

## Crossroads Care Kent

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### 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 announced inspection of the service on 25 October 2016. Crossroads Care Kent is a domiciliary care service which provides personal care and support for carers who support people in their own home.

There was a manager registered with the Care Quality Commission (CQC). 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.

People felt safe and were supported by staff who were trained in how to keep people safe. Risks to people's health and safety were managed. Plans were in place to identify and reduce the risk to people's safety. Care plans contained sufficient information to support staff to minimise the risks. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received appropriate induction, training, supervision and a yearly appraisal. Staff were fully supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion by the staff. Relatives reported positive and caring relationships were made with them and the people they cared for. Staff were respectful and spoke in a calm way. People and their families felt able to contribute to decisions about the care and relatives were involved in the planning and reviewing of their family members care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this. Relatives that we spoke with gave many examples of how staff maintained their relations dignity when providing assistance and respected their privacy.

People received the care they needed. The provider was responsive towards people's health needs. Care records were written in a person-centred way that focused on people's wishes and respected their views. Care plans provided information for staff so people could receive personalised care. A complaints process was in place, and people felt able to make a complaint and felt staff would respond in a timely manner. Relatives told us that they felt the service was well-led; they had not had any concerns, but knew how to complain and were confident to raise concerns with the service if needed.

The service promoted a positive culture that was person-centred, inclusive and open. People and their relatives described communication with the service as good. Staff felt supported by the management. All staff felt the registered manager was approachable and listened to their views or concerns. People were encouraged to share their experience about the service and feedback on those experiences. There were a

number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

## 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.

Staff understood their responsibilities to help protect people from the risk of harm and how to keep people safe.

Risks to people's health and safety were managed. Plans in place to enable staff to support people safely contained sufficient detail on how to minimise identified risks.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

People always received the level of support required to manage their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and a yearly appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance and support they required to ensure they had enough to eat and drink.

People were supported to maintain good health and had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

Positive and caring relationships had been developed between Relatives, People who were supported and staff.

People and their families or representatives were involved in the

planning and reviewing of their care and making decisions about what care they wanted.

### **Is the service responsive?**

The service was responsive.

People received the care and support they needed and staff were aware of the different support each person required. Care records provided information for staff to provide personalised care.

A complaints process was in place. People felt able to make a complaint and confident that staff would respond in a timely manner.

**Good** ●

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

The service was well-led.

The provider promoted a positive culture which encouraged people, their relatives and staff to help develop the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

The provider had good leadership with a strong management team. There were systems in place to monitor and improve the quality of the service provided. Where issues were identified these were responded to.

**Good** ●

# Crossroads Care Kent

## **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.

We visited the service on 25 October 2016, this was an announced inspection. We gave notice of the inspection because we needed to be sure that the registered provider would be available. The inspection team consisted of three inspectors. Two of the Inspectors made contact with people and their families via telephone interviews.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted Healthwatch, the local authority and the local safeguarding team for their views on the service.

During our inspection we spoke with eight relatives of people who used the service, as people who used the service were unable to communicate with us. We spoke with six members of care staff, the administrator, two care coordinators, the deputy manager and the registered manager. We looked at the care plans of five people who used the service and any associated daily records, such as the daily log and medicine administration records. We looked at four staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

## Is the service safe?

### Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. Relatives told us they believed their family members were safe with the staff who supported them. One relative said, "I know [Person] is definitely safe when the care staff are here because [Staff] have had specific training and knows how to keep [Person] safe." Another relative said, "I have no worries about [Person's] safety. If I had, I wouldn't leave them alone with the staff member."

Staff told us they had received relevant safeguarding training and the records we saw confirmed this. One staff member told us they had raised concerns with the manager some time ago and the matter was effectively dealt with. All staff we spoke with felt confident to raise any issues if required. One staff member said, "I am also aware of the whistleblowing procedure, but have not had to raise any concerns."

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Staff we spoke with were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the local authority and Care Quality Commission (CQC).

The registered manager told us they were responsible for reporting safeguarding incidents. They said safeguarding information was accessible for all staff and was discussed in supervision and team meetings as well as meetings held with individuals. We saw samples of documents where this had been recorded as taking place. There was one safeguarding concern on-going at the time of our visit. We saw safeguarding procedures had been followed with regard to this concern.

Risks to people's needs had been assessed and management plans were in place. The service had provided staff with training on risk management and reviewed risks on a regular basis. They had supported people to make decisions about risk as part of their person-centred planning process. Staff members told us and records we saw confirmed there was detailed information about how to manage risks to people's health and wellbeing.

We saw the risk assessments included environmental risks to people and staff, such as whether the person had pets, and actions to minimise the risks. We looked at three care files and found risks had been discussed and people and their families who were also involved with these meetings. We found support plans provided clear guidance for staff and agreed measures had been put in place to manage any risks. This showed that action had been taken to promote the safety and welfare of people who used the service.

The provider employed sufficient support staff to meet people's individual needs and keep them safe. We received positive comments from relatives of people who used the service. One relative told us staff had sufficient time to carry out care calls without having to rush and had flexibility to stay longer if required. One relative said, "We have a regular staff to support us. This consistency is very important for me and for [Person]. [Staff] always arrives on time and never leaves until everything is done. [Staff] works at [Person's]

pace which is really important." Another relative said, "We have only been with Crossroads for a year, but during that time we have always had the same staff member. That's important to us. [Person] has got used to the staff member and they understand [Person]. That makes me feel happy." All relatives we spoke with were happy the care and support was provided by regular staff.

Staff told us they felt there were enough staff and sufficient time was allowed for them to support people.

The provider had safe recruitment and selection processes which were followed. The staff files contained all relevant information and appropriate checks had been carried out before staff were employed. The provider had ensured references, proof of identification and a criminal record check had been received before staff commenced work. This reduced the risk of people being supported by inappropriate staff.

The registered manager told us they used a profiling tool for all applicants which was designed to identify areas of strength and weaknesses, which include the integrity, team work, reliability and honesty of the staff employed. This was to ensure safe recruitment. The service also completed exit interviews to establish any areas of improvement for staff retention.

The registered manager told us the provider continued to build capacity within the organisation. They were currently in the process of recruiting an assistant care manager and a contracts manager to oversee and administer service contracts which will relieve senior managers to monitor the quality of the service more robustly.

People's medicines were stored and handled safely and people received them in a safe way. One relative said, "[Person] had very specific needs. The support staff have attended additional training to make sure they know how to manage the person's medicine. Another relative said, "If I am not here when the staff give [person] their medicine it is all written down on a sheet which the staff sign. They also leave me a message to let me know that my relation has had their tablets. The staff are trained to do this.

Staff confirmed they were responsible for administering medicines to people they cared for and that they had completed training on medicine administration. One staff member said, "I have received medicine training and completed records of what medicine I had administered.

We found people received the support they required from staff to safely manage their medicines. Most care plans described the different levels of support people needed. However one person's care plan stated that family were to administer medicines. We found on odd occasions when the family member was not available that staff had administered medicines to the person, however this was not reflected in the persons care plan. There was no record to clarify when staff were to undertake this process and that it was part of the persons care package. We spoke to the registered manager and they completed an investigation during our inspection. They took immediate steps to prevent this happening again and updated the person's care plan. Records we looked at confirmed staff had completed training and competency test in regards to administering medicines.

We found the registered manager and their management team undertook medication audits. The provider had also reviewed and updated their medication policy. They had identified a more robust approach to how they record and administer medicines.

## Is the service effective?

### Our findings

People's needs were assessed and people were supported by staff who knew how to care for them effectively. Relatives told us staff had sufficient skills and knowledge to support their family members. One relative said, "The staff definitely have the knowledge and skills to look after [name] this is clear when you observe them [staff] working." Another relative said, "Everything the staff do, they do well. You can tell they know what they are doing."

Staff described the training they had completed and confirmed they had opportunities to undertake specialist training for their role, such as dementia awareness and first aid. One staff member told us they supported families for three or four hour visits. They said, "I assist people with a range of care needs including, neurological issues, dementia, and epilepsy and parkinsons disease. I have received lots of training in these areas."

Records showed staff had received training as part of their induction when they first started. The induction was carried out with a local Social Enterprise organisation, followed by each new staff member undertaking a minimum of 20 hours work shadowing with an experienced member of staff who reported back to the senior care manager. Staff had also attended a wide range of ongoing training, for example moving and handling, safeguarding and equality and diversity to ensure they had the skills and knowledge to do their job. Systems were in place to monitor when staff had completed their training. The system also identified where shortfalls had occurred and when refresher training was needed.

Management actively supported staff to make sure they were fully equipped to deal with all aspects of care by arranging specialist training. This included peg feeding, so that the carers of people would benefit from a proper break from their caring role, knowing that their cared for person is receiving the best possible care in their absence from trained staff.

Staff felt the management was supportive. they told us, and records confirmed, that they had received regular supervision and appraisals of their work. The registered manager had systems in place to ensure staff were supported and able to share good working practices. This was demonstrated with records of spot checks. These checks were carried out to make sure staff are competent and efficient in their role. We looked at staff files and found spot checks and discussions had taken place.

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 were asked permission before staff provided any care and support. Relatives told us staff obtained their family members consent before assisting with care and support. One relative said, "The staff always check if my family member is ready to be helped. Even though [Name] has dementia the staff never

assume." Three other relatives told us they had heard staff asking people if they were ready to start their care. One relative said, "They [staff] even ask permission to go into the bedroom to fetch things if the person is down stairs."

Staff told us the people they supported had the mental capacity to make decisions about their own care and support. They told us that they had received online training in the MCA and demonstrated they understood the principles of this legislation.

We checked whether the service was working within the principles of the MCA. From the sample of care records we looked at we found that people had the mental capacity to consent to their care and support. Where people lacked capacity the service had implemented best interest meetings to ensure appropriate care was delivered. Staff told us they assumed that people had capacity however they still monitored people regularly for changes. This told us the service was working within the principles of the MCA.

People's nutritional needs were met by staff when this was identified as part of their planned care. One relative told us encouraging their family member to eat and drink was important. They said, "The staff were very patient and gave lots of prompts. They [staff] always leave a drink and a snack before they leave. Another relative said, "The staff ask [person] what they fancy to eat then make it for them."

Staff were aware of people's nutrition and hydration needs. One staff member said, "I provide drinks and snacks when required and follow risk assessments regarding any issues, for example when people have difficulty swallowing." Care plans we looked at identified people's nutritional needs and if they required any special dietary requirements. One care plan identified that a person lived with diabetes and that their condition was managed by careful monitoring of their diet. We saw staff completed charts on how much a person ate or drank when they were at risk of poor nutrition.

People were supported when required to have access to health care services. One relative said, "I am confident that staff would contact the doctor or ambulance if ever one was needed." Staff told us they sometimes meet other health care professionals, such as, a district nurse and discuss relevant care issues or recommendations with them. This told us people were supported to maintain good health.

## Is the service caring?

### Our findings

People were encouraged and supported to develop positive caring relationships with staff. Relatives spoke very positive about the staff who worked with them to support people. One relative said, "Staff have developed a very special bond with [Person]." Relatives also described staff as kind, caring and respectful. Another relative told us their family member loves it when the staff comes to assist them. They said, " They [Staff] are helpful and caring. Our staff support is very good. We have a laugh and a joke they are really lovely.

Staff explained to us how they involved people in making everyday decisions about their care and how they provided choices to them. One staff member told us they supported families on a weekly basis. They said, "I have got to know them very well." Another staff member told us how they supported a person who lived with dementia and how they communicated with the person. The staff member said, "I get on with them very well. It was great to find out about their interests and it made all the difference talking about this with the person and interacting with them. It is very rewarding to see a smile on the person's face and the family really appreciate the support we give them too." A third staff member told us they had sufficient time to listen and chat to people they cared for.

The registered manager told us it was very important that trusted and professional friendships are formed. People received regular visits from named staff, who were compatible with the person. Where possible each family were allocated a named member of staff who remains with the family throughout the care package.

Care plans we sampled gave details of people's emotional and communication needs. The care was planned and centred on what people wanted and how they wanted to be cared for. The registered manager told us that staff complete a profile of the person they care for to build a picture of their life experiences, likes and dislikes. These plans were reviewed on a six monthly basis, by telephone or face to face. However if the need was required they were reviewed more frequently depending on the needs of the person

People were supported to express their views and be actively involved in making decisions about their care and support. Relatives told us they had been involved with care reviews and had discussed their relation's care needs, where appropriate. This enabled people and families to say how they wanted staff to provide their care and support. One relative said, "Staff knows giving my relation too many choices can be confusing for them. So they keep this to a minimum, which is much better. Care records we looked at showed how people preferred their care to be provided. This showed us that people had been given the opportunity to make choices about their care.

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make choices about their care.

People who used the service had information available to advise them on what they could expect from the service. This included leaflets and information of other services available to people. For example information about independent advocacy services if a person felt that they required additional support. An advocate is an independent person who expresses a person's views and represents their interests. We saw a newsletter that shared service updates, specialist dementia support groups and volunteer services.

People had access to an urgent care team who can provide 24 hour support for a person and their family in the last days of life. The service also provided support for people who choose to be at home when they come to the end of their life. Volunteers were available to carry out practical tasks and provide a listening ear.

People received care and support that respected their privacy and dignity. Relatives told us the staff were very good at ensuring people's privacy and dignity was protected. One relative gave an example, if there were people in the house the staff would take the person upstairs to assist with personal care. They said, "Staff are very respectful and considerate." Another relative said, "They [Staff] always make sure [Person] is covered when providing personal care."

Staff gave examples that demonstrated they were respectful of people's privacy and ensured their dignity was maintained. The registered manager told us their management team completed observation spot checks to ensure staff treated people with dignity and respect. They also told us they supply questionnaires and contacted people by telephone to make sure they were happy with the service they received. We saw examples of feedback. This showed us there were systems in place to monitor the care and support people received.

## Is the service responsive?

### Our findings

People felt that they received the care and support they required and that it was responsive to their needs." Relatives told us staff had a good understanding of people's needs, likes and dislikes. One relative said, "I am fully involved with [Names] care plan. Someone from the service visits us at home, we sit and talk about the care plan with [Name] and make sure everything is working well with the care package. We also have regular telephone contact to update any changes that may occur." Another relative told us that from when the service started to provide care and support they [family] had been involved in the planning of the persons care. They told us they had regular reviews of care and one such review had occurred recently. A third relative said, "[Staff] takes time to listen to [Person] and what is important to them and what the person enjoys. Now they chat about different things and you can see that my relative really enjoys this. This showed us that people and relatives were involved in the planning and review of their care.

Staff told us and documentation we saw confirmed that staff recorded relevant information in the daily notes and completed monthly updates for people's changing needs. One staff member said, "I review care with the person and their family. The care is person centred and care plans contain enough detail for me to provide the care." We found care plans showed people's preferences and wishes had been discussed and assessed. This included consideration of people's religion and spiritual needs. We found information about people's life, interests and hobbies were recorded.

We found assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. Staff completed monthly updates with the family of people who used the service. This identified any changes that may be required to the person's needs.

Staff had access to an online portal to view and check their own rotas at any time, and the ability to check and refer to current policies and procedures online relating to their work at any time.

The service responded to referrals within two working days. They also provided an urgent response team which could provide support 24/7 for carers and the people they cared for. This meant the service could respond to an emergency situation if required at short notice. Changes in times of visits were accommodated. For example, the service supported one carer of a person to attend a hospital appointment. The carer could be confident that their family member would be cared for in their absence. We found this approach ensured care and support was centred on the person.

The registered manager told us the service provided a step up step down for short periods. This was support for carers to help them through short term illness. We saw evidence that identified how important this service was for the carer. One carer commented that without the night time respite they may have to rethink their role as a family carer. Another carer commented that their health was deteriorating and this would impact on the person they cared for. Through questionnaires carers were asked what the impact would be if the service was not available. Some comments used word like traumatic, devastating and one person said,

"I dread to think."

People were encouraged to access activities in the local community. Staff told us they provided a full range of activities and supported people to access the community. One staff said, "I support a person living with dementia. I help them do some painting. We use painting books from the Alzheimer's Society. Another staff member told us they supported people with their shopping and helped them complete puzzles and crosswords. This told us the service supported people with things that were of interest to them.

Crossroads Care Kent also works with other providers, which uses full time international volunteers to support Carers by living in so that families can go away on holiday, or look after their own health needs when needing inpatient surgery.

Crossroads Care Kent is part of Carers Trust, a national charity promoting and championing Carers. The Service Director is an active member of Carers Trust National Strategic Operations Group, which operates throughout the UK, sharing good practice and knowledge.

We found the service provided literature and information for different organisations, such as, Macmillan, Crossroads Volunteer project and Cognitive Stimulation Therapy (COGS) club, which was run by the service. COGS aims to encourage members to participate in purposeful activities to help develop and maintain an active mind. This is modelled on Cognitive Stimulation Therapy that helps people who experience problems with their memory. The service had their own dementia advisors, who can advise and support both carers for people and staff. This meant people and their families had access to support groups relevant to their needs.

People were actively encouraged to give their views and raise concerns or complaints. The service made contact with people who received a service on a weekly basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise concerns. Relatives told us they had no complaints, but they and the people who used the service knew who they could raise concerns with. All relatives spoke with said they were confident to raise any concerns. One relative said, "I have every confidence if I made a complaint this would be dealt with."

Staff told us people had a copy of the complaints procedure in their information file. The registered manager told us they had very few complaints and of the two that had been received were resolved to the satisfaction of the complainant accordingly. We found the two complaints had been resolved and the service had followed their complaints process. The registered manager was responsible for investigating complaints and contacting the families direct to ensure that concerns were dealt with openly and transparently, to the families' satisfaction. We saw lessons learned and a new procedure had been put in place following an outcome of one of the concerns raised.

## Is the service well-led?

### Our findings

People received a good service from a provider that promoted by a positive culture throughout the service. Relatives told us they had regular contact with someone from the office, either face to face or via the telephone when they were asked to provide feedback about the service. One relative said, "I am very pleased with the service we get from Crossroads. They give me peace of mind to know my relation is looked after. I also get asked what I think about the service." Another relative said, "Wonderful. That's how I would describe the service we get. I would recommend then to anyone." A third relative described the service as, "Brilliant." All relatives we spoke with felt the service was well run and organised.

Staff commented on the way the service was run. One staff member said, "it's an amazing organisation. We promote independence and quality time with people. The service is very good." Another staff member said, "I feel very supported and can raise issues or concerns at any time. I feel listened to by my managers. I am very happy working for Crossroads and I love my job. I feel we make a difference and the families appreciate our support." Staff told us they felt supported by the management. Staff members felt the support was consistent.

Staff told us they received supervision, yearly appraisals and attended three monthly team meetings. One staff said they could also contact the office any time and they found them helpful and approachable. Another staff member said, I feel supported and have regular team meetings. I find it is good to meet up with other colleagues to share working practices.

Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

A registered manager was in post. The registered manager said they were proud of their good reputation and the care staff provided. They told us they operated an open door policy to ensure people and relatives expressed their views about how the service was run.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

The registered manager monitored the quality of the service by speaking to people and their relatives to ensure they were happy with the service they received. Records we viewed showed us checks and reviews had taken place. Staff files confirmed management completed spot checks of staff's working practise. This was to assess how well they provided care, that they were wearing the correct uniform, and that they were competent in the support they provided.

Staff were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from reoccurring.

The service had quality assurance systems in place which included audits to check if records were being completed correctly, if staff files included the appropriate documentation. Where gaps were identified, the registered manager took action to address any issues.