Inspection Report

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

Crossroads Care Surrey - West

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Date of Inspection: 17 February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Surrey Crossroads
Registered Manager	Mrs. Jenni Pringle
Overview of the service	Crossroads Care Surrey – Guildford and Waverly, Woking and Surrey Heath branch is a charity which provides relief work for unpaid full time carers.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

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'.

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 17 February 2014, sent a questionnaire to people who use the service and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We were met by the registered manager who explained to us that the service provided respite support to unpaid carers (relatives) of adults and children in their own homes. Because of the vulnerable nature of the people who were being cared for we spoke with the carers to get their views on the service.

We found that people who used the service were always being asked by staff if they consented to their care, and their right to refuse care was being respected. We also found the provider had a process in place to deal with situations where decisions had to be taken in a person's best interest.

We found that carers were very happy with the support offered by the service. They said things like: "the service is absolutely brilliant" and: "it's my lifeline." We also found that people's needs were being properly assessed, managed and reviewed.

We found that people were being properly protected against abuse and staff were able to identify, respond to, and report abuse. All the people and relatives we spoke with said they felt safe having carers in their home.

We found that there were enough staff to provide an effective respite service to all the carers and that staff had enough time to travel between visits.

We found that the provider was regularly obtaining feedback from people and staff. We also found that the provider was developing systems to monitor and assess the whole service on a regular basis.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke to a person who uses the services, who had originally been caring for a family member. They said the support workers always made sure they were OK about the support they were being offered. A carer we spoke with said they had no issues regarding the way support workers offered care. One of the carers (relatives) we spoke with said that although they were out when their family member was being supported they were sure their family member would tell the support worker if they were being offered something they didn't want. They said they thought their family member was able to make decisions for themselves.

The staff members we spoke with said that they would always ask people's permission before offering them any support. One staff member gave the example of how they would ask the person they supported: "Can I make you a cup of tea", "Would you like to clean your teeth?", "Would you like your hair washed?" Another staff member gave the example of a person they supported with toileting and said they would always ensure the person was OK with the support they were offering.

The staff members we spoke with said that if a person refused support they would try again later if practical. They would also try to understand the person's reason for refusing support. However, if the person continued to refuse support they would always respect this decision and record it in the notes. They said that if a person refused to take their medicine, sometimes they would wait for the person's carer to come back. In other situations they would phone the carer or the office for advice. If the person continued to refuse their medication they would respect this decision and record in their medication record. They said that sometimes the refusal of support was linked to a personality clash between the person and the support worker. If this happened the carer could ask for another support worker.

From our conversations with people who use the service and with staff we were satisfied that people were being asked their consent before any care or treatment was offered to them, and their right to refuse care and treatment was being respected. This meant that

people's dignity, freedom of choice and human rights were being respected.

We looked at what would happen if an important decision had to be made regarding a person's care and wellbeing but where there was some doubt as to whether they could give their consent. The manager said that best interest decisions tended to be led by social services and the person's carer, but the provider would have an input into the discussions. They gave the example of a person who was being cared for by a relative and it had been discovered that the relative had caused bruising to the person by handling them inappropriately. A best interest meeting was called and it was decided that it was no longer appropriate for the person to remain at home. One of the staff we spoke with gave the example of a person they were supporting and whom they felt should be admitted to residential care. A meeting was arranged between all the key stakeholders, including health professionals, the carer, and the support worker.

From our conversations with carers, staff, and the manager we were satisfied that the provider had processes in place to deal with situations where decisions had to be made about a person's care and wellbeing but where there was doubt about their capacity to give consent to such decisions. This meant that the provider could ensure that they were acting in the best interest of the person.

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.

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

Reasons for our judgement

All the carers (relatives) we spoke with were very praiseworthy of the service. One carer described the service as being "very, very good." They said their family member was very well looked after and said the support workers were "very pleasant ladies." They said they felt relaxed when they went out, knowing that their family member was in good hands. Another said that the service was "absolutely brilliant" and "they (the support workers) never let you down". Another carer said the service was "absolutely top notch" and described it as their "lifeline". Another carer said the service was "superb and has been ever since it started. I would recommend it to anyone." One person who now uses the service told us they had originally been a carer and had "nothing but praise" for the service. They said that they were very impressed with the staff and the fact that they "think and don't just do their job." All the carers we spoke with said the staff took their time with their family members and did not look as if they had to rush off to their next visit.

From our conversations with people who use the service and their carers (relatives) we were satisfied that people were happy with their level of care and that staff were engaging in an appropriate and sensitive manner with people. This meant that people and their relatives could be reassured that they were receiving care that was both safe and of a sufficient quality to promote their health and wellbeing.

We looked at how people's care needs were assessed, managed and reviewed. The manager explained that for new referrals to the service the person's carer or their GP would ring in and the care co-ordinator would visit the carer and the person they cared for and conduct a ninety minute assessment which would be used to draw up the person's care plan. The assessment looked at the person's needs and preferences. The care co-ordinator would also carry out a risk assessment. We looked at six people's initial assessments as part of a review of their care plans. We noted that the assessments covered a range of needs including medication, mobility, dressing, continence, bathing, eating and drinking, and communication.

We looked at six care plans and noted that they included the person's initial assessment, their personal support plan, risk assessments, and visit notes. We noted that the support plans identified the specific support needs for each individual, for example communication, mobility and emotional wellbeing; the desired outcomes in having these needs met; and

how the outcomes were to be achieved. The risk assessments identified particular hazards for each person, the risk level, and the action required to the control the risk.

The manager explained that the care plans were reviewed at least annually, and more frequently if the person's needs changed. We noted from the care plans that we looked at that all the people who had been with the service more than a year had had their plans reviewed. We saw that the visit notes had also been kept up to date and they included a summary of the support offered by the support worker and any issues that might have arisen regarding the person's health and wellbeing.

From our conversations with people who use the service, staff and our review of care planning documentation we were satisfied that people's needs were being assessed, managed and reviewed in an effective manner. This meant that people used who used the service could be confident that their care plans were being tailored to their individual needs and preferences, and being kept under continual review.

We asked how the provider managed in emergency situations, for example in bad weather, or if there was an interruption of power, IT or other essential services. We were given a copy of the provider's business continuity plan and noted that it covered five main areas of risk: governance, management and partnership working; operational risk; financial risk; legislation and regulatory risk; and external factors. For each area of risk there was a description of the risk, the impact of the risk, the likelihood of the risk, controls in place, and actions to mitigate the risk. The manager told us that they had had problems with their broadband connection over the last few weeks due to flooding and explained they were using a wi-fi system as an alternative way of connecting to their server and cloud based storage. They said this was working quite well even though it was a lot slower than the normal connection. We were able to observe this system in operation.

From our conversation with the manager and our review of the business continuity plan we were satisfied that the provider would be able to provide continuity of service in the event of a range of emergency or unforeseen circumstances.

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

All the carers we spoke with said they felt their family members were safe in the hands of the support workers and if they had any concerns about this they would contact the manager of the service.

All the staff we spoke with said they had done safeguarding training, and that this was updated on an annual basis. They were able to identify different types of abuse, including physical, emotional, financial and neglect. They were also able to describe signs of potential abuse, including unexplained bruising and changes in behaviour. One staff member pointed out that sometimes it was: "difficult to tell what's 'normal' and what's abuse in a person's home." We looked at the provider's training records and noted that all the staff had attended safeguarding training. All the staff said they had read the provider's safeguarding policy and thought it a useful document, but said that the safeguarding training was more meaningful. We were given a copy of the provider's safeguarding policy and noted that it included information on the legal framework of safeguarding, the responsibilities of trustees in ensuring that they promote a zero tolerance culture regarding abuse, and recognising and reporting abuse. We were also given a copy of the provider's child protection policy, and noted that followed a similar format to the main safeguarding policy.

The staff said that if they witnessed a carer acting in an inappropriate manner towards their family member in a physical way they would ask the carer to stop and try and get them to leave the vicinity of the person. They would then reassure the person and report the incident. If they suspected financial abuse they would report this to the manager. They said that if a person told them they were being abused by their carer they would report this to the manager or ring the out of hours number. They would explain to the person that they would have to report the allegation and record the facts.

From our conversations with staff and our review of safeguarding documentation we were satisfied that the staff would be able to recognise abuse or potential abuse and be able to address and report such incidents in an appropriate manner. This meant that people who use the service could be confident that the provider was taking steps to ensure that they were protected from harm, and had proper mechanisms in place to deal with any incidents

of abuse or suspected abuse.

All the staff we spoke with said they would feel supported by the management of the service if they had to report any instances of abuse or alleged abuse. They said the provider would signpost them to a counselling service if necessary. They said they had all read the provider's whistleblowing policy and all appeared to understand the concept of whistleblowing, which is to safeguard employees from recriminations or victimisation by their employer should they report instances of wrongdoing.

We were given a copy of the provider's whistleblowing policy and procedures and noted that the document included a statement that the provider was committed to encouraging a climate of openness which would allow staff to express their concerns. It also included detailed procedures for raising concerns, making reference to sources of support and advice, and steps in the procedure. The policy emphasised that the provider would not tolerate any harassment or victimisation of anyone raising a genuine concern. It made reference to reporting concerns to external agencies such as the CQC.

From our conversations with staff and our review of the whistleblowing policy we were satisfied that staff would feel confident in reporting any instances of abuse without fear of being victimised.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with four staff members, and two of them said they had worked for the service for fourteen years, another for eleven years and the fourth one for ten years. Two of the staff said they had NVQ 2 in health and social care, one said they had NVQ level 3 and the fourth said they were studying for their level 2. We saw from the provider's training records that 37 out of 66 care staff had NVQ level 2 or above.

All the staff we spoke with said they thought there were enough support workers to meet people's needs. They said that there were a lot more staff than there used to be, mainly because of the increase in the number of children who use the service. They said that staff chose the hours they wanted to work, and if necessary would cover each other's visits. They said they had enough time to spend on each visit with no pressure to move on to the next appointment. They also said they thought there was enough time allocated to get from one appointment to another. They said that if a staff member was off sick the office would let the person who uses the service know and arrange for another support worker to cover. They said the provider never used agency staff.

The manager showed us the provider's staff rostering system and printed off some examples of individual staff members' work schedules for a month. We noted that on average support workers would be visiting two to three people a day and staying for about three hours. We noted that there appeared to be plenty of time for staff to travel between visits. All the carers we spoke with said they that the support workers would spend time with them and their family members and did not give any indication they had to rush off to the next appointment. This indicated to us that there were sufficient staff to provide an effective level of service and that the provider was allowing sufficient times between visits.

From our conversations with staff, the manager and our review of staffing information we were satisfied that there were adequate staffing numbers at all times and that the staffing rosters were organised in a way that ensured that all the people who use the service were being visited at the correct time. This meant that people who use the service could be confident they would always receive proper care and attention in a timely manner.

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

The carers we spoke with said they were able to speak to the manager at anytime about any concerns they might have about the service or any ideas or suggestions they might have. One carer, who was now using the service themselves, said that that they would "soon be upset if something was wrong" and would let the manager know.

None of the carers we spoke with could remember filling in questionnaire asking them about their views of the service. However, the manager showed us a copy of the 2013 questionnaire sent to carers and the results of the survey. We noted that the questionnaire contained 33 questionnaires covering seven areas: 'About you', 'Our services', 'How do we perform?', 'Is our service improving?', 'How do you feel you benefit?', 'What do you do in your breaks?', and 'Self funding'. There was also a section for comments. Looking at the results of the survey we noted that where carers were asked about the quality of various aspects of the services, the majority gave very positive responses.

The staff we spoke with said there were staff meetings once a month, which gave them an opportunity to raise concerns and share ideas. They said that the manager was very approachable and could be phoned at any time. We were shown copies of the minutes of recent staff meetings, and noted that issues covered included health and safety, confidentiality, training for 2104, supervision, and news and policy updates. The minutes included an action column but there was nothing in the following minutes to indicate that actions had been completed.

From our conversations with staff and carers, and from our review of feedback information we were satisfied that the provider was taking steps to ensure it obtained regular feedback from key stakeholders. This meant that any concerns raised could be acted upon in a timely manner. However, the provider might find it useful to note that the carers we spoke with did not seem to be aware of the annual questionnaire that the provider sent out.

We asked how the provider monitored and assessed the quality of the whole service on a regular basis. The manager told us that quality assurance was looked at as part of the six weekly board meetings, and we confirmed this by looking at the minutes of recent

meetings. We noted quality related items included a discussion of a recent service audit, a review of policy documents, and standing items covering health and safety, staffing and governance. The manager said that there were also regular senior management team meetings which looked at various aspects of the service. We saw from the minutes of recent meetings that topics covered included IT, recruitment, training, health and safety, and safeguarding.

The manager told us that the provider conducted annual service audits called CROQUET. They said that the Carers Trust, the management body for the provider, was now requiring for this audit to be conducted on an annual basis. We were given a copy of the latest report and noted that it contained 33 questions covering various aspects of the management of the service. Against each question the report documented evidence to show compliance. Examples of questions included: 'Is there evidence of risk management analysis and viability checking?', and: 'Have contingency plans been made to cover identified likely risks'? Overall we saw that the audit was designed to support the strategic planning of the service rather than focusing on day to day management issues, which were covered in the senior management team meetings.

We were satisfied from our conversations with the manager and director, and from the information provided that the provider was developing systems to monitor and assess the quality of the whole service. This meant that any problems identified could be acted upon quickly and thus ensure that a safe and high quality service was maintained at all times

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.

✓ **Met this standard**	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.
✖ **Action needed**	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.
✖ **Enforcement action taken**	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.

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.

Contact us

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