

## Crossroads Care Kent

# Crossroads Care Kent

### Inspection report

16 Reculver Road  
Herne Bay  
Kent  
CT6 6LE

Tel: 08450956700

Website: [www.crossroads.org.uk/eastkent](http://www.crossroads.org.uk/eastkent)

Date of inspection visit:

19 December 2019

06 January 2020

Date of publication:

02 March 2020

### 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 charity organisation providing home and emergency respite care services for carers in Kent. They support family carers to have a break from caring for their loved ones. When needed, staff provided personal care for people in their own homes. The staff supported younger and older people with a wide range of different needs and conditions. The service also supported people at the end of their lives and in times of crisis. At the time of our inspection there were 32 people receiving personal care.

Not everyone who used the service received personal care. 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.

### People's experience of using this service:

People and their relatives benefitted from a service which was well-led. The service was run and had developed around the needs of people, their relatives and staff. The registered manager and the management team were continually looking for ways to improve and develop the service. They had formed strong and stable working relationships with other key organisations within the local community and were trusted to assess and meet people's needs, including at short notice. The service had an open, caring, inclusive, person-centred culture where innovation was encouraged and supported. Staff told us they were able to use their knowledge to assist in developing the service as their ideas were welcomed and encouraged.

People received consistent care from longstanding staff many who had worked with them several years. People's care was arranged to provide a support service to enable the main family carer some respite. Staff told us they had time to spend with people and were able to build positive and trusting relationships with people and their carers. The service valued consistency and continuity by making sure the staff were well matched with carers and the people they cared for. People were supported to stay safe in their own homes. Any potential risks to people's safety had been assessed and steps had been taken to keep any risks to a minimum.

People's needs were assessed before they received supported by the service. Each person had a care plan that reflected their preferences and routines. The arrangements for care and support were tailored to them to include longer duration and shorter frequency of visits by staff. This ensured the service was responding to people's needs in the way they needed.

Care plans held sufficient information to guide staff on how best to meet people's needs and they were regularly reviewed and updated. Staff encouraged and supported people to be as independent as possible. During the visits, staff followed people's usual care routines. They supported people with meaningful activities both within their homes and in the local community. Staff were recruited safely and all the required safety checks had been done. There were systems in place to maintain people's confidentiality.

People and relatives spoke very positively about the staff and the service they received. They told us staff were kind, caring and compassionate.

People were protected from the risk of abuse. Staff had received training and understood how to keep people safe. They told us they felt confident to raise any concerns they had about people's safety. People knew how to complain, and complaints were investigated and responded to appropriately.

People's medicines were managed safely. Staff who supported people with their medicines had completed the required training and had access to medicines policies and best practice guidelines to support their practice. Staff had received infection control training and followed good practice to minimise the risk of infection being spread.

Staff were skilled and knowledgeable. They had received training that equipped them to fulfil their role and had opportunities to do further training to meet specific needs of people using the service. A relative told us, "The (care support worker) is amazing. They have lots of knowledge about a lot of different things. They seem to be able to cope with any situation."

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.

Generally people's meals and healthcare needs remained the responsibility of the family carer. However, staff made sure people had enough to eat and drink when they were in their home or out in the community. Staff were aware of people's health care needs. They knew what to do and who to contact if people became unwell while they were supporting them.

#### Rating at last inspection

The last rating for this service was Good (published 24 February 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 reinspection 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.

### **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 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. 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

Inspection was carried out by one inspector

#### Service and service type

This service is a domiciliary care agency. It provided support and respite to people's relatives and personal care to people living in their own houses and flats.

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 visit. This was to ensure the registered manager would be available to support the inspection and to allow time for relatives and people to be asked if we could contact them for feedback.

Inspection activity started on 19 December 2019 and ended on 06 January 2020. We visited the office location on 19 December 2019. We carried out telephone calls to people, their relatives and staff on 06 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and eight relatives. The majority of the people who used the service were unable to communicate with us. We also spoke with three staff, the registered manager, the senior care manager, office and communication manager, the urgent care team manager and two care managers. All these staff were part of the Crossroads team.

We reviewed a range of records. This included four people's care records, risk assessments, daily records and health records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and audits. We also looked at other records the provider kept, such as surveys people, relatives and staff had completed to share their views.

# 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff had received safeguarding training that ensured they had up to date knowledge about protecting people from the risk of abuse. They knew how and where to report any concerns.
- The provider had a safeguarding policy which staff were familiar with.
- All the relatives we spoke with said they totally trusted the staff to keep their loved ones safe. They said staff were reliable and trust worthy.
- The registered manager understood how to notify the local authority and the CQC about any safeguarding concerns.

Assessing risk, safety monitoring and management

- A member of staff said, "You get to know people very well. We know how to keep people safe in all different circumstances.
- Risks to the health and safety of people were assessed. There was guidance in place for staff to follow to keep risks to a minimum and keep people safe. Risk assessments contained information relating to people's mobility and individual personal care needs. Risks to people were regularly reviewed and updated.
- One relative said, "My care support worker always makes sure everything is safe. It's all written down. They did a full assessment which we have at home. They always check that all is in order."
- People's environment was assessed and reviewed to ensure it was suitable and safe for people and staff.

Staffing and recruitment

- Relatives told us they received support from regular staff that knew them well. Many had worked at the service for a long time. Sufficient staff had been employed at all levels, to ensure the smooth running of the service. Relatives spoke very highly about the staff. Their comments were "They are brilliant. They have never let me down" and "We have been getting support from Crossroads for many years. We have always had the same care support worker. I would be lost without them."
- Call schedules were arranged in advance and were specific to people's needs and those of their family carer. Call times lasted at least three hours on any one visit. The role of staff was provide support to the person whilst their main carer had respite to pursue their other commitments. People had not experienced any missed or late care calls.
- People were protected as staff were recruited safely. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines and their competency was checked regularly. Medicines policies and procedures were available for staff to support their practice. Not everyone needed support with their medicines.
- A member of staff told us, "I don't always have to give people their medicines as this is done by their relatives, but if I do I feel confident. I have had the training and we get regular refresher courses".
- Medicine administration records (MARs) were in place and were signed by the care support worker when medicines were given.
- Regular medication audits were completed to ensure people received their medicines safely and when they needed them.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in how to minimise the risk of infection for people. Staff practices were checked by the office compliance assistant to ensure infection control procedures were adhered to.

#### Learning lessons when things go wrong

- The registered manager ensured lessons were learnt when things went wrong. For example, if any medicines errors or mistakes were identified or reported action was taken by the registered manager. Investigations took place, staff were retrained, and their competencies checked.
- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
- The registered manager reviewed any accidents and incidents and looked for any patterns or trends to prevent any re-occurrence.
- Care support workers shared any incidents and accidents that had occurred. They said this was a valuable way of learning so from each other to prevent re-occurrence.

# 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

- Prior to supporting a person, an initial assessment of their needs and care was carried out. This identified all tasks to be completed at each visit to achieve good outcomes for people. People were assessed in a holistic way, considering their culture, past experiences, physical, psychological and social needs.
- People and their relatives were fully involved in the assessment process. People were matched with care support workers who could meet their individual needs. People could express their like or dislike to staff; attention was given to people's body language and behaviour if they were unable to verbalise.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture, were recorded. The registered manager told us they discussed people's preferences. People's rights were respected, and their diverse needs were supported in a way that made sure they were not discriminated against.

Staff support: induction, training, skills and experience

- People were supported by staff who had received specific training to meet their individual needs. New staff undertook a thorough induction and completed standard training. Additional training was provided in areas which specifically related to the people they supported, such as, training in epilepsy and dementia. All care support staff received regular refresher training.
- People's relatives said they thought the staff were well trained and competent in their jobs. One relative commented, "Our care support worker is very well trained. They are always getting updates. They know what they are supposed to be doing and they do it very well."
- Staff undertook shadow shifts at each person's home to ensure they understood each person's preferred routines prior to lone working. Comments from relatives included; "New staff always shadow experienced staff before they visit by themselves" and "I feel very reassured that they never send anyone I haven't already met."
- All staff told us they felt well supported and could approach senior staff for advice or support at any time. One member of staff said, "I can speak to my care manager at any time. They have gone over and beyond to support me, even when it is not work related." Staff had regular one to one meetings and annual appraisals to identify their learning and support needs.

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

- Not all people required support with food preparation. People that did have support said the staff made them a meal and ensured they had access to food and drink of their choice. Staff knew people's dietary requirements and had received training on preparing food safely.
- The provider told us in the PIR, 'Service users are always encouraged to eat and drink independently

wherever possible, but staff will provide whatever assistance and encouragement is needed to help them gain maximum nutritional value from their meal. Staff will offer drinks throughout their visit and allow service users as much time as they need to drink or eat their meals.'

- Staff were clear on their role and responsibilities in relation to raising concerns about poor nutrition, dehydration, or health needs. They told us they would share this in the first instance with the person's carer/relative to ensure people's needs continued to be met.

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

- Staff reported any non-emergency concerns about people's health and well-being to people's close relatives or sought advice from senior staff about involving a health professional.
- Relatives told us staff would support them if needed, to contact their GP if they or their loved was unwell, or to attend medical appointments. Relatives told us they were confident that staff would take the necessary action if their loved one became unwell when with staff. One relative said, "I trust my care support worker to look after my relative and do what ever is necessary."
- The staff signposted people and their carers to community-based services and groups that may benefit their mental and/or physical well-being.
- The service had links with services to support carers and people living with cancer. They had recently commenced the East Kent Young Carers project, to support younger people who were caring for relative.

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.

- The staff were working within the principles of the MCA. Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise. In these cases decisions were made with relatives and professionals to act in people's best interest.
- People and their relatives were involved and consulted in all decisions about their care and support. Relatives and people told us that staff obtained their consent before completing any care or support. Their comments included; " We feel involved in everything. The staff always ask what needs to be done and are very respectful and understand." "They never do anything that hasn't been agreed to".

# 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 remained the same. 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

- Staff had built positive, meaningful relationships with people and their relatives, many whom had been supported by the same staff for a long time. Staff told us they worked with the same people and knew their needs and preferences in relation to the care and support they needed.
- Relatives spoke highly of the care support workers and the management team. Relatives said, "They know (my relative) so well, they just know the right things to do to make sure they are happy and content. I can't praise them enough. I can't tell you the difference it's made to my life. I feel I can be me again for a few hours" and "Whatever happens my carer knows exactly how to deal with it."
- The provider told us in the PIR, 'Our carer support workers understand that they are working in individuals own homes and the importance of respecting individuals, their families and their homes, and to treat people with dignity, fairness and kindness at all times without prejudice.'
- Care support workers had completed equality and diversity training and understood the importance of treating people as equals. Staff had specific training to look at issues relating to equality and diversity focussing on the LGBTQ Community. Staff fully understood the importance of this.

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

- People and their relatives were fully involved in making decisions about the care and support that they received. Relatives were very positive about how respite care had improved their quality of life.
- People had a choice about who supported them. The management team tried to match staff with people. Some people liked arts and crafts work and they were matched with staff who had an interest in this. A relative said, "They love sitting together making things, its lovely to see."
- When people did not get on with a staff member, then changes were made until the right staff was found. A member of staff said, "We don't take it personally but accept that different people like different things. It's totally understandable."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was supported and promoted.
- Support plans were clear about what people could do for themselves and where they needed staff support, such as managing their medicines.
- One relative told us, "They [staff] are very respectful. They come with a smile. They respect my home and how I like things. They always ask how I am and if there is anything extra I need. They are genuinely interested. They are like part of the family".
- People's confidentiality was respected, and care records kept securely. Relatives told us staff never

discussed other people's issues with them. Where any information was sent electronically the provider used a secure system.

## 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 remained the same. 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

- The registered manager and management team understood how important it was for people to have the choice to remain living at home. Care was planned and personal to the individual and their family carer. People and their relatives were involved in planning the support they wanted. There was a clear focus on what was important to both parties so that support was arranged around both people's needs. Care plans were reviewed regularly or when people's needs changed.
- People had care for specific longer periods once or twice a week to enable their carer to have a break. Some people received over night care and support to allow their relative a good nights uninterrupted sleep. Relatives said, "Just having one good night makes all the difference I feel I can carry on." Feedback clearly showed relatives were happy with the arrangements that met their specific needs. For example, people continued to follow their own routine in relation to their likes, interests and commitments, whilst their family carer could do likewise.
- When people or their relatives needs changed suddenly the service assessed whether they could provide urgent intervention. One relative told us about how Crossroads staff stepped in when they had an accident and cared for their loved one while they went to hospital. They also arranged care and support when they had to attend hospital appointments. They said, "If it wasn't for Crossroads staff (my relative) would have had to go into residential care, it was such a relief. They couldn't have been more caring and supportive."
- Crossroads staff also provided an urgent response when people became suddenly unwell. To prevent hospital admissions and in liaising with health care professionals they provided staff to be with the person until their condition stabilised.

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.

- People's communication needs had been assessed and staff knew how to best communicate with people.
- Staff told us about different techniques they used to communicate with people when they could not verbalise. They used communication boards with either letters or pictures, so people were able to tell them what that they wanted. Others used electronic devices to support people and share experiences.
- Relatives said staff got to know their loved well and could understand their needs from facial expressions, body language and different behaviours.

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

- People's relatives were given respite from caring for their loved ones to do the activities they wanted and needed to, such as shopping, going to work or just having some time away from their caring responsibilities.
- Care plans contained details about people's hobbies and interests, so staff could support them to continue to participate in activities they enjoyed while with them.
- When people were able to they were supported to access their local community to reduce the risk of social isolation and enhance their wellbeing. People and their relatives were encouraged to attend local groups, such as dementia café's, so they could engage and meet other people in similar situations. Relatives told us, how staff made sure their loved one went out for a walk or attended a music session which they really enjoyed.
- Staff said they supported people to do hobbies they previously had. One person went to play pitch and putt as they had previously played golf. Another person had been in the RAF and wanted to go and see the planes they flew. The staff took them to an aircraft museum and was planning to take them to the airfield where they used to fly from. Other people were supported to go to garden centres, listen to music they enjoyed or just enjoy a walk in their local area.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. People and their relatives told us they could confidently raise any concerns with any of the management team.
- When complaints had been raised these had been fully investigated and action had been taken to prevent re-occurrence.

Relatives told us that when they had raised concerns these had been dealt with immediately by the registered manager. They said they felt listened to and were taken seriously.

- People and their relatives had only positive comments about the service they received.

End of life care and support

- The management team and staff worked closely with professionals and responded, very quickly to ensure people's end of life wishes were met. One health professional said, "I always contact Crossroads. They are brilliant. They keep people in their own homes, which is what most people want."
- The services urgent team provided care and support for people dying at home and supported their relatives.
- End of life plans were in place and adhered to so people could die peacefully and with dignity. Staff received end of life training which was delivered by the local hospices.

## 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Through their holistic approach to service provision and their understanding of their local population, Crossroads had creatively developed a variety of support services which allowed people to live their lives to the fullest in situations where they otherwise might not have been able to remain living at home.
- They had researched what communities, people and their relatives needed to help them support their loved ones to remain in their own homes. They had listened to feed-back and taken action.
- The service worked actively with other organisations. These included charities, councils and other care providers, to develop and provide a wide range of services for local people, who could be disadvantaged through age or disability.
- Coffee mornings and lunches were arranged so relatives and people could meet up, share ideas and get support from each other. Cognitive groups had been set up for people living with dementia. Here, people take part in activities that help with cognition. The staff participated in the 'Dementia Drop In services' all round East Kent. These groups are specifically for family carers and the person with care needs. People can drop in, chat to community service providers and clinicians, including geriatricians and psychiatrists. Crossroads was also involved in the development of the new local dementia village. When it opens they will be moving one of their groups to the location.
- There was an open-door policy when people, relatives and staff could give their opinions about the service and share their views at any time. People told us that they always got a response from the office when they had a query.
- The registered manager communicated regularly with staff. Staff said they were able to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work.
- People were engaged with the service and asked their opinions. Questionnaires were regularly sent to people, their family and friends, professionals and staff. The most recent questionnaires had been sent in December 2018. The feed back had been positive, and this information had been passed on to all people involved. People and relatives commented, "I am extremely satisfied with the service. Everyone is so caring. We could not ask for more" and "I have had only good experiences with this company. They have very high standards. It's more like a family that's how it feels. I would recommend this service to anyone."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives', staff and other professionals, told us the service was exceptionally well run and managed. The management and staff teams were passionate, enthusiastic and motivated to provide the

best possible care for people and their carers/relatives.

- All the staff we spoke with were committed to the roles they were doing. They spoke with empathy, compassion and kindness about people and their relative.
- If planned visits were cancelled by people or their relatives, staff immediately contacted another person who would benefit from the extra respite. Relatives said they were very grateful when this happened.
- The registered manager was innovative at improving the service. Steps were being taken to raise the profile of the service through fundraising and marketing. They offered a bespoke person-centred service tailored to the individual needs of carer/relatives and the people they cared for. They had full oversight and scrutiny of all aspects of the service.
- Relatives told us when they contacted the office the management staff always took action. One relative said, "They immediately took over the reins and pulled out all the stops. Carers were organised immediately. If they can do something they get it done."
- Relatives complimented how the service was run. One relative said, "The office team is very good. There is always someone available to talk to if you have any problems. They go out of their way to sort things out and the carers are fantastic". Another relative said, "They are very good. They are flexible and try and accommodate whatever we need, even at short notice."
- All staff were encouraged to develop their skills and undertake recognised qualifications to improve their practice. Staff said, "We are respected and valued by management. They listen to us and act on what we say. This doesn't feel like work at all. I am never going to change my job. It's a privilege to work with people and our staff team" and "They (the management) care about us. They check we are ok. If we have any concerns or problems, they are always there to help and support. I have worked in care before, but this is by far the best."
- Professionals involved with the service said, "People who receive this service find it invaluable and very much appreciate the support provided. Crossroads have a strong client focused ethos".

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 service was led by an experienced registered manager who worked at the service for over 25 years. They were well supported by the staff team and a board of ten trustees.
- Staff demonstrated a strong sense of belonging to the company.
- The registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf). It also sets out some specific requirements that providers must follow when things go wrong with care and treatment.

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

- The registered manager was supported by a management team and care staff. The structure was clear to people, relatives and staff.
- Staff were clear in their roles and what was expected of them. Relatives and people received care and support from a consistent staff who knew them well.
- The management team completed a range of audits to evidence their on-going monitoring and auditing of the service. When issues were identified action was taken to prevent re-occurrence and improve the service
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered managers were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- Ratings from our last inspection were displayed in the office, and on their web-site in line with regulations.

### Continuous learning and improving care

- The registered manager considered facilitating continuous improvement and striving to be better as an essential part of their role. The need for people to experience the best care and support possible, was effectively communicated throughout the inspection.
- Staff told us they were supported and encouraged to better themselves through training and career progression. The service had an extremely low staff turnover, which staff attributed to the support and recognition they received.
- Crossroads Care Kent were nominated for the Most Inspiring Provider Award at the 2018 Kent Dementia Action Alliance Awards. The Crossroads staff team who worked with people living with cancer had been awarded the National Macmillan Volunteering Quality Standard.

### Working in partnership with others

- The registered manager and staff were proactive in developing relationships with other agencies. They had developed strong links within the community.
- Staff communicated with a range of health professionals and other community agencies to ensure that people's needs were considered and understood. People were supported to access the support they needed.
- The service was part of a new initiative and development for people living with dementia and their carers.
- Crossroads Kent had recently been approached by Macmillan services to provide integrated holistic needs assessments on their behalf.
- The PIR stated 'Crossroads Care Kent is part of Carers Trust, a national charity promoting and championing Carers. Membership of Carers Trust ensures access to national policy and political issues relating to Carers, and ensures that managers are kept updated with current thinking and best practice.'