We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Crossroads Care Surrey - East Surrey Branch

Oxted Community Hall, Church Lane, Oxted, RH8 9NB
Tel: 01883 714641

Date of Inspection: 18 April 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Surrey Crossroads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Jenni Pringle</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Crossroads Care East Surrey provides non-emergency support to family members who care for people in their own home. Crossroads provides this support for both older people and children. The aim of the service is to provide short periods of respite for the carer by giving care and support to the person they care for.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Personal care</td>
</tr>
</tbody>
</table>
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 April 2013, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People's diversity, values and human rights were respected. We spoke to five people who received support from Surrey Crossroads East Surrey. One family member told us that they "felt very well supported and the respect their family member received from the staff was exemplary".

We looked at six care plans of the people who used the service they all contained a full assessment of needs and all relevant risk assessments and people's choices were clearly included in the process of care planning.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

The agency had a set of policies and procedures in place in relation to safeguarding vulnerable adult and children. Staff members confirmed that they had undertaken training in safeguarding and whistle blowing in order to protect the people who used the service.

The members of staff stated that they had received appropriate supervision and support from the manager and senior staff from the agency.

People who use the service, their representatives and staff were asked for their views about their care and treatment they received from the agency and there was evidence that they were acted on. The agency undertakes annual Quality Assurance questionnaires (QA) which are sent out to all the people who used the service. The QA's were analysed and any relevant information would be used to develop and improve the service delivered by the Surrey Crossroads (East Surrey Branch).

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent
judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Respecting and involving people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke to five people who received support from Surrey Crossroads East Surrey. All of the people we spoke to told us that they were very happy with the support they received from the agency.

One family member told us that they "felt very well supported and the respect their family member received from the staff was exemplary".

Another person who received assistance from the agency told us that they understood the care and treatment choices available to them from the agency and that the staff who conducted the initial assessment and developed a detailed care plans.

During our visit to the agency we looked at six care plans of the people who used the service. We were told by senior members of staff that all care plans were completed after the initial visit to the person who would received the support from the agency. The care plans demonstrated the involvement of the person using the service by being person centred, written from their perspective. The care plans demonstrated that where people expressed their views and were involved in making decisions about their care and treatment the agency had included this information in the plan.

People's diversity, values and human rights were respected.

We saw that care plans included sections for cultural and religious needs, and recorded religious needs and choices where appropriate.
Care and welfare of people who use services  Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The People who used the service had their needs fully assessed by a senior staff member of the agency. We were informed by staff that once the agency received a referral or request for support they would complete a home visit and undertake a full assessment of needs and any relevant risk assessments this would include any environmental risks. We looked at six care plans of the people who used the service they all contained a full assessment of needs and all relevant risk assessments. We saw that people's choices were included by involving them and their relatives where appropriate, in the process of care planning. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We were told by one person who received support from the agency that the care and treatment of their family member was planned and delivered in line with the individual care plan that had been agreed after the initial visit from the agency. We looked at daily record file contained information regarding the care of the people the agency care for. It was however noted that there was gaps in the files with some daily records not being returned to the agency for several months. We were told by one person who used the service that they were supported in promoting their independence and community involvement. They also told us that the staff were always willing to ensure that their relative also received the support and care they required to maintain their independence and where community activities where agreed within the care plan these were always undertaken.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The agency had a set of policies and procedures in place in relation to safeguarding vulnerable adults and children. The manager told us that all care staff had received training in safeguarding. We spoke to five staff members who spoke to us they all confirmed that they had undertaken training in safeguarding and whistle blowing. One member of staff stated that they felt that the training they had completed would allow them to recognise abuse and to take the appropriate action to safeguard people who used the service. We were also told by another member of staff that they had in addition to the safeguarding training they had also undertaken whistle blowing training. They stated that this would ensure that the people who used the service were safe and secure. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
Supporting workers

Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We conducted a random telephone survey of members of staff of the agency. We spoke to five members of staff who stated that they had received appropriate supervision and support from the manager and senior staff from the agency.

One staff member told us that the seniors members of staff and the manager were always willing to listen to them, and if the staff had a “pressing issue or concern then they could always get help from them even by just popping into the office on the off chance that someone would be their to help”.

Another member of staff told us that during the one-to-one supervisions they could talk over any areas or aspects of their role as a care worker. They continued to say that during the supervisions seasons they were encouraged to discuss further training needs or any other area that the agency could offer them assistance with. Staff were able, from time to time, to obtain further relevant qualifications.

The agency also undertake regular staff meetings which allowed the staff team to get together and discuss common areas of concern and to get further support. One member of staff told us that meetings were formal but that the staff team could discuss areas of concern or to share helpful information. We were also told that the team meetings were also used to undertake further training and to discuss new policies and procedures. We were told that the team had recently discussed the new policy for safeguarding the people who used the service.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The agency undertakes annual Quality Assurance questionnaires (QA). The people who used the service were asked to provide feedback on variety of areas such as the regularity of care they received, the staff working within their care plans, the respect and privacy and the care staffs reliability. We were told by the manager that the completed QA’s were analysed and any relevant information would be used to develop and improve the service delivered by the Crossroads.

We were told by one person who used the service that the office called regularly to "see if they were happy with the help they received" from them in order to improve. They continued to say that "up until now they have never had any issues and have only compliments about the care they get from Crossroads".

The manager told us that the provider arranged unannounced visits to the agency. The provider visits looked at specific areas within the individual agency for example, that the agency followed the organisational guidelines and policies and procedures. The manager told us that if any shortfalls or areas of concern had been identified during the visit a report would be sent to the agency identifying the findings. The manager told us that the agency would have to then develop an action plan to reduce the shortfalls and address any concerns highlighted.

A member of staff told us that the agency called the people who used the service on a regular bases to check that the agency was providing appropriate care and support. We were told that if any problems or issues were highlighted they would be reviewed and addressed.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
### How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.