Crossroads Care Kent

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Crossroads Care Kent is a domiciliary care provider that was supporting family carers to have a break from their caring role. When needed, staff were providing personal care to people in their own homes. Most of the people being supported were elderly, and some had dementia. The service also supported people at the end of their lives. At the time of our inspection there were 30 people receiving support.

People's experience of using this service:
● People were not always asked about all of their protected characteristics under the Equality Act 2010. This meant staff might not know everything they needed about the people they were supporting. This was an area for improvement.
● People received safe care and support from staff. Staff knew what actions to take to ensure people were protected from abuse. People and their relatives told us they felt safe. One relative said, "I wouldn't allow anyone in or go out and leave my wife if I did not feel she was safe. But we've known our carer a long time she's like one of the family."
● Staff were recruited safely. The registered manager made sure there were enough staff before considering supporting new people.
● People and their relatives told us they thought staff were well trained.
● Staff worked well together to ensure people received joined up care and support. People said they knew staff well, and felt staff knew them well.
● There was a strong person-centred culture at the service. People and their relative complimented the caring nature of staff, with a relative telling us, "They are so kind, they with read to my wife and bathe her feet for her if she asks."
● Staff were able to develop positive and trusting relationships with people and their relatives. One relative said, "Sometimes at night [loved one] has hallucinations. The carer deals with it in a compassionate manner, talking and reassuring them."
● People received personalised care which was responsive to their needs and preferences.
● The service had a registered manager who was dedicated to providing good-quality care which promoted an open and fair culture.
● Audits were in place to assess the performance of the service and actions were taken when concerns arose.
● The service had developed strong links with the local community in innovative ways.

Rating at last inspection:
Good (report published 21 June 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good.

Follow up:
We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Crossroads Care Kent

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for elderly people.

Service and service type:
Crossroads Care Kent is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people, those with dementia and people at the end of their lives. The service operates in areas of West Kent. Not everyone using Crossroads Care Kent received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service four days' notice of the inspection visit because the registered manager and other staff we wanted to speak with may be out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 5 March 2019 and finished on 7 March 2019. We visited the office location on 6 March 2019 to see the registered manager and office staff; and to review care records, staff records and policies and procedures. We asked the registered manager if they could seek the permission of

people using the service to visit them in their home to gain their feedback, and we visited those people on 5 March 2019. We also spoke with people and their relatives over the telephone on 5 and 7 March 2019. We spoke with care staff on 7 March 2019.

What we did:
We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they intend to make. This information helps support our inspections. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we looked at the following:
- Notifications we received from the service
- Three people's care records
- Three staff recruitment files, staff supervision and training records
- Audits and quality assurance reports
- Medicine records

We visited two people in their homes and spoke to them and their relatives about the support they received. We spoke with 2 people and 10 relatives on the telephone. We also spoke with the Chief Executive Officer (CEO), the registered manager, a care manager and 5 care staff.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Training was provided to staff during their induction. The training included sessions on recognising indicators of abuse and how to act on a safeguarding concern. Staff told us this helped them to be aware of different types of abuse, and informed them on how to report any concerns they had. Staff also received regular updates to this training so they could keep up-to-date with changes to legislation and best practice. People told us they felt safe with staff.
- Staff told us they were confident that their managers would investigate any concerns they raised appropriately. They knew they could raise concerns with external agencies if they needed to, such as with the police, the local authority safeguarding team, or with CQC. One staff member said, "One person told me that staff from another agency going in had been inappropriate to them. I reported it to my manager and they acted straight away. It was resolved the following week."
- The registered manager was aware of their responsibility to report any safeguarding concerns to the local authority and CQC.
- People told us they felt safe when being supported by staff. One person said, "I wouldn't allow anyone in or go out and leave my wife if I did not feel she was safe, but we've known our carer a long time and they're like one of the family."

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed in people's homes before support began. Assessments were carried out by suitably trained and experienced senior members of staff.
- When risks were identified, guidance was provided to staff on how to reduce the risks. Risks were reviewed regularly, and guidance was amended to reflect any new risks. One staff member said, "I noticed one person was becoming unsteady on their feet. I reported it to the office and they came out to complete a new risk assessment straight away."
- Any equipment in the home, such as hoists or walking frames were inspected by staff to make sure they were safe for staff and people to use.
- Staff were provided with equipment to keep them safe, such as a first aid kit. They also had access to a circuit breaker to use when operating electric equipment in people's homes.
- Staff received training on how to identify risks to keep people safe. For example, all staff had received training on how to prevent people from being victims of financial scams. As a result, one staff member identified a person had given their bank details to a suspicious organisation over the telephone. Staff contacted the police and family, who alerted the person's bank which helped prevent the person from potential fraud.

Staffing and recruitment

● There were enough staff available to meet the needs of people using the service. The registered manager assessed staffing levels before deciding to take more people into the service.

● Rotas had been organised so staff were supporting people in a small geographical area. This meant there was less travel time between visits, and reduced the risk that staff would be delayed by traffic problems.

● Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. Staff completed Disclosure and Baring Service (DBS) checks before they began working with people. DBS checks identify if candidates had a criminal record or were barred from working with people that need care and support. References were sought and verified.

● The registered manager used a number of techniques to recruit from the local area. They felt knowledge of the local area meant staff and people they supported had something in common. They told us, "We will never employ for the sake of it. We have started advertising on Facebook and Twitter. Existing staff are encouraged to refer friends to us. It's about having the right people in and making sure they have a caring nature."

Using medicines safely

● People had their ability to independently manage their medicines assessed before they started to receive a service. Those who needed help were supported by staff in a safe way.

● Staff received regular training on how to support people with their medicine, and had their competency checked during spot checks in people's homes. Medicine records were regularly audited by senior staff. These checks helped make sure staff were giving people their medicines in accordance with the person's prescription.

Preventing and controlling infection

● Staff told us they had access to enough personal protective equipment such as gloves and aprons. A staff member said, "We get plenty, I'm a large size and they always have enough for me."

● Senior staff checked if staff were using them during regular spot checks in people's homes. We saw people using equipment when we visited them.

● Staff received infection control training, which included providing guidance on how to best control infectious diseases.

Learning lessons when things go wrong

● Accidents, incidents and near misses were recorded and reported by staff to the registered manager. A summary of reports was shared with the CEO and reported to the board of trustees. This meant the registered provider had oversight of all incidents and could support the registered manager in identifying trends and any action needed as a result.

● The registered manager took steps to ensure lessons were learned when things went wrong. For example, when a near miss occurred during manual handling, all staff were provided with updated training in how to support a person to the floor in an emergency situation.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, preferences and choices had been assessed so that care achieved effective outcomes in line with national guidance.
- These assessments had considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to their disability or religion. Records showed staff were not always asking people about their sexuality, which is a protected characteristic under the Equality Act 2010. This meant senior staff could not always be sure they had all the information about people's needs. We found this to be an area for improvement.

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff had the skills and experience to carry out their role, with one relative telling us, "Both carers we have seem incredibly well trained."
- Newly recruited staff took part in an induction programme which included 1:1 time with the manager, work shadowing of more experienced staff for at least 20 hours, and reviewing the registered provider's policies and procedures.
- More established staff were supported with regular training, including subjects such as principles of care and values, challenging behaviour and moving and handling techniques. The registered manager responded when they identified training needs and opportunities. During one meeting with staff the registered manager heard some staff talking amongst themselves about techniques they use when supporting people with activities. These discussions were subsequently collated, and the registered manager delivered a workshop to all staff about delivering meaningful activities for people based upon case studies and examples provided by staff.
- Additional courses were provided to staff who were supporting people with specialist health conditions such as Parkinson's disease or dementia. Staff were also supported with training to help them cope with the difficult emotional situations they might find themselves in when supporting people at the end of their lives.
- Staff received regular supervision from their managers, and were appraised each year. One member of staff told us, "I have regular meetings with the care manager but I don't need to wait if I have a question. I can call, or I go into the office. There is always someone for me to speak to and they always have time for me."

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

- Most people received support with their meals from their relatives.
- When staff needed to provide support, they did so safely. They were provided with health and safety and food hygiene training as part of their induction, and this was refreshed regularly. A relative told us, "I prepare her lunch and they will feed her, they are very patient and caring they have a nice manner with her."
- Staff were knowledgeable about the benefits of adequate hydration for people, especially for those with

dementia. Staff knew to look for signs of dehydration and took steps to minimise these by working with relatives to ensure people received enough to drink.

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

- Staff made sure people had access to health professionals when they needed it. For example, staff made referrals to a person's GP when they needed medical support. On another occasion staff noticed one person was struggling to use their dentures. Senior staff arranged for the person to see their dentist.
- Staff supported people to attend appointments around their health. One person had stopped seeing a health professional because they did not understand the information being given to them and this made them anxious. Staff started to attend appointments with the person and wrote down the information so the person could reflect on it in their own time. Since this arrangement had begun the person had attended all of their appointments.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.
- Staff we spoke with were knowledgeable about the MCA. Where necessary they took steps to ensure people were fully protected by the safeguards contained within the Act.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● People and their relatives spoke about how the caring nature of staff had a positive impact on their lives. Both people and their relatives told us that staff made them feel like their issues and concerns mattered. For example, one person said, "It's so natural for them to be kind and caring. They care about us." Another said, "She is a natural. She not only sits with my husband she will converse with me, makes me feel human again."

● People were matched with staff who shared the same interests and had similar personalities. The registered manager told us, "We pay particular attention to this. We record interests as part of our recruitment and during people's assessments. Care managers get to know the interests of staff and the people we support. One person liked fly fishing, and by chance we had a member of staff who also liked to fish, so they were matched and went together."

● People were treated with kindness and compassion. We saw people, their relatives and staff speaking in a relaxed manner with each other. A relative told us, "[Staff member] is like a member of our family, she looks after me as well. She will always include me if she is making tea or coffee and will ask how I am." We saw staff showing people affection and communicating with people in a gentle and tactile way.

● Staff sought accessible ways to communicate with people in innovative ways. For example, one member of staff had supported one person for over a year. This person had dementia, and was unable to communicate with their family. During this time the staff member had got to understand how the person communicated, and their relative said, "I have no idea how she does it, but the carer speaks to her through blinking." Staff supported another person to communicate by using an electronic tablet. The person would type one word, and the person's care records indicated how the person wanted to be supported. Staff communicated with a different person using hand-written words on a white board.

● Staff told us how they made sure they paid particular attention to how they communicated with other people, and took action to support people's communication needs. For example, one person had developed some difficulties with their speech. Senior staff arranged for the person to be seen by the local speech and language therapist and an occupational therapist, who provided an appropriate chair so the person was able talk and swallow more easily due to their body being in the correct position.

● The registered provider supported staff to cope with their role, particularly when people they supported had passed away. Training was provided by specialist nurses. The CEO told us, "Our staff get very involved, and it is a loss to them too." Staff told us they valued this training and other support provided by their managers. One staff member said, "It is so important that I have an outlet. I need to be a rock for the family but it would be hard to cope with without the support I get."

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

● Staff were knowledgeable about the people's personal histories and backgrounds. Records showed this

information was explored and used when developing the person's care plan.

● Staff were organised into groups covering a small geographical area, and rotas meant people were supported by the same staff member on each visit. Each person had a dedicated care manager at the service, which provided continuity for people and their relatives if they ever needed to contact the office. One relative told us, "The office know me by my Christian name, they are always helpful and chatty." The care manager also directly line managed the staff member providing support. This allowed for easy sharing of information between care staff, people, their relatives and senior staff.

● People and their relatives were involved in the reviewing of their care and support. People told us their care plans were formally reviewed each year, but senior staff would often call them to ask how things were going and if they needed any changes to their support.

● Where people did not have family members to support them, or if there were conflicts within the family, then senior staff would arrange for the person to receive support from a lay advocate. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

● Staff also considered the wider care and support needs of people, and referred them to other professionals when they needed help. For example, the registered manager described a situation where one family wanted to consider a residential home for their loved one, but did not know how to go about finding one suitable. Senior staff referred to an external advocate to support the family.

Respecting and promoting people's privacy, dignity and independence

● Staff understood the importance of respecting people's privacy and dignity when providing them with care and support. For example, we saw staff considering people's dignity when providing personal care such as making sure the bathroom door was closed. A relative told us, "They safely help [loved one] to the toilet and will wait outside until they have finished." A person receiving support said, "They will shower me and help me to dress. [Staff member] closes the door and will leave me to manage my private parts, but will help with my back and feet."

● Staff were mindful to consider any private and confidential information about people they supported. The registered manager told us, "We have a Code of Conduct which we expect staff to adhere to. We speak about it in team meetings and staff supervision. People reveal things to staff that they might not want their family members to know, such as events from their past, or medical conditions."

● People were supported to be as independent as they could be. For example, when one person was discharged from hospital they had lost their cooking skills. Staff worked with them to develop their skills, and when we spoke to them they told us, "I can cook again now, thanks to their support." Another person said, "I feel back in control now, and I only have them once a week."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support which was built around their choices, needs and preferences. The support also considered the needs of the person's relatives.
- Each person had their own individual care plan which showed the support they needed, and how they wanted this support to be provided. This included taking into consideration the person's mental health, physical and emotional needs.
- However, not all people had access to this information in a format they could understand. As a result the service was not always meeting the accessible information standard. The standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. People's care records, including their care plans, were kept in their homes. However, the records were presented in a way which was not suitable for people with, for example, dementia or those with poor eyesight. The font was small and staff had not taken any steps to present information to people in another format such as in audio or large print. We found this to be an area for improvement.
- Care plans were person-centred and provided staff with significant detail of how to support the person. Support was mostly provided in three hour or longer blocks to give the relative carer a break, meaning staff had the time to get to know those they were supporting. Staff completed a 'This is Me' document which detailed conversation topics that people were interested in, and this was used by staff to spark discussions when they were providing support. People were supported to take part in activities that interested them. One person was supported to grow vegetables in a local allotment, for example.
- The registered provider held a number of events throughout the year which were attended by people and their carers. These allowed people to get together with others in similar situations and share their experiences. A weekly coffee morning was held in the service's offices and was well attended on the day of our inspection. One relative we spoke with told us, "They also have wellbeing days for us the carer as well as my wife. I go and have a head massage."
- The registered provider supported staff in innovative ways which allowed them to care for people in a person-centred manner. For example, all staff attended a cognitive stimulation group, which taught them how to use different techniques to support people living with dementia. The group focused on how to support people with dementia to retain their cognitive abilities for as long as possible. Staff told us the group allowed them to better understand the needs of people with dementia, and they used the techniques they learned in people's homes.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. Information on how to make a complaint was held in people's care records in their homes, and was available in different formats if people preferred, such as in large print. People said they felt any concerns they had would be treated seriously by

the registered manager, and one person said, "I have no complaints, only praise. There is nothing I would change."

● The registered manager kept a log of complaints, and records showed they had been responded swiftly and action was taken to learn from any mistakes.

End of life care and support

● Professionals were able to refer to the registered provider's palliative care team if they thought the person's carer needed support. Staff supported people at the end of their lives as well as supporting the person's relatives. A care manager told us, "People might often be restless at night, and their carers are anxious. We can provide overnight support so the carer can rest peacefully." Support included help with turning a person at night, or help with continence care.

● Staff worked closely with other health professionals such as district nurses, the local hospice and other care providers to help make sure people had a pain free, dignified death. The registered provider had also produced a booklet which aimed to provide information to people's family members about issues they might encounter when supporting a person towards the end of their life. Feedback about the booklet had been positive, and people told us they found it a valuable resource.

● Staff had the specific skills to understand and meet the needs of people and their families in relation to the emotional support and the practical support they needed. Staff were trained by the local hospice, and were skilled in providing support with, for example, oral care and support with hydration.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture
.
Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us they thought the service was well led. One person told us, "They are magnificent just wonderful, wonderful. From the office to the care staff. They are so helpful when my daughter calls them." A relative said, "They have been a lifeline for me." Another said, "They come out to see us once a year, but I know I can call whenever I want to."
- Then registered provider had a set of values at its heart. This was "To ensure that every Carer gets the support they need at the earliest possible opportunity; a regular break and appropriate and timely information and advice." Values were kept under regular review by the board of Trustees.
- The registered manager made sure staff were working in accordance with these values by being in close contact with people and relatives using the service. They also had close working relationships with staff, and the values were discussed during staff inductions and in team meetings. One staff member told us, "I've been working in care for 30 years, and have never worked for such a caring organisation as this."

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

- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- The registered manager and other senior staff kept up-to-date with changes to legislation and best practice by being members of organisations which support the development of managers. These included Skills for Care, organisations which support carers, CQC and other organisations which updated them on areas of interest like employment and health and safety legislation. However, we found the registered manager was not fully aware of their responsibility to be making sure they met the needs of all protected characteristics under the Equality Act 2010. They were also not fully aware about their responsibility to meet people's communication needs. We found this to be an area of improvement.
- The registered provider carried out a series of audits to measure the quality of service being provided to people. Care managers met regularly with senior managers to share case studies, incidents and accidents to identify common themes and solutions. An annual staff

conference provided an opportunity to share good practise and learning across the organisation, which included another service based in Kent which was managed by the registered provider. Staff practice was monitored via regular spot checks in people's homes. Results of audits and checks were reported to the board of Trustees, some of whom were, or had previously been, carers themselves. The CEO told us, "This means we understand the needs of people we support, which helps us when we make local and strategic decisions."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their relatives and staff were engaged in developing the service.
- Annual surveys were sent to people and their relatives each year. Response rates were good, and analysis of the surveys contributed to business planning, service development and improvement. In a recent survey, most people and relatives rated the service as either very good or excellent. People recorded they felt safe to raise concerns, were treated with compassion and kindness by staff and had been supported to retain their dignity.
- Staff were encouraged to complete an annual satisfaction survey, which was also sent to employees who had left the service within the previous 12 months. When staff had raised concerns about communication with office staff, records showed the registered manager had made improvements including the introduction of a staff handbook and the reintroduction of staff newsletters. The most recent newsletter included a summary of the staff survey results and planned improvements.

Working in partnership with others

- The service had developed strong links with the local community.
- A range of professionals were invited to take part in open days. The aim of the events was to broaden people's, relatives and staff understanding of diagnoses, treatment and support provided to people living with dementia, those at the end of their life, and to further assist them with their caring role. This included staff from the local hospice, a solicitor to provide information to people about finances or other concerns, a local GP and staff from a local mental health service.
- During other events, staff had arranged for companies to demonstrate equipment which might interest people and their relatives. These included a clothing company which specialised in making clothes for people who might have difficulty in dressing.
- The registered provider worked jointly with a national nursing organisation to provide practical support to people who were affected by cancer.