gloves and aprons" when assisting with personal care.
- Staff told us they had access to PPE and gave us examples of when they would wear this, for example, when supporting somebody with their personal care.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. The provider recorded accidents and incidents and where these had occurred. They had been investigated and action had been taken to reduce the chance or reoccurrence.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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

- People were not having their decision specific capacity assessed by the service. This is not in line with the MCA.
- Where it was noted a person had lasting power of attorney's in place, the provider did not have a copy of this on file. This meant the provider could not be assured the appropriate authority was legally in place.
- Relatives we spoke with told us staff always asked for permission before supporting their family member. This meant some of the principles of the MCA were being followed.
- Although staff understanding of the MCA was limited they were working within the principles of it. One staff member told us they, "Give individuals time, choices and options."
- We spoke to the registered manager about these issues who acknowledged they needed addressing.

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

- Pre-assessments had been completed, prior to people using the service. This meant the provider knew they could meet the needs of the person before support started.
- One relative told us, "We had a meeting before the care package started."
- One staff member told us if people had a gender preference of the care worker this was asked at the initial assessment and they considered staffs skill set, age and personality when allocating them to a person. The feedback we received from people said they did have carers support them of their gender preference.
- If a person had a complex health condition, then they worked in partnership with clinical teams to ensure staff were aware of the person's needs.

Staff support: induction, training, skills and experience

- Staff had received enough training to meet people's needs. One relative said, "Yes, [person's name] has a hoist and they [staff] know how to use it."
- Another relative told us, "Yes, no concerns. [Person's name] uses a frame and a wheelchair, the carers always make sure they are safe."
- Staff told us they received an induction when starting with the service, which included shadowing a more experienced member of staff.
- Staff confirmed they received training. One staff member told us, "It is very good and always up to date." Records confirmed this.

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

- Relatives told us they were happy with the way the carers supported their family member around food and drink.
- One relative told us, "Yes, sometimes they get [them] lunch. [Person's name] is absolutely happy with that." Another relative said, "Yes. I mainly prepare the meals for [person's name], but they [carers] know exactly how [person's name] likes it. [Person's name] has swallowing issues and staff know how to support and supervise with the meals."
- We spoke with staff who told us they offered people choices around what they wanted to eat. Another staff member told us they supported one person with eating as they required lots of encouragement.

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

- The service worked with other professionals when necessary. People using the service had a main carer and relatives told us they would contact health professionals if required. However, one relative we spoke with told us they felt sure the care staff would contact health services if necessary.
- One health and social care professional told us the service worked together with them and the person to achieve and set goals for people.
- People's health conditions were detailed in their care plans and staff were aware of these.
- Staff supported people to medical appointments if required. For, example staff supported a person to attend a dental appointment.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were supported by caring staff. One person told us, "They [staff] come pretty much on time and are nice people to talk to."
- A relative told us, "The carer gets on with [person's name] and knows [them] very well."
- Care plans asked about protected characteristics under the Equality Act. Where people chose to disclose these characteristics, they were supported as necessary.

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

- People were involved in decisions about their care. One person told us, "Staff listen to me."
- Relatives told us they were involved in care planning. One relative said, "Yes, they came and sat with us when [person's name] started receiving the care. We wrote it all down and we have a copy of it."
- Another relative told us, "Reviews are done quite often."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us their, "Dignity was maintained." A relative told us, "Yes they have got a pretty good relationship and they are really good with maintaining [person's name] privacy."
- Another relative told us, "Crossroads know what they're doing, it's a difficult job when a person has dementia, but it's all about having patience and mutual respect for each other."
- People had their independence promoted. One relative told us, "[Person's name] is very independent and they [carers] try to help them without overstepping the mark."
- Staff could give us examples of how they respected somebody's privacy, such as closing curtains and covering people with towels when undertaking personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- The service supported people who were at the end of their lives. They worked in partnership with another agency who assessed the end of life wishes and preferences of people.
- Where people were not receiving end of life care their wishes and preferences were not recorded. This meant that people may not receive personalised support to meet their needs.

We recommend the provider document everyone's wishes in relation to end of life care and support.

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

- Care plans were personalised to meet people's needs and preferences. One relative told us, "A while ago I asked for a carer who didn't have a good rapport with [person's name] to be changed to someone else and this was promptly accommodated."
- Personalised care plans were in place, which recorded people's interests and personal history.
- The staff we spoke with told us how they formed relationships with the people they supported. For example, one staff member said they, "Bonded through humour."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were assessed, and staff were aware of people's communication requirements. For example, where somebody used makaton this was recorded, staff were aware of this and told us they had received training in this area. Makaton language uses signs and symbols to help people communicate.

### Improving care quality in response to complaints or concerns

- There was a complaints policy in place and where people had complained, these complaints had been investigated and actions taken as necessary to improve the care quality people received.
- People told us they knew how to complain. One relative told us, "In the past I made a complaint and it was managed effectively."
- Another relative said, "Never had a complaint, if I had one I'd follow the procedure laid down in the folder. The company has given us a complaints procedure."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- Governance systems were not robust and were not always effective at identifying areas for improvement. For example, systems had not identified that mental capacity assessments were not being completed or that copies of documentation such as LPA's were not in a person's file.
- Medication audits were completed but they had not highlighted errors on MAR charts, such as the incorrect dosage and there was no guidance around 'as and when required' medication.
- The providers recruitment systems required strengthening as they were not effective in mitigating concerns.
- We spoke to the registered manager about recruitment systems, who acknowledged references should have been followed up.
- Notifications had been submitted as required and the rating was being displayed as necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 feedback we received from people suggested there was a positive culture within the organisation. One person we spoke with told us, "My team leader comes occasionally, and I do speak to [them] over the telephone quite a lot."
- Relatives we spoke with were happy with the care their family members received from Crossroads and although the majority were not aware who the registered manager was, they could tell us who they would contact within the service if necessary.
- Staff felt management were supportive. One staff member told us, "If I have any problems I will speak to my manager as soon as possible." Another staff member told us, "I love my role, I am well supported."
- The registered manager was aware of their duty of candour. Duty of candour means the organisation has a duty to be open and transparent in relation to care.

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

- The provider engaged with people who were using the service. Questionnaires had been sent out for people's feedback of the service, with largely positive results.
- Where they had been negative comments, for example people not being informed which carer was

attending instead of their regular carer then letters had been sent out to people asking for a discussion about this on how it could be addressed.

- Staff told us they received supervision and we saw records of this. Staff also felt able to make suggestions to management. One staff member said, "[Management] do think about it and listen."

Continuous learning and improving care

- The service was continuously learning to improve the care it provided to people.

- An electronic system had just been introduced to the service, this provide staff with information they need to support people and for management to monitor the service.

- Although the electronic system was still in its early stages, one staff member stated it had already had a positive impact as, "Allocations are easier as it is a visual system."

Working in partnership with others

- The provider worked in partnership with others to ensure people's needs were met.

- One health and social care professional told us, "They [Crossroads] listen to our advice and call us with any concerns."