

Surrey Crossroads

Crossroads Care Surrey

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Crossroads Care Surrey is a domiciliary care agency offering support with respite cover for carers who are close friends or relatives caring for people in their homes. This includes support with personal care and at the time of our inspection there were 169 people using the service.

People's experience of using this service and what we found

Right Support: This unique service offers respite for family members who are unpaid carers. We saw evidence of this model of care ensuring people's choice, control and independence was reached to the maximum possibility when staff were supporting people in the absence of their unpaid carer. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff all thoughtfully applied person-centred care. We saw evidence of how staff supported people respecting their privacy, promoting their dignity and ensuring they maintained their human rights.

Right Culture: The provider, registered manager, management team and staff all strove for an excellent level of care. Staff felt supported by management and the registered manager was supported by a large management team that all worked cohesively together to retain an outstanding level of care. People and their relatives were included in all decisions about their care and people lived empowered lives as a result of the support provided by Crossroads Care Surrey.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Crossroads Care Surrey

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service type is different to many domiciliary care agencies because a lot of the people who use the service only have a visit once a week. This enables their family or close friends (who care for them) receive a break.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2023 and ended on 09 August 2023. We visited the location's office on 20 July 2023. We carried out telephone calls and sought feedback with relatives and staff between 21 July 2023 and 09 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 relatives about their experience of the service. We also spoke with 12 members of staff including the registered manager, senior management, office staff, senior care workers and care workers.

We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us staff kept people safe. A relative said, "Everything staff do is perfect, I wouldn't trust anyone else with [person's] safety. It's just nice to know I can go out and have a break and get things done and know [person] is completely safe in their (staff) care."
- Staff were knowledgeable in how to identify and report any safeguarding concerns. A staff member said, "Record and report everything that needs to be, forwarded to the manager, who would then raise a safeguarding issue."
- There was a clear safeguarding process and policy in place. We saw examples of where staff had raised safeguarding concerns and referrals had been made to the appropriate professionals in a timely way.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. A relative said, "Staff know everything about [person]. They (staff) know all their risks and how they need to adapt things to make sure the risk is managed."
- There were clear risk assessments in people care plans for individual risks. For example, we saw a risk assessment for a person who had a high level of mobility needs. There was clear advice for staff to follow and guidance for how mobility needs may change depending on the person's health condition on different days.
- We saw evidence of regular reviews and management of risks. This meant that if a person's health condition changed or a new risk emerged it was addressed quickly to ensure the staff knew how to safely support them.

Staffing and recruitment

- There were enough staff to meet people's needs. There was a large team of staff which meant if there were periods of annual leave or sickness there was minimal impact on people receiving support.
- Rotas reflected how the registered manager and senior staff ensured people received support from the same care workers. This ensured people were familiar with members of staff and there was continuity in care provided.
- The registered manager and office staff followed safe recruitment procedures. Staff files we reviewed evidenced thorough interview processes, reference checks, previous employment consideration and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Due to the nature of the service a lot of people were not supported with their medicines. Staff would normally only see a person once a week to offer respite for their family member who is a unpaid carer. However, people's care plans showed that medicines were clearly documented. This ensured staff were aware of what medicines people were receiving and any potential side effects.
- Where relevant, there were details of 'as and when' medicine. This ensured staff were aware if people needed emergency medicine, how to administer this and how to record it.
- In the rare cases people were supported with medicines there were clear recording of this. This ensured management had oversight of all medicine administered safely.

Preventing and controlling infection

- Relatives told us staff managed the risk of infection well. A relative said, "Staff have been very good about making sure the threat of COVID-19 has been managed. They always wear Personal Protection Equipment (PPE) when necessary and were following all guidelines."
- Staff received training in infection control. This was a mandatory training with regular refresher training to ensure all staff were reminded of all current guidance.
- There was an infection prevention control (IPC) policy in place. All policies were available for staff at any time to review if they had any questions or queries relating to IPC.

Learning lessons when things go wrong

- The provider had a system in place learning lessons from incidents and accidents. Accidents and incidents were recorded and analysed. This analysis meant the registered manager and the management team could take action to prevent reoccurrence of similar incidents happening again.
- Staff knew how to report accidents or incidents and these were dealt with in a timely way.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Relatives told us staff were thorough during assessments of needs and included choices. A relative said, "When they (staff and registered manager) first came to support us, they came around and did a really thorough assessment. It was nice to know they were taking such care to cover one call a week, they wanted to know everything so they could make sure they were caring for [person] correctly."
- Assessments were completed prior to a package of care being agreed. This ensured the service could meet the person's individual needs effectively.
- A lot of the care packages were for a single call a week. However, this did not have any effect in the level of detail that was completed at the assessment stage. We saw examples of thorough assessments of all people's needs with clear advice and guidance for staff.

Staff support: induction, training, skills and experience

- Relatives told us they were happy with staff's experience and knowledge when supporting their loved ones. A relative said, "Staff are well trained and always seem very knowledgeable. I feel completely comfortable with them supporting [person]."
- New members of staff completed a full induction. This included periods of 'shadowing' experienced, senior members of staff and being formally introduced to the people staff would be supporting.
- Training records evidenced that staff completed specialist training to support people's individual needs and risks. For example, we saw how staff were supported with training in 'positive behaviour support'. This ensured staff were prepared and able to understand people's changing behaviours and how best to effectively support them.
- The training staff received followed that of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Often care and support visits people received were not long enough for staff to be involved with diets. However, where people had longer care packages, diet routines and individual risks around modified diets were in place which provided advice and guidance for staff.
- All care plans were detailed with people's preferences in relation to food and drink. This meant if people needed support during the respite visits staff could support them effectively in line with their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Although a lot of the care packages were limited to once a week, there were other care packages that were for longer periods of time during the week. When we reviewed more complex packages of care we noted staff and the registered manager had worked closely with other health and social care professionals to ensure joined up work was occurring.
- Care plans detailed information from other agencies and health professionals and this was used to build the care plans. This ensured care provided the carer, staff and professionals was consistent.
- The provider worked alongside Healthwatch Surrey to ensure all stakeholders were available to provide feedback of their experience. This helped build an 'insight' report and meant the provider could ensure staff had the opportunity to work with other professionals to ensure the best level of care was obtained.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People that lacked capacity were supported in line with the MCA. Capacity assessments were completed, where necessary. We also saw evidence of proof of Legal Power of Attorney confirmed by the provider to ensure full consent was being given by the correct parties.
- We saw people had been asked for consent where they had capacity in some areas of their care. This meant people were restricted in the least possible way and still continued to live as fulfilled life as possible.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff treated people with kindness and were caring in their support. A relative said, "The carers don't seem to want to leave (at the end of their shift). They're very kind and lovely towards [person]."
- Staff told us how they treated people with respect. A staff member said, "I've always worked in the care sector, so I have a good insight to both sides of caring. I know I make a real difference to peoples' lives, and with my experience I can deal with most situations, with kindness and compassion and always try to bring a bit off lightness to often a stressful and difficult situation."
- Staff also told us how they respected diversity. A staff member said, "I supported a family with a different cultural background to me. I changed my shoes when I entered, the gentleman liked to watch a religious programme, which we watched together, and he used to explain to me about it and what was being said, and it was very interesting to learn about a different culture, and respect their way of life."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's decisions and regularly asked them to make choices about their care. A staff member said, "I always engage with people, I give them time to talk and express themselves, a person I go to is very softly spoken, so I try to eliminate background noise so I can hear her and understand her wishes, lots of smiles, eye contact and gentle encouragement."
- Care plans detailed people's choices and preferences. Consent forms were signed and people's voice was evident as part of building the care plans. An example of this was seen by the amount of personal detail included about how people liked to receive care with advice for staff to follow.
- Staff told us how they encouraged people to be independent. A staff member said, "Always ask people (questions), encourage to do as much as possible for themselves, but support where needed, praise, suggest aids etc that may help them."
- Relatives told us how staff respected people's privacy. A relative said, "They're always knocking before they come in, they're always checking [person] is happy with them being there. They're just very respectful of our home and our privacy."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us staff knew people very well and adapted their approaches to meet people's preferences. A relative said, "Staff are really quite brilliant. They know exactly how to speak to [person] and over time with the care plan being built upon and the staff spending more time with [person] they know them very well. It really is great how much time they spend really trying to get to know [person] and how they like things done. It feels very personal."
- Staff told us how they spoke to people about their preferences and interests. A staff member said, "In the care plan it always states particular things people like to do and their interests. I always ask the person and you find out different things the longer you're with a family, I always try and incorporate any interests and activity into the session if they would like to."
- Care plans we reviewed had a good amount of personalised detail included. This included people's preferences, likes and dislikes in relation to their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs had been thoughtfully detailed in people's care plans. For example, a person's care plan detailed how conversation could be directed to support around confusion, anxiety and frustration. The advice was clear for staff to follow.
- Relatives told us staff communicated with their loved ones well. A relative said, "The carers are very good at communicating with [person]. I've seen them continue to ask questions to make sure they have understood properly."

Improving care quality in response to complaints or concerns

- Staff were knowledgeable in how to support people with any concerns or complaints. A staff member said, "I would try to talk to the person and try and sort out any issues they may have, but if really not happy would contact the manager; so they can help the person and I would record and report any problems."
- There was a complaints policy in place. Relatives told us they had no reason to lodge any complaints or concerns, a relative said, "Complaints? I've never had to raise any concerns they are just brilliant. If I did have a concern, I know I could just phone the office and I don't doubt they would deal with it straight away."

End of life care and support

- People's end of life wishes had been documented well in their care plans. Even though a lot of people using the service were only accessing support for 1 visit a week, a lot of consideration had been taken to include this in care plans.
- Relatives who were full time carers had also been considered and included in end of life care plans. This meant that the most accurate needs and preferences for the person were documented.
- The registered manager told us how they had supported a family with a person entering this stage of their life. Staff worked closely with the local hospice, the palliative care team and family to ensure all needs and preferences of the person were met.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us how they had been directly affected by the support provided by Crossroads. A relative said, "I genuinely don't know what I'd do without them (staff). That respite helps me be a better carer to [person]. That respite gives me time to take for myself which is so beneficial to my mental health." Another relative said, "They are so understanding of the needs. Not just the person but the carer they are relieving as well." Another relative said, "They're my lifeline – without them coming every few hours (a week) knowing my mother's needs so well I don't know what I'd do."
- Staff spoke passionately about providing person-centred care. A staff member said, "Person centred care is everything relating to that person, individuality, independence, privacy, choice, dignity, respect and rights. I treat everyone as individuals, and support clients to live the best life they can, to promote confidence and independence, and emotional wellbeing."
- The registered manager described the positive culture within the service and staff members re-iterated this. A staff member said, "Our main goal is to improve the quality of life of these unpaid carers – that's anyone who looks after a family member, relative, friend, or neighbour because of a long-term physical or mental ill health or disability. Our aim is for carers to feel supported and rested in order to carry on doing what they do, for as long as possible. We've been caring in Surrey for over 40 years and, with help, can continue to provide care and support in the local community for those who need it most."
- Staff members spoke of people and carers and wanted to work towards ensuring they had good outcomes. A staff member said, "Our values are we will always put the interests of carers and the people for whom they care above all other considerations. To respect their individuality, dignity, choice, independence, and safety. We will embody professionalism with a human face and to be flexible and innovative to extend our service."
- Staff identified people had different hobbies, preferences and likes and dislikes and adapted their approach. A staff member said, "Some people like to do indoor activities, crosswords, puzzles, jigsaws, listen to music sing along. Others like to be outside and interact with people, enjoying a walk, a drink and food, so we always adapt and support the client with whatever they want to do while always following policies and managing the risks."
- The registered manager had tried to be inclusive of all people and relatives. They had approached a fellow care provider and organised a virtual workshop to support relatives to understand and manage dementia. This offered relatives an opportunity to ask questions they could not always ask professionals and receive advice and guidance.

- Staff felt involved with the running of the service. A staff member said, "I get a lot of feedback from my managers, this is through group and one-to-one meetings, supervisions, appraisals, and drop-in clinics." Another staff member said, "I have worked for many companies however, I am very happy working for Crossroads and I have finally found my forever job."

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

- Staff spoke highly of the support the registered manager and management team offered them. A staff member said, "My manager is very nice, always supportive and ready to help with anything I need." Another member of staff said, "[Registered manager] has carers interests at heart, they can be supportive of their team and wants the best from them." A third member of staff said, "[Registered manager], is very responsive, listens, and offers good support."
- Relatives told us how the registered manager completed regular check ups to ensure the level of care met people's needs and expectations. A relative said, "[Registered manager] has been around to do their own inspection to ensure the staff are doing the right things."
- There were clear quality assurance processes that had been implemented and embedded in the service. This ensured quality of care was kept at the highest possible standard. There was a range of various audits that all accumulated in a large management audit to ensure the best level of care was maintained.

Working in partnership with others

- The provider, registered manager and management team worked well with other professionals to ensure the best joined-up approach was succeeded. This ensured the best quality of care for the people using the service. A professional said, "We have extremely positive communications with Crossroads and a strong working partnership approach. They are always open to listen. Key to the Crossroads service is building strong relationships with their client base which they do with success."
- We spoke with professionals who work with both the people's relatives who were their unpaid carers and the provider who confirmed it was a positive experience. The professional said, "From case studies which we use for monitoring it is all very positive. The case studies highlight that Crossroads intervention has a marked positive impact on carers lives both physically and mentally. They also work with other agencies to get the correct support for carers if they are unable to help."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a duty of candour policy in place. This was followed, when necessary and the registered manager was aware of their responsibilities to follow this if an incident occurred.
- The provider and the registered manager continued to strive for excellence. This was seen in the registered manager's continued training to ensure they completed their full potential. For example, the registered manager had recently completed The NHS Leadership Academy Award in Senior Healthcare Leadership. This positive attitude ensured the registered manager continued to train to ensure they were providing the best level of support to their staff.