

## East Sussex Brighton & Hove Crossroads-Caring for Carers Limited

# East Sussex, Brighton & Hove Crossroads Care

### 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

East Sussex, Brighton & Hove Crossroads Care provides respite support for people caring for others in their homes across East Sussex. They also provide 'My Health Matters'. This is a service to support family carers to attend health care appointments.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service supports a high number of people across East Sussex, but many of these visits do not include provision of personal care. On the day of the inspection, the service was supporting 14 adults and children with a range of health and social care needs, including emotional and physical disability and people living with dementia. Support was tailored according to people's assessed needs, considering people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

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

Care and support visits provided by Crossroads Care may be a one off visit or a regular planned visit. They may even be support to meet people's needs in an emergency for example if a family carer was taken into hospital or became unwell. During visits care support workers provided the care to people they would normally receive from their relative or carer. This was to enable the family carer to have a period of respite or to attend health appointments.

We were unable to speak with people using the service due to their health or communication needs. We spoke to parents and relatives who cared for people at home to gain feedback on the service.

Care was provided in a person centred way. Robust systems of reviewing and monitoring care provision and staffing ensured that people received effective care that met their current and changing needs.

The registered manager was in day to day charge of the service. Supported by a dedicated team of administration and care support staff. A high level of care meant people's independence and welfare was supported. Respite visits enabled people's relatives/carers to have time to do things that were important to them, reassured that care was being provided that met the person's need. The service also provided 'Your Health Matters' visits, where they took over a person's care for a short time to enable their relative/carer to attend a health appointment.

Relatives/carers spoke positively about the care and support provided by Crossroads Care. Everyone spoke highly of the management and staff providing care and felt people were treated with kindness and respect. This in turn ensured they felt safe and well supported. The service worked closely with people's families and other healthcare professionals involved in people's care provision.

Relatives/carers told us, "He is safe in their care. He has had the same support worker over a year now and

when she hasn't been able to come, there has been cover from [staff name], who is equally competent. He wears a special hearing aid and has communication difficulties, which they have to manage. And they do this well."

Sufficient staff were available to ensure people's wellbeing and safety was protected. The registered manager and office staff were trained to provide care and were able to carry out visits in the event of a member of care support staff going off sick or in an emergency.

A robust recruitment and selection process was also in place. Staff completed a full induction which included mandatory training and support. Staff told us they received all the training they needed to meet people's care needs. Staff felt supported and received regular spot checks, supervision and appraisals.

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; policies and systems in the service supported this practice. Relatives/carers felt people were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. One said, "They are very watchful of the safety of the environment. I have no concerns about their respect for our home in my absence, I trust them absolutely."

The provider had robust quality assurance systems in place to measure and monitor the standard of the service. This included a number of audits and reviews. Systems supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way. Actions were identified and taken forward to ensure continued learning and improvement.

Relatives/carers told us they thought the service was well managed and they received good quality care that met people's needs and improved their wellbeing from caring and compassionate staff. One told us, "The care support worker is totally competent, she can deal with anything that arises, never panics. She says if she thinks there is anything I need to attend to, and texts me if she needs to double check anything during a visit."

The registered manager and staff attended forums and worked with other care agencies. This meant that best practice could be shared, and on-going learning was facilitated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was Good (published 13 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led	<b>Good</b> ●

# East Sussex, Brighton & Hove Crossroads Care

## **Detailed findings**

### Background to this 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one bank inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider/registered manager would be in the office to support the inspection. Inspection activity started on 6 March 2020 and we visited the office on the 10 March 2020.

#### What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

#### During the inspection

We visited the office and spoke with the registered manager/provider, client liaison, care manager and six relatives/parents of people who received care and support from the service. We reviewed a range of records. These included three care records, five staff files and records relating to the management and day to day running of the service. We looked at medication administration records and daily notes completed by care support workers in people's home.

#### After the inspection

We telephoned and spoke with three care support workers, reviewed documentation provided by the registered manager and received feedback by email from a health professional who works with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All relatives we spoke with told us they felt the care and support provided by the service ensured people remained safe in their own home.
- People were safeguarded from the risk of abuse as staff understood what actions to take to protect people and how to report concerns if they arose. They were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination. Identified concerns had been clearly documented including referrals to other agencies.
- Staff received safeguarding training. This included both adult and child safeguarding training. This was supported by policies and procedures which staff were required to read and sign. Safeguarding knowledge and understanding was reviewed and discussed at meetings and during supervision.

Assessing risk, safety monitoring and management

- Before a care visit took place, a care manager visited the person and their relative/carer to assess the support and care needed and identify any risks. This involved risk assessments being completed with regards to the person's individual care and support needs, and any equipment being used. These were updated regularly if any changes occurred.
- Some people had regular visits, others may have a considerable gap between respite visits. Therefore, a review was completed prior to restarting care visits to ensure any changes were identified. This meant staff always had up to date relevant information to enable them to meet people's care and support needs.
- Some people were at risk due to specific health conditions including epilepsy, autism and dementia. Some also had identified risks in relation to social outings and behaviours that may challenge. Staff told us, "Before we visit anyone new, because some visits can be adhoc, or if we haven't been to someone for a while [staff members name] from the office rings you up and you spend up to half hour going through the person's care and what you need to do. Then you can read the care plan when you get there too. But it gives you the understanding about the person before you go in."

Staffing and recruitment

- Staffing was adapted on a daily basis to meet the needs of people requiring visits. Whether this was 'Health Matters' visits to support a family carer to attend a health appointment or respite, management and staff worked flexibly to meet people's needs. Staff told us, "They ask me for my availability and then they give me work that suits those times. I have regular clients on a Tuesday and Wednesday, then I pick up any urgent visits."
- Staff received daily rotas which they received via the 'Bee App' which was an app used by the service. Staff could access relevant information via their mobile telephone. This could also be used to send messages and enabled staff to have up to date information on people and their call times.

- If necessary, office staff including the registered manager, were able to pick up visits to ensure people received the support they required. For example, when this was required urgently to respond to an emergency or to cover sudden staff absence.
- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.

#### Using medicines safely

- People were supported to receive their medicines safely. The registered manager told us "We are not currently involved in a lot of people's medicines as these are usually overseen by the person's relative/carer, but we ensure we have records of all current medication so that we are aware what medicines a person is taking."
- Staff were trained in the administration of medicines with specific training completed to ensure they could meet people's needs. For example, some staff completed buccal Midazolam training to enable them to administer this medication to a person experiencing prolonged seizures.
- Staff had access to policies and procedures used by the provider to ensure medicines were managed and administered safely. Medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records were undertaken to ensure they had been completed correctly, and any errors would be investigated.

#### Preventing and controlling infection

- People were protected by the prevention of infection control. Staff had received infection control and food hygiene training. These were regularly updated. The provider had policies and procedures in infection control and staff had access to these and were made aware of them on induction.

#### Learning lessons when things go wrong

- Staff were clear of their responsibilities to report accidents and incidents. Accidents and incidents were recorded by the person who witnessed them, completed forms were then given to the registered manager for review. This included any follow up actions or actions. Information regarding accident and incident investigations and outcomes, were shared with staff to identify any learning to be taken forward.
- Referrals were made to other agencies and notifications to CQC when required.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The service worked closely with people receiving care, but also provided support and reassurance to the carer/relative so that they felt able to go out, have some time to themselves or attend health appointments.
- Working with people and their carer/relative, meant that the service was able to ensure people's individual needs were understood and could be met during respite visits. The registered manager told us, "Our aim is to provide the same level of care and take over the care needs normally provided by the carer/relative during our visit." A relative told us, "I don't have any questions about [support workers name] experience or training, he is safe in her care."
- Regular reviews were being completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence. For example, care plans included details about how people liked things to be done. What care needs they needed help with and what they were able to do for themselves.
- Assessments of people's care and support needs were completed and provided guidance for staff to support people based on their needs and choices.

Staff support: induction, training, skills and experience

- People received care from staff who understood how to support them. Staff turnover was low, so people receiving regular respite visits had the opportunity to get to know staff. For occasional and emergency visits, including 'My Health Matters', this was not always possible. However, people were always told prior to visits who would be coming to provide care and support.
- Staff had access to a robust and detailed training provided by the local authority. This included further specialist training if needed to meet people's complex needs, for example, catheter, stoma and continence care, enteral feeding systems and medicines. Some specific training and competency assessments were provided and competency assessed by a specialist nurse. Relatives/carers told us, "All the staff are very experienced, and calm in all circumstances. The level of training is obvious."
- Care staff who were new to care when they started working at the service completed a structured induction. This included shadowing other staff, completing training and being assessed as competent and confident before they worked alone. The Induction also covered awareness of the range of services provided by Crossroads Care, policies and procedures.
- The service regularly carried out spot checks and supervision of their staff to ensure best practice was followed at all times. Staff received the training they needed to meet people's needs. One told us, "I definitely feel I have the training I need to meet people's needs. And if there was ever anything else that I thought I needed the manager would try and arrange it."

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

- Not everyone needed nutritional support during visits, for those that did, staff were aware of any specific dietary needs and requirements, for example, one person required their food to be cut into small pieces, whilst another ate finger foods and required a straw when drinking.
- Staff were able to support people with specialist enteral feeding systems if required. Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.
- People's nutrition was monitored and reviewed regularly to ensure people's nutritional needs continued to be met, and when appropriate referrals were made to people's GPs.
- People spoke highly of the support their relative received with meals. Telling us, "They get dinner for her and make it a proper meal time; it's cooked in the oven, not the microwave, and all geared to how she is most comfortable."

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

- Crossroads Care provided respite care for people normally cared for by a relative/carer. Care duties were taken over from the relative/carer for a short period of time, sometimes on a one off basis or regular respite visits.
- People were supported to lead healthier lives. The service also provided 'My Health Matters' visits which was to ensure that family carers could attend hospital or healthcare appointments. The service also supported people to attend healthcare appointments when their relative/care was unable to take them.
- Referrals to other agencies were made promptly when required. When people required emergency support the service worked closely with other agencies to ensure people received the care and support, they needed.
- Staff had access to relevant guidance and protocols which were reviewed and updated to ensure information remained current and relevant. All care provided followed current best practice guidance.
- People were signposted to other services including specialist mental health for teenage carers and other health, support and advice groups and resources.

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 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 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's mental capacity was assessed. Information regarding Lasting Power of Attorney (LPoA) was recorded, and staff worked closely with people's relative/carer to ensure that people received appropriate care and support.
- The registered manager and staff had a clear understanding of MCA. All children receiving care had a

parent or legally assigned person involved in decisions about their care.

- Staff understood mental capacity and that people had the right to make their own decisions.

## 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 the last inspection this key question was rated as Good. At this inspection this key question has remained as 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were kind and caring. Relative's told us, "I've seen the visits have increased her quality of life by bringing in new faces." And, "My wife does smile when they arrive. She is unable to converse, but they show her full acknowledgement. They join her in watching TV and sing to her. They use their own experience of similar situations to make the visits as meaningful as possible."
- People were treated as individuals and staff told us consideration was always given to people's preferences and choices. People spoke highly of the care support staff. One told us "We have one support worker who comes twice a week and another who comes for a third visit. If it has to be someone else coming, they tell me well in advance and check it's ok with me. I am more than happy leaving her in their care, definitely one hundred per cent trust."
- Treating people with dignity and respect was part of the culture and values of the service, this was apparent from how records were written, feedback we received from staff and from what people told us. One relative told us, "Their total focus is on my wife, they just are very caring."
- Staff told us they enjoyed their job and loved the care and support they were able to provide people, particularly as the respite visits had such a positive impact on the people and their relative/carer.
- Care plans guided staff about what people could do for themselves and where they needed support. Staff told us how they supported people to remain as independent as possible. Ensuring they were involved in choices and given space and privacy when needed. Staff told us they always ensured care was provided in a dignified way, to allow the person privacy and dignity at all times.
- Staff were keen to support people to the best of their ability, treating them with respect and dignity. Staff demonstrated a caring nature and respect for the people and those caring for them.
- Everyone we spoke to told us Crossroads Care treated them or those in their care with dignity and respect. One said, "I am very happy with the respect shown to us and our home and my husband's dignity is well protected in the way personal care is delivered, for example in continence support."

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

- People confirmed that they were continually asked for their views and they felt they were listened to. One told us, "I was surprised how quickly the whole service was arranged and put in place. I haven't met the manager but have had a lot of contact with the coordinator. She always rings about any changes."
- People's specific communication needs were discussed and reviewed as part of the initial assessment. This meant that whenever possible people were supported to be involved in decisions about their care and how this was provided. Regular feedback was sought from people and their relatives/carers. This included

regular reviews and quality surveys sent out for feedback.

- Staff engaged with people to make them feel comfortable. A professional involved in people's care told us the positive impact using the service had on people and their relative/carer. "I was told by both the carer and his mother that this has been a really positive experience and has exceeded their expectations because the Crossroads carer immediately struck up a positive rapport with the carer's mother. The carer's mother advised that she had been feeling apprehensive about having any external support in her home but was pleasantly surprised and is now happy about her son leaving her with a carer from Crossroads."
- People received visits and calls from office staff to ensure they were happy with the care provided and to review any required changes. The service also produced a quarterly newsletter. This provided information about recently appointed staff, explained roles of people in office.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained as 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

- Care planning was personalised and discussed with each person and if appropriate their relative/carer, to ensure that Crossroads Care could provide the care and support normally provided by the relative/carer during the respite support visit.
- Everyone we spoke with confirmed they had been consulted about the care plan prior to care commencing and regularly since. One said "[staff members name] does a review visit in our home every so often, which covers every aspect of the care plan. My husband and I agree things and I sign for both of us."
- Relatives/carers, healthcare professionals and care support staff were involved when appropriate and kept updated of any changes. Each person was treated as an individual. Staff adapted their approach from person to person. For example, adapting how care was provided to meet people's needs. A relative told us, "We have been so impressed by the service, we decided to take on more hours at our expense."
- There were detailed descriptions about each person's likes, dislikes, chosen behaviours and things that may make them anxious or upset including triggers. Care records also included health guidance relating to people's mental and physical health conditions to inform staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were known and understood by staff. Each care plan contained guidance to inform staff how to engage effectively with people. For example, records included guidance for communication methods and aids. One person communicated with sounds and by using picture cards. They would pick up their shoes if they wanted to go out and give the care support worker their coat when they wanted to leave.
- Relatives spoke highly of the efforts care support staff went to, to learn how to effectively communicate with people. Telling us, "[staff members name] has been coming three years now, my husband really likes her. She talks to him all the time and shares in his favourite TV programmes. For communication we have prompt cards, but she knows him so well she has developed effective communication with him. She is able to help him make his choices for lunch."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff and management enabled and supported people to maintain relationships that were important to them.
- People had opportunity to access the wider community as hobbies and activity choices were supported. Children were supported to continue with activities that were important to them. We saw that one child liked to go to the park and were told by staff how another enjoyed trips to the aquarium. For adults, this level of detail was also included to ensure they were able to continue with hobbies and pastimes they enjoyed. For example, one person particularly enjoyed going shopping or to a café for hot chocolate.
- People enjoyed their respite visits. Relatives/carers spoke highly of the relationship Crossroads Care had built up with people. One said, "The support worker is very imaginative how she uses the time [staff members name] comes up with all kinds of ideas to sustain my mother's interest. She brings the outside world in to my mother. For example, she uses her phone to find pictures of where my mother used to live, and she is brilliant just talking with her. It retains my mother's satisfaction with life. She is good at reminiscence work. It also makes all the difference to my ability to look after my mother, by being able to go out and go shopping or just having some time to myself."

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The complaints policy and procedure was discussed, and a copy given to people during the initial assessment.
- If any minor issues and concerns were received, these were dealt with immediately. Formal complaints had been responded to following policy and procedure. A relative/carer told us, "It's rare there are problems with availability or timing, but when things arise, they have no difficulty making alternative arrangements." The registered manager was aware that as an occasional and sometimes short term respite service, they would not always be able to meet everyone's expectations for support, telling us, "Sometimes people have concerns which relate to care for their child or relative, which may not actually relate to the service we provide. For example, regarding funding or other support services. However, we respond to all concerns shared with us and try to assist them whenever we can."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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

- We received positive feedback in relation to how the service was run. One person told us, "I've met all the managers and they are all easy to deal with. It's not task-led, it's a genuinely person centred service and they've got the family carer's needs in mind too."
- People and staff spoke highly of the service and felt it was well-led. Telling us, "I phone up regularly, never to complain, I value their opinion. When I had a Continuing Healthcare meeting, I was able to talk it through with [managers name] first, and she then came to the meeting with me."
- Staff demonstrated a good understanding of their roles and responsibilities. Telling us, "She's a great manager, I think it makes all the difference when you have a good manager in place. I really like it as a place to work, they are really responsive and do their best to provide the support people need, and they really support us as staff."
- The service achieved good outcomes for people. We were told how one person had been supported by the registered manager to apply for an alert wristband as they were living with epilepsy, and they were currently waiting for it to be fitted.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- People and their relatives were kept informed of any changes or issues however minor. The registered manager was clear that accidents, incidents or concerns would be referred to the appropriate agencies when needed, and we saw evidence of when this had been done.

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

- The provider and registered manager completed quality checks and audits to monitor care, documentation, safety and quality of the service. Results were analysed in order to determine trends and introduce preventative measures.
- Office staff and management carried out home visits, reviews and spot checks to ensure that standards of care remained high. One relative/carer told us, "We have an annual review in my home, looking at the care



needs and whether the emergency plan is up to date. But if circumstances change, I can contact the office."

- The registered manager understood their regulatory responsibilities. Notifications of significant events and safeguarding concerns had been submitted to the Care Quality Commission (CQC) in line with guidelines. Reportable incidents had been referred appropriately to the local authority. Action was taken to prevent similar occurrences, and outcomes were shared with staff.

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

- People were involved in how visits were planned and reviewed. One relative/carer told us. "All aspects of mum's needs were assessed at first. They set up the care plan, which is in our house. Staff record all that they have done. It's nearly always the same person who calls. They were covered by someone different once, both staff had read the care plan and showed the same great level of experience with understanding Alzheimer's; I think they have been well trained."

- Peoples feedback was sought regularly during reviews and spot checks. One person told us, "I see communication as a strength of the service. It is clear how to make contact about anything arising."

- Annual quality surveys were also sent out, this included people receiving respite visits and 'My Health Matters.' All minor issues in responses had been addressed and responded to. Results had been analysed with actions plans and learning taken forward to continually assess and improve services provided. Regular feedback was also sought from people to ensure they were happy with the level of care being provided.

- Staff were offered meetings and invited to have regular supervision. The registered manager was aware that arranging care support staff meetings was a challenge due to the timing of respite visits. However, staff who were unable to attend had access to the meeting minutes. All staff we spoke with told us they felt they received a high level of support from the registered manager and all senior staff. Care managers met regularly with the registered manager to discuss peoples care and the day to day running of the service.

Working in partnership with others

- The registered manager and staff worked with other organisations to improve services for people. They attended multi-disciplinary meetings and liaised closely with social workers, NHS clinical commissioning group (CCG) and other health professionals involved in people's care. They sourced guidance and training from appropriate sources and worked collaboratively with peoples care teams.

- One of the strengths of the service was the knowledge staff had regarding other agencies which may be available to help people These included, specialist mental health, support for carers, health, support and advice groups, resources for Parkinson's and dementia. The registered manager also attended forums and groups including a carers hub, care for carers, and local authority strategy meetings.