

Crossroads Care Central & East Gloucestershire Limited

Crossroads Care Central and East Gloucestershire - Gloucester Branch

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 18, 20 and 24 September 2018. We previously inspected the service on November 2015 and it was rated 'Good'. At this inspection the rating has been changed to 'Outstanding'.

Crossroads Care Central & East Gloucestershire provides domiciliary care services to a range of people who live in their own home. In addition to providing support directly to individuals, Crossroads specialises in offering respite breaks for family carers and a carers emergency scheme. This may be provided as two to three hours supporting the person they care for whilst the carer has some "me" time or time to do those important tasks which are difficult to weave between a fulltime caring role. The service will be described as Crossroads throughout the report.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The service was Outstandingly well led. The provider had a holistic approach to service provision and had developed their services innovatively around the needs of the people. They had developed a variety of support services which allowed people to live their lives to the fullest in situations where they otherwise might not have been able to remain living at home. As well as the regular domiciliary care services, Crossroads also has several innovative services that improved the experience of people and their relatives.

These services include the Carers' Emergency Scheme which in the event of an emergency offers total replacement care for up to 48 hours. This ensures that the person cared for is supported with all their personal care requirements in their own home by a support worker from Crossroads who will remain in the home 24 hours a day if the person cannot be left alone. This gives peace of mind to the carer and continuity of care for the person they care for, preventing further distress that can be caused if a person cannot remain at home without their carer. The scheme is only available for people who have been assessed and registered in advance with the scheme. The cared for had a care plan and risk assessment developed at point of registration which was reviewed in the home at point of activation by a manager if ongoing support is required Crossroads help make ongoing arrangements.

The Out and About service offers an opportunity for people that cannot access the community without support to join others in activities such as theatre, bowling and meals out. Wheelchair accessible transport from door to door is provided. The Azalea Clubs are available in four areas throughout Gloucestershire. These are interactive, person centred clubs for people of all abilities offering an opportunity to interact in new activities and to provide family carers a day of respite.

The provider worked creatively to ensure the values and objectives of the service were shared and implemented by all. This was evident in the outstandingly caring nature of the service.

People and their relatives were extremely positive about the care and support they received. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and could describe what they liked to do and how they liked to be supported. The service often went above and beyond their contractual obligations to ensure people had good quality care. People were placed at the centre of their care and were supported to develop their independence, meet their individual desires and live their lives to the fullest.

In addition, the service often "went the extra mile" outside of care hours to ensure people's needs were met. For example; taking a person to a GP or hospital appointment that is not at the time of their regular care and getting shopping in for people whose arrangements have broken down the day before a bank holiday.

Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team. People's feedback and the views of relatives and staff were sought to make improvements to their experience of the service. People were actively involved in striving to improve the service.

The service had suitable systems for identifying and responding to allegations of abuse. Recruitment processes ensured that new staff were of good character and suitable to work with people.

Staff had received training appropriate to their role including around safeguarding and were confident to raise any concerns relating to potential abuse or neglect. Staff received regular supervision from the management team.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the ongoing safety of the person.

Staff had received training appropriate to their role. The administration and management of medicines were safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to make choices about their day to day lives.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Outstanding ☆

The service had improved to being outstandingly caring.

There were excellent relationships between staff and the people they support with staff putting people at the centre of their care.

Staff worked creatively to support people to develop their independence and people could test and try new opportunities to explore areas of independence they had previously not considered.

Staff were creatively matched to people's interests, needs and culture and this supported them to have an exceptionally positive care experience.

The service showed respect for privacy and dignity was at the heart of Crossroad's culture and values for people using the service and for staff.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Outstanding ☆

The service had improved to being outstandingly well- led.

The service had visions and values which were: Quality, Trust, Caring, Individualised, Respectful, Understanding and Integrity. These were integral to Crossroads and were creatively incorporated into work practice to ensure they were at the heart of the service.

People and staff benefitted from clear, supportive and innovative leadership from the registered manager and provider. The

service was developed around people and their carers' needs and they had access to innovative services that enabled them to remain living at home.

A comprehensive range of audits monitored the quality of the service and the registered manager focussed on continual improvement. Feedback was sought at any opportunity to use to monitor and improve services.

There was a strong commitment to deliver a high standard of personalised care and continued improvement. The service was continually striving to improve. We received positive feedback from everyone we spoke to.

Crossroads Care Central and East Gloucestershire - Gloucester Branch

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 18, 20 and 24 September 2018 and was announced. It included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by two adult social care inspectors.

We spoke with the registered manager and the chief executive officer and five members of care staff. We spoke with four people using the service and three relatives. We contacted two health and social care professionals by telephone who gave us feedback on the service provided at Crossroads.

Is the service safe?

Our findings

At our previous inspection in November 2015, we rated this key question as 'Good'. At this inspection we continued to find that people remained safe; protected from avoidable harm and potential abuse.

People and their relatives told us they felt safe when carers provided support. One person said, "The carers are lovely. I always know who is coming and we have a good routine. I feel they look after me well and I feel safe when they are here". One relative said, "They are amazing and I have no concerns. I do not know what we would do without them".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. The registered manager told us they would inform the local authority, CQC and any other relevant agencies such as the police if they had any safeguarding concerns. People were offered external support from agencies such as the advocacy service or independent mental capacity advocates (IMCA). These are individuals not associated with the service who provide support and representation to people if required.

People and their carers told us care support workers were punctual and always stayed for the required time. They told us care support workers always had time to do the tasks they were employed to do. No one we spoke to had missed visits and the service was pro-active with informing people and their carers if care support workers were going to be late. One person said, "They are never late and if they are (which is rare) the office will ring me. If I am going out for the day I can ask them to come earlier and they are very flexible".

We looked at the recruitment records of a sample of staff employed at the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated to ensure suitable staff were employed.

Staff completed a six-month probationary period which enabled the registered manager to assess staff competency and whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans such as falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. One person's risk assessment had been updated after they had become at risk of falls. The risk assessment had been regularly updated as the person's level of need changed. This was monitored every

month or after each fall.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service could identify areas for improvement and lessons were learnt from each investigation. Staff could explain to us what they would do in the event of a safeguarding incident. One staff member said, "I would firstly go to the office but I know the policies about whistleblowing and where to go; such as safeguarding or CQC".

People's medicines were safely managed and records were updated by the management team to reflect their current needs. This ensured care support workers had up to date information of what medicines people were prescribed. External health professionals were involved as and when required. On our three visits to people who use the service, each person was self-medicating or their relative was responsible for administering medication. The information was clearly documented in people's care plans.

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections.

Is the service effective?

Our findings

At our previous inspection in November 2015, we rated this key question as 'Good'. At this inspection we continued to find that people received care which supported their health needs. People were still supported to make independent decisions.

Training records confirmed that all staff had received the provider's required training to support people effectively. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

Staff completed an induction when they first started working with the service. This was a mixture of face to face training, online training and shadowing more experienced staff. The service had nominated 'champions' in areas such as; Parkinson's, epilepsy, counselling and dementia. The epilepsy champion lived with epilepsy themselves and the registered manager told us this was an obvious champion choice for sharing information and aspects of the condition.

All care staff had consistently received regular one to one supervisions or an appraisal with a line manager. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. This meant the provider had systematically monitored staff performance and identified their support and development needs. One staff member said, "I feel totally supported. I really enjoy my job and I've got no concerns. I receive lots of training too".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA.

Staff knew people well and monitored their health daily. People were supported to access healthcare when needed. Care support workers wrote daily notes regarding people's health and wellbeing. People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and district nurses. We saw people's changing needs were monitored, and responded to promptly. In each person's care and support plan, their support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy and their diet and nutrition. Care support workers were often asked to support people to healthcare appointments. People told us this was so helpful and staff were always on time and supportive.

Is the service caring?

Our findings

The service was outstandingly caring. People told us they were treated with kindness, respect and compassion. One person said, "They go above and beyond. I really don't know how I would manage without them". Another person said, "They are always on time, they do everything I ask and more and I always know who's coming. They are truly magnificent". One relative said, "They are so caring and are a complete lifeline".

The registered manager told us "At Crossroads we have a policy to "match" our staff with the person we are supporting. This involves identifying any interests the person has or history during the assessment discussions. By gathering vital information about this person, it will enable us to ensure that the person we allocate to support the person will be best matched and provide a common interest that they may share. It is hoped that having a common interest will enable communication to flow more easily and help the person we are supporting to become more comfortable with our staff member".

We saw many examples of how this creative matching process had enhanced people's wellbeing and supported them to have an exceptionally positive care experience. One person who had experienced a stroke in 2016 had a left sided weakness and their recovery plan included encouragement to use their left hand. One way to achieve this was to encourage them to do cooking, which is one of their hobbies from the past. The care worker matched to the person enjoyed cooking and was also a qualified Occupational Therapist in a previous job role. The care worker had a good understanding of the benefits that could be achieved from supporting this person with their beloved hobby. The person particularly enjoyed making bread, this involved kneading the dough, which was described as a natural recovery activity. This gave the person the opportunity to use their fingers in a way that would not be provided by natural daily activities therefore encouraging them to do their exercises, without even realising they were doing them. The care worker had recorded in daily diaries that the person had cut and chopped vegetables with increasing independence even progressing to making sauces and bread. This creative approach had a significant and positive impact on their wellbeing.

People were supported in a highly individualised way that encouraged them to be as independent as possible. People's protected characteristics under the Equality Act were promoted. Staff had access to training in Equality and Diversity. People's care records gave clear and current information about people's specific wishes. Staff went the extra mile to support people with their cultural needs and worked creatively to overcome language barriers. One family who originated from Poland and did not speak any English were matched to a specific care worker. When Crossroads' only Polish speaking care worker left the service, they discussed with the family if they spoke any other languages and French was identified. Knowing that one care worker spoke French this carer was allocated to the family. This helped the family to communicate effectively to ensure Crossroads could provide effective communication, care and support.

Another person supported by Crossroads was an Indian elder of Muslim faith. The family spoke limited English and requested Crossroads to provide a care at home service, in addition to them attending the Azalea day clubs. One care worker was familiar with the family and able to speak Hindi so attended the

assessment with the senior support worker to translate for the family. The care worker shared understanding and empathy for the family's cultural needs and was key in identifying any religious and cultural beliefs that were to be respected during time with the family. This included removing shoes when entering the property and advising on a halal diet. It enabled the service to deliver person centred care appropriate to their culture. It allowed the family to express themselves so that care staff could understand their views, preferences, wishes and choices. The care worker and family members suggested that the best way to ensure that this person maintains their halal diet was for them to eat vegetarian food when out and the person agreed and everyone was happy with this decision and the care and support provided.

Staff went above and beyond to cater for people's needs and to support them to develop their independence. For example, one person supported by the service suffered with motion sickness whilst travelling and generally did not enjoy being in a vehicle. They were feeling isolated and unable to get out of their property without relying on their husband. The person had always been outgoing and enjoyed participating in activities and socialising with others, so at the time of assessment they told the service that it was important for them to be supported to access the community. Staff asked if there was anything they were particularly interested in doing. They said they would like to go out in their wheelchair to a specific café and local park. Their care plan was therefore matched to their interests and a trip to the café was organised. The care worker initially supported them to go to the café using their wheelchair. After some time of doing this, the person's confidence grew and they began not only going to the café for refreshments but also wanting to participate in the activities held at the café, such as Boccia games. They were initially supported to physically play, but over time they became more confident and independent. This person now enjoys time at the café with their friends enjoying the game, the care workers' involvement has decreased and they are now only there as an assistant to collect balls. Once the care visit time has finished, the person is confident enough to be left at the café so they can continue playing to the end of the session on their own.

The care workers' empathy and understanding of this person's need to be as independent as possible has resulted in them succeeding in not only returning to a social life, but regaining a level of independence that gives them freedom and enjoyment. Crossroads has enabled this person to "blossom" and have an admirable "new found" confidence to attend more activities at the café. They no longer feel isolated and was reaping the benefits of a social life. In addition to the welfare gains, playing Boccia has helped to build up strength and dexterity in their body.

Some people being supported by Crossroads had very limited vocabulary. Where appropriate there were records available for all people in an easy read format. The provider had clearly considered the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people living with a disability or sensory loss are given information in a way they can understand. For one person whose verbal communication was poor there was simple guidance for staff such as; 'yes' for yes and 'O' for no. This person had an eye gaze communicator and guidance for the care support worker was detailed and suggested to give the person informed options with closed questions

People were supported to maintain relationships which were important to them. Where people wanted to remain as independent as possible, support was provided to achieve this. One person said, "I use the out and about service and it picks me up at my door. We go lots of places and have lunch out. It's really great and we feel safe and looked after". One relative said, "Please would you pass on our thanks and gratitude to the care support worker for their excellent thinking, problem solving and care of my husband yesterday when they went for a short walk. I have no doubt they would have fallen badly if the care support worker had not supported them".

At Christmas time Crossroads engaged with Gloucester Cathedral to deliver a carol service for people who

use the service. Of the many that attended, one family enjoyed the event and one person prepared a poem for the occasion. The person attended in his wheelchair and was enabled to access to the front of the Cathedral in order that he could read his poem to the congregation.

People's care records included an informative and detailed assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. All the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. One person said, "They always put a towel over me when I get out of the shower. They respect my dignity. They are lovely carers. I feel very lucky".

Is the service responsive?

Our findings

At our last inspection in November 2015, we rated this key question as 'Good'. At this inspection we continued to find that people's care was planned around their needs and they were supported with social activities.

We saw that each person had a care and support plan to record and review their care and support needs and provided guidance on how staff were to support people. Each care and support plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. There was evidence that regular reviews of care plans were being carried out. The registered manager told us reviews were carried out after one month, six weeks, annually and more frequently if required. Professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the service responded well to people's needs. One relative said, "The care support workers always fill in the book that is here and there is paperwork for them to read".

A full and comprehensive assessment took place before anyone was supported by the service. Following the assessment, a staff member was identified that the service felt could best support the person with care needs. Crossroads had a policy whereby they carry out an introductory visit to every new person. This involved the Care Manager who has carried out the assessment, and therefore already met the person, and the staff member to meet at the home together. The introductory visit usually lasted half an hour or so but aimed to introduce the staff member and person prior to the first usual visit. At the visit the staff member can learn about how the person would like to be supported and ask any questions they may have. At the point of assessment, the service would inform the person that if the staff member was not compatible for them they could feed that back to the office and they would then look to appoint somebody more suitable. The service would then record the staff member and client compatibility on the system and make a note if there were any development needs that might have been identified when a match was not compatible.

Staff confirmed any changes to people's care was discussed regularly through the daily notes to ensure they were responding to people's care and support needs. Records showed us care support workers completed notes at each visit to ensure care and support needs were clearly communicated for the next visit.

The service showed that they were responsive and had a duty of care to everyone they supported and their relatives. One person was admitted to hospital during a carer emergency and this left their husband alone in the house. This person was unable to support themselves and did not wish to receive any support within the home. Crossroads care managers and support staff made plans to ensure he was kept safe at home over the weekend then referred to Adult Social Care for a place in a respite home until his wife was home. His consent was obtained throughout. This case showed a strong visible person-centred culture. With this person's permission the service involved "advocates" (friends who were present and knew him well) to ensure a service that met his needs was delivered and that he was happy with it. The involvement of friends

in his care and support plan allowed him to feel consulted, empowered, listened to and valued showing outstanding characteristics of responsive care.

We spoke with the manager of the 'Out and about service' provided by Crossroads. They arranged a programme of activities which included, day trips, museums, access to sporting events, boat cruises, castles, garden walks, theatres and local events. People and their carers could choose events they would like to attend which were at an additional cost from the services provided. People and their carers spoke highly of the programme and the additional support available to them. One person said, "They pick me up and I can choose if I want to go. The carers are great and we always have a good day out. It enables me to socialise and be less isolated".

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People and their relatives felt that the staff and registered manager would listen to them if they raised anything and that issues would be addressed.

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. The registered manager told us care plans were being updated and this was an area that focussed on improvement.

Is the service well-led?

Our findings

The service was Outstandingly well-led. There was a registered manager in post. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "She is caring and very good. I can just ring and things will get sorted out". Another person said, "They are wonderful, they know us so well. We can always ring if there is a problem. The management team are great and we can now email the trustees if we need to".

People and their carers had regular contact with the management team and they told us they were approachable and always available. One staff member said, "It's a great team and I feel valued in my job role". One person said, "They always listen and are lovely. No concerns".

People and staff benefitted from clear, supportive and innovative leadership from the registered manager and provider. The service was developed around people and their carers' needs and they had access to innovative services that enabled them to remain living at home.

Through their holistic approach to service provision and their understanding of their local population the provider had creatively developed a variety of support services which allowed people to live their lives to the fullest in situations where they otherwise might not have been able to remain living at home. The registered manager told us, "We recognise that there is a need for care for people who are able and want to get out of the home and this is where we have developed the Out and About service and the day clubs. These services compliment and expand on resources provided by our 1-1 service. They are open and available to our clients that receive 1-1 care as well as those that have no other care from us. Out and About has been further developed by being "opened up" to people with any condition as initially it was for people with learning difficulties or mental health problems. Now anyone can access an activity, opening it up to a diverse range of people with a shared common interest and we see how for example people with learning difficulties enjoy naturally supporting people with dementia while all out together. This service also helps towards beating loneliness. This "integrated approach to care" was a hot topic at a Housing event we participated in recently so we feel we are ahead of the game with this approach".

The registered manager was managed by a Chief Executive Officer, who in turn was managed and supported by a board of trustees. We were able to meet with the Chief Executive Officer who told us they were committed to providing an Outstanding level of care for people who use the service. They told us the vision and values which were: Quality, Trust, Caring, Individualised, Respectful, Understanding and Integrity of the service were integral to Crossroads and were creatively incorporated into care practice to ensure they were at the heart of the service. Within the 1:1 supervision, staff competency and care certificate each of the vision and values were discussed and decisions made around how these can be incorporated into people's care and support were documented.

The service showed respect for privacy and dignity was at the heart of Crossroad's culture and values not only for people using the service, but also for staff who were supported following difficult incidents by appropriate procedures and resources available to them. One care support worker was offered counselling

after finding one person unresponsive during a visit and having to perform CPR. The care worker was offered time to discuss the incident and have on-going support from the management team to ensure they were able continue to work effectively. Reflective practice for care and support staff took place after significant incidents to ensure staff could reflect and take responsibility for any actions or evaluate individual performance.

Six nominations from Crossroads care and support staff had made it through the judging process to become finalists for the Gloucestershire Care Providers Association (GCPA) awards ceremony. The registered manager said, "We are thrilled to have made it to the top three and hope that at least one is transformed to a winner. The categories that we have a finalist in are as follows: Aspiring Leader, Carer of the Year, Outstanding contribution, Newcomer of the Year, Team of the Year and Unsung Hero. Three of the finalists achieved Winner awards at the ceremony and the registered manager told us they were extremely proud.

The trustees of the service were heavily involved and provided people, their carers and care staff with an email address if they wished to discuss any aspects of their care and support. The Chief Executive Officer would often randomly select individuals and call them by telephone to have a chat and seek feedback. The Chief Executive Officer had written an article in Crossroads summer 2018 newsletter and stated, 'I would like to thank you all for completing our recent questionnaire. We relentlessly try to improve how we deliver your care and support and we rely on you telling us what we have got right and where we can improve'.

Crossroads had a risk register and strategic plan for evaluating the service. The risk register was colour coded and looked at potential risk, impact and had risk reduction measures and review dates. Areas covered in the risk register included satisfaction service provision, recruitment, external relationships, health and safety and direction, strategy and forward planning. The strategic plan contained carer, staff and volunteer feedback analysis and priorities of building stronger networks to achieve an effective and well led organisation. Both records showed that the service was pro-active in ensuring the service maintained key objectives and there were opportunities for growth.

The registered manager was responsible for completing regular audits of the service. The audits included analysis of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. There were robust quality assurance systems in place to ensure every area of the service was being monitored. Each audit completed was checked by the provider monthly and the registered manager told us they felt fully supported by them.

The registered manager told us they were extremely proud to have positive external relationships with commissioners, local groups and other care organisations. The registered manager at Crossroads was elected to be a board member of the Gloucestershire Care Providers Association to represent the local domiciliary care sector. The service was chosen to take part in a trial with music therapy called 'Mindsong' which was described as 'Managing Dementia through music and song and unlocking memories and offering hope and joy in a world where words and thoughts are lost'. The registered manager told us this was successful and the feedback to the charity was extremely positive and resulted in continuing links with Mindsong.

The service was actively seeking the views of people using the service, relatives and staff through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. One relative had wrote an email stating, "I haven't filled in the short survey as personally I'm very

satisfied with all aspects of the carer's support, especially your organisations input. Recently I had to go into hospital at short notice, in fact the same day. The speed that your organisation put in carers was commendable to say the least, they were efficient, caring and most helpful, all was appreciated. Thank you". After each carer emergency call out the service gave feedback sheets to the people and relatives involved to see if any improvements could be made and if staff were polite and courteous. All the feedback sheets we looked at gave extremely positive feedback showing that Crossroads were delivering high quality, person centred care.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. People who were at risk of falls were monitored and action plans put in place. Each accident or incident had follow up actions and professional advice was sought where appropriate.

The provider's policies and procedures were available to all staff. These promoted equal opportunities, respect for people and staffs' diversity and provided guidance. Staff liaised with other professionals who also helped to keep them updated and informed on up to date practice and ideas in adult social care.