

Rotherham Crossroads-Caring For Carers

# Rotherham Crossroads - Caring for Carers t/a Crossroads Care Rotherham

## Inspection report

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## Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Outstanding ☆

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

This inspection took place on the 16 and 17 June 2016 and was announced. The provider was given short notice of the visit to the office. This was because we needed to be sure key staff would be available at the office.

There is a registered manager who manage the day to day operations of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Crossroads Care Rotherham is an agency providing personal care to people in their own homes. It predominantly provides the service in the Rotherham and Sheffield areas. Crossroads is a registered charity and is a not for profit organisation. At the time of this inspection the service supported 298 people with various care needs, from social support to maintaining people's independence with full personal care needs. Visits ranged from half an hour up to four hours for social sits and to give respite to family carers. The frequency of visits ranged from one visit per week to four visits per day depending on people individual needs.

We received some outstanding feedback from people we spoke with. They told us that, "The service is marvellous, outstanding and staff are kind and considerate." One person said, "They are like part of my family, they always turn up with a smile on their face and treat me with respect, they are like angels." Another person said, "Nothing is too much trouble for the girls [staff]."

People told us they felt safe knowing that they [the staff] would do their best to enable them to maintain their independence. We saw there were robust systems in place to manage risks to people. For example, we saw staff had made referrals to the falls team and referrals for equipment to keep people safe. This demonstrated that they had acted on the information gained at the assessment which ensured people were safe.

The service actively involved people in their assessment which enabled them to make choices about the support they needed to help them to be as independent as possible. The service was flexible which meant times of visits could change if people had to attend hospital or any other health related appointments. One person we spoke with confirmed this they said, "Crossroads are excellent, they have changed my times to suit hospital appointments. I could not manage at home without them."

The service had actively worked with the Rotherham Ethnic Minority Alliance [REMA] to promote Crossroads services within the diverse population of Rotherham. REMA had also translated leaflets so that they were accessible in different languages. They also provided training to Crossroads staff on 'An introduction to Islam and Muslim Communities.'

They had also played an active role alongside the Alzheimer's Society in establishing the BME Memory Café at the Unity Centre in Rotherham. The café had raised awareness of dementia and the services available to people with dementia and their carers in Rotherham. The café had been very well attended by the BME community.

Peoples care and support was planned in partnership with them and their relatives and they told us they always received support from a regular team of care workers who understood their needs. One relative said, "We are highly delighted with the care, we could not wish for nicer caring people." Care plans contained detailed step by step instructions for care staff to follow to meet the needs of people who used the service.

The registered manager told us that all staff were trained to undertake risk assessments which meant they could identify any issues both in the home environment or risks to people's safety while in the community. The service also had clear lone worker policies which protected staff when working alone in the community.

People were supported to take their medication safely and the care records identified the level of support needed for each person. The service ensured that priority for visits were given to support medication calls to ensure that people's medication needs was given at the time prescribed. For example, Parkinson specific medications which may be needed to kick start people's mobility, and people who were required to take their insulin at a specific time.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. The provider listened to all complaints and made sure people were confident their complaints would be taken seriously. There were also surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

The service promoted an open and honest culture and the managers and care co-ordinators were transparent in their discussions with us. Staff spoke highly of their teams and felt well supported by their care co-ordinators. Staff were confident they could raise any concerns or issues, knowing they would be listened to and acted on. Staff said, "This is the best job I have had. I love my work and get a lot of satisfaction from helping people to live well in their own home." Another said, "I have worked in care for many years but this is like working for a big family. The values and expectations of us all means we work as a team."

People told us that staff were very professional and always respected their dignity when undertaking personal care tasks. Staff we spoke with were highly motivated to provide a good service to people they supported. One staff member said, "This is the best service, we work to the same values and ensure people are cared for as if they were our own relative."

Staff working at the service were recruited safely and were able to complete training to meet the support people needed. The service also enabled staff to undertake nationally recognised training to help them progress in their work. The service prided themselves on supporting people living well with dementia and had a team of care support workers dedicated to the role. A care co-ordinator was a dementia champion and had developed links with the Alzheimer's society.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, and it was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice

throughout the service.

People and their relatives spoke very positively about the registered manager. People felt the service was very well led and organised and this helped to ensure they received effective care and support.

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

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service was extremely safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process. People were involved in the assessment process which enabled them to describe the support they needed to help them retain their independence.

Care support workers had the knowledge, skills and time to care for people in a safe and consistent manner. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

The support people needed with medication was well documented and times of visits were scheduled for those people that required their medication early, such as diabetics dependent on insulin.

### Is the service effective?

Good 

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced very positive outcomes as a result of the service they received and gave us outstanding feedback about their care and support in most areas.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Staff were trained to an excellent standard which included nationally recognised qualifications. They also received service specific training which enabled them to meet the needs of people living well with dementia.

Staff were supported in their roles and regular team meetings

and staff events meant staff could share their experiences and feedback about the service. Formal supervision and quality monitoring of their work performance meant staff worked to the values and expectations of the service.

People were supported to access healthcare professionals, such as GPs, physiotherapists, opticians and dentists. This also included accessing other similar types of agencies such as advocacy services.

### Is the service caring?

Outstanding 

The service was extremely caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People told us they were happy with the care and support they received to help them maintain their independence. The short term enablement programme worked for people who used the service

People were involved in making decisions about their care and staff took account of their individual needs and preferences. The staff worked closely with people to ensure they were treated with respect at all times.

### Is the service responsive?

Good 

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand.

The service was responsive to peoples changing needs by adjusting visit times at a few minutes' notice. For example, times were changed to facilitate hospital appointments. Support to enable carers to have respite from their caring role for a few hours were essential to maintain their family members in their own homes.

People had access to the services complaints procedure. People

that had raised concerns told us that they were dealt with swiftly and fairly.

**Is the service well-led?**

**Outstanding** 

The service was extremely well led.

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. People views are continuously gained both while they are receiving support and again when the exit the programme. This helps to shape the service for the future.

Staff were highly motivated and understood what was expected of them. They told us they felt supported knowing they could put suggestions forward about improving the service and their suggestions would be listened to. Staff events, team meetings and continuous observations of work practice ensured staff provided the best possible service for people who used the service.

There was strong emphasis on continual improvement and best practice which benefited people and staff. This meant people benefited from a constantly improving service and the service put them at the centre of everything they wanted to achieve. The service worked in partnership with other organisations to ensure people received the care and support they needed.

# Rotherham Crossroads - Caring for Carers t/a Crossroads Care Rotherham

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 16 and 17 June 2016 and was announced. The provider was given short notice of the visit. This was because we needed to be sure key staff would be available at the office. The inspection team consisted of an adult social care inspector. We telephoned and spoke with seven people who used service and 11 relatives to gain their views and experiences of the service. At the time of this inspection the service supported 298 people with various care needs, from social support to maintaining people's independence with full personal care needs.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We had also received a provider information return (PIR) from the provider which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the office we spoke with the registered manager and operations manager, four care co-ordinators, five care support workers. A further five staff contacted us via email to tell us what it was like to work for the service. We contacted two of Rotherham's clinical commissioning group and two contract compliance officers who have responsibility for monitoring the service. We also contacted one of Rotherham council's commissioners of service. This helped us understand how the service works in partnership with other



agencies.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for ten people, and other records relating to the management of the domiciliary care agency. This included 10 staff training, support and employment records, quality assurance audits, and minutes of meetings with staff. We looked at the findings from questionnaires and incident and accident reports.

# Is the service safe?

## Our findings

People we spoke with told us they had received an outstanding service from the Rotherham Crossroads, they were all extremely complimentary. We did not receive one negative comment from commissioners, people who used the service or their relatives. Most people we spoke with had used the service for a number of years. The service was highly recommended and some people told us that they knew 'Crossroads' had a really good name within the Rotherham area. One relative said, "There was only one choice when it came to having support for my family member. I knew a neighbour down the road from me and she told me they were the best and they certainly are." Another relative said, "The staff are excellent at letting me know if they are worried about my [family member]. I still feel involved in my [family members] care and feel part of the care team that looks after her."

We asked people if they felt safe at home. People said, "Of course I do. The carers are marvellous. They come when they are supposed to so I know who is coming to my door and at what time." Another person described staff as 'friends' as well as carers. Other comments included, "They are really professional but also kind and compassionate. They make me feel safe when they help to move me." A relative said, "The staff are lovely they know my [family member] so well and they help my [family member] to remain as independent as possible while keeping them safe."

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to their care co-ordinator or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, Rotherham Crossroads had researched and obtained equipment that would benefit people living well with dementia. This included Global Positioning System [GPS] which is a space-based navigation system that provides the location of the person wearing the tracker. The trackers have been supplied to people living with dementia. This enables relatives and the Police to find people quickly if they were at risk of harm due to them being unsafe to leave home alone. We were told of how the GPS had worked for one relative. The relative disclosed to the care co-ordinator how they had considered giving up work because their family member had started to wander and they were worried about their safety. The relative was provided with the tracker which enabled her to know where her family member was if they had left home alone. The relative said this had reduced her stress and anxiety levels and she no longer felt guilty about letting her family member down. Other family members have been shown how the GPS tracker worked which had enabled the relative to take a well deserved short holiday.

The service had also embraced the 'Herbert Protocol' which was recently launched jointly by the Alzheimer's Society and South Yorkshire Police and aims to improve the rate at which a person living with dementia can

be found if they wander. By raising awareness of the protocol with staff they have encouraged and supported informal carers to complete the details which can be shared with Police in the event of their family member going missing. We were told about how the protocol helped a family who had recently moved into the Rotherham area. During the assessment for a family member with a diagnosis of dementia the protocol was discussed and the information was obtained. A short time after the care package was introduced the person in receipt of support from Crossroads was reported as missing. Staff supported a very distressed relative and the Police were alerted. The Police quickly contacted bus companies, taxis and trains and the person was found safe travelling on a bus. The relative was very relieved and praised staff for their help in locating their family member. This enabled the person to continue to live in their own home and ensured their safety when they decided to leave their house.

Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. For example, people's care plans contained a risk assessment which considered a range of environmental risks. The risk assessments included information such as the safety of electrical equipment and whether the temperature of water was within safe limits for assisting people to have baths or showers. The risk assessment recorded whether there were any risks to people associated with their need for administration or assistance with medicines or any infection control concerns. People had moving and handling risk assessments which contained information about how care workers should support the person when helping them to transfer in and out of chairs and their bed. Risk assessments were proportionate and centred around the needs of the person. The service regularly reviewed the assessments and made necessary adjustments where required.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. We checked ten staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff told us face to face interviews had also taken place as part of the recruitment process. They told us they had worked at the service for some time and had no intention of leaving. They said the managers and care co-ordinators valued their work and this encouraged positive team work. Staff received a full induction including the completion of the 'Care Certificate.' Care co-ordinators had received accreditation to assess and support staff through the 15 modules.

We found there was enough skilled and competent staff to ensure they could safely support people who used the service. Teams were divided into geographical areas each with a care co-ordinator. They had responsibility to ensure staff were deployed to meet the needs of people who used the service. People we spoke with confirmed to us that their care was delivered by only a small group of staff. This meant staff knew the people they were supporting very well. One person said, "I have the same carers they all know my little quirks which helps them to meet my needs in the way I want." A relative said, "My [family member] is happy so I am happy. The care is very good and is consistent and that is so important."

The registered manager told us that travel time between each visit was planned regardless of whether this was needed or not. This decreased the risk of staff not being able to make the agreed visit times. The registered manager told us that the service very rarely had any missed visits. On the few occasions care support workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit, they telephoned the office. Contact was then made with the person

whose visit was going to be delayed in order that they were kept informed. This was confirmed by people that we spoke with who received a service. Everyone that we spoke with said that they had never had missed visits and that on the rare occasion when a care support worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed. The relatives we spoke with confirmed this arrangement. One relative said, "It's very rare that the carers are late but the office always let us know and give us an idea when the carers will arrive."

The service had a comprehensive medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training and a competency check was carried out annually. The daily records and care plans around the management of medicines were accurately completed. The care plan had sufficient detail to ensure people received the support they needed.

We saw that staff managed supporting people to take their medication consistently and safely. We saw care records reflected the degree of support each person needed, and it was clearly recorded if the person could manage their medicines themselves. One relative said, "My [family member] has recently been diagnosed with dementia and we were so relieved when 'Crossroads said they could support [family member] with their medication. It gives us peace of mind knowing they get their medication on time and safely."

The operations manager told us that they had secured funding from the Clinical Commissioning Group (CCG) to supply some people who used the service with medication safes. These were provided where a risk had been identified that a person living with dementia may take their medication incorrectly. This has significantly reduced the risk and given peace of mind to relatives and carers.

# Is the service effective?

## Our findings

People we spoke with, without exception, said that the service was effective and consistently delivered to enable them to be as independent as possible. Relatives that we spoke with said, "They [staff] have made so much difference to my family member's life. They are more alert and respond when their favourite carer arrives."

The service worked in partnership with other organisations such as the Alzheimer's Society and Age UK Rotherham to provide 'The Carer Resilience Service'. The service was funded by Rotherham Clinical Commissioning Group [CCG] and was for carers of people living with dementia, providing information, advice and practical support with the aim to build carers' resilience, prevent crisis and work with the carer and other agencies to enable the person with dementia to live at home for as long as possible. A relative who was the main carer for their family member described how having three hourly sits enabled them to "Keep going" they said it enabled them to have time away, to go shopping and meet friends for a coffee. They told us that without the support from Crossroads they had no doubt that they would not be able to maintain their family member at home. Another person who found out about the service via their GP told us, "The service has helped me tremendously. I have three hours to re-charge my batteries and I know my [family member] is safe and enjoys the company of [staff's name]. They do things together like walks and crown green bowls. Crossroads have been really good offering additional support at short notice as well. I would recommend them to anyone."

We spoke with the registered manager about gaining consent to care and treatment. They told us that staff had received training in the Mental Capacity Act 2005. However, they said most people that they supported had capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity spouses and relatives were available to inform any decisions that may have been needed. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with had a good working knowledge of the Mental Capacity Act 2005, in protecting people and the importance of involving people in making decisions. They told us they had received training in the principles of the Act. The training records we saw confirmed this.

We looked at ten support plans in the office which we were told was a mirror image of the records kept in people's homes. We found the assessments and care plans were detailed to ensure staff were able to deliver the support people needed. We saw a consent form at the beginning of the support plan which had been signed by the person receiving the care.

People we spoke with told us that they had been part of the assessment undertaken and had agreed to share the information with the appropriate people, such as health care professionals. People told us that when staff were supporting them with personal care they would always ask for their consent before commencing the support. One relative we spoke with told us that the care co-ordinator had visited them

and discussed exactly what was needed to maintain their family member at home. They said, "They do exactly what we asked for. The carers are kind and compassionate and they are very respectful. I don't know how we managed without them." A person we spoke with said, "When the staff first came I was apprehensive as it was the first time I had needed help. The staff put me at ease and everything is fine I get on with all of the staff they are brilliant."

Care co-ordinators that we spoke with told us that the assessment of each individual usually took two hours to complete and people were encouraged to be part of the process. They told us they asked people's preferences about the times they would like their visit. This may include information about when they liked to get up and go to bed. Times of visits were then scheduled as near as possible to those times. Where the service was unable to meet a preference at the start of service a record was made of this and as soon as the preferred time became available the person would be allocated their preferred choice of time.

The service was able to respond quickly to the changing needs of people. For example, where people had hospital appointments the service amended the time of the visit to ensure where needed the support was provided prior to people leaving home for the appointment. The service responded to emergencies such as if a person had an accident [falls or illness] the service would identify and send a care support worker to assist at a moment's notice.

People we spoke with told us there were suitable arrangements to ensure they had sufficient food and drink to meet their nutritional needs. This ranged from support from staff to reheat meals in the microwave, or to reheat meals provided by family and friends. Some people told us they were able to manage meal preparation themselves. One person told us that they had not been eating very well, and that the care worker had encouraged them to eat, and made suggestions about what food they might like to eat, which they said, "It has helped to get my appetite back." Another person said, "Staff always see that I have plenty of drinks to last me between visits, they leave me juice and a flask of hot tea."

Staff were able to sign-post people to advocacy services including Alzheimer's society and British Red Cross befriending service and also to support any medical intervention they may require such as district nursing services or on-going hospital appointments. Staff also worked very closely with other support agencies like occupational therapists, falls team, speech and language therapists and social workers.

Records we looked at confirmed staff were trained to a high standard. Managers, care co-ordinators and care support workers had obtained nationally recognised certificates and other service specific qualifications like 'Cornerstones' which is a dementia specialist training course. Staff we spoke with told us how this had helped in their work with people living well with dementia. Staff told us it gave them a better understanding of dementia and some of the important ways to communicate with people living with dementia. The training also ensured the care they delivered was person centred.

The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were then expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager told us that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Care co-ordinators had been validated so that they could assess staff's competencies throughout their induction into the service.

Staff we spoke with told us that they had worked for Rotherham Crossroads for a number of years. They said they enjoyed supporting people in their own homes. They told us they liked being part of a team and got a great deal of satisfaction from being part of maintaining people in their own homes. Staff received guidance and support from the managers, care co-ordinators as well as work colleagues. Staff told us they worked in small teams and found managers were available whenever they needed to contact them. One staff member said, "I have worked at Crossroads for 14 and a half years and have always felt supported in my work. There is always extra training available to help me in my job as well as the statutory training. The co-ordinators are all really approachable and are available to discuss any issues or concerns I and my colleagues may have. There are lots of extra things that crossroads do for clients, for example seaside trips, Christmas meal and pantomime. Various fairs and coffee mornings all funds raised are towards things for the clients. All in all Crossroads care support staff and their co-ordinators give 150% at all times and I am proud to be part of the team."

We looked at formal supervisions and appraisals which were undertaken at the office. They were completed to a good standard. Observations of work practice also take place in people's own homes. We looked at a number of observations undertaken on staff and found they were very detailed and confirmed staff were working to expected standards.

## Is the service caring?

### Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. One relative we spoke with said, "I think that Crossroads Rotherham are a genuinely caring organisation with their clients at the heart of what they do. They continuously go the extra mile to personalise their service and match the care support workers to the clients' interests and hobbies. The investment in training and their staff exceed expectations and they feel competent and well equipped to perform their role. A very well run service."

Some people we spoke with described how they had been sign-posted to the service while attending hospital appointments for their health condition. They told us that they did not know the help and assistance they could get but they all agreed that it was the best information they had received. Some described Crossroads as life changing, enabling them to maintain their independence.

One of the care co-ordinators described how she approached people who had come to the service because they or a loved one had been diagnosed with dementia. She said, "We treat each person as an individual and our approach is often very softly as often people do not want to acknowledge they need support." She went on to say, "It can take weeks to help people to accept our help and to match the right staff member to the person." Relatives we spoke with who had experience of living with a loved one with a diagnosis of dementia confirmed how staff worked at their family members pace to give them the support they needed.

We looked at the results from the questionnaires we sent to people who used the service. Everyone who responded to the question 'My care and support workers are kind and caring' strongly agreed with the statement. They also strongly agreed with the question 'I am happy with the care and support I receive from this service'.

A relative we spoke with said that carers talked to their family member, and reminisced with them. The relative told us that carers helped their relative to retain their independence, whilst giving them confidence, by "Encouraging [family member] to do stuff themselves like washing and dressing." Another relative said, "They had a laugh and a joke with [family member]." One person we spoke with said that although the care support worker did not do a lot for them, it was important and reassuring that they came regularly and checked that they was managing.

Another person who used the service said, "The staff are very respectful when assisting me with my personal care. They make sure my dignity is maintained. I never feel embarrassed."

A third person who used the service said, "The staff are very caring they always go the extra mile to make sure everything is just as I like it." They gave an example of this they said, "I never feel rushed, they all know my little ways and know I like to do things my way. They respect my little quirks."

The operations manager showed us a bookmark which was given to every member of staff. It contained useful information and telephone numbers for example, safeguarding. It also had statements which related



to the value and behaviours expected from staff. This included, 'The 10 point dignity challenge' and 'The 6 C's, care, compassion, commitment, courage, communication and competence. Staff we spoke with were able to tell us about the information contained in the bookmark.

The operations manager also told us about monthly themed notice boards which included dignity. The information included how to become a dignity champion and the expectations of the staff who got involved. For example, being a good role model to others and speaking up to others who may not fully understand the principles.

People told us they were involved in developing their support plans which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, one person told us they wanted to be able to go to a coffee morning but found getting there to be very difficult. Crossroads provided social support time so that the member of staff could escort the person who used a wheelchair when they were out in the community. This had a positive effect on the persons view on life and their wellbeing.

We saw the service had an open and honest approach to ensure they valued the views of people who used the service to make continual improvements. Questionnaires were used to capture people's view and they also undertake an end of service survey to try to capture the views of people and their informal carers when the support from Crossroads finished. We saw the satisfaction levels were extremely high. People had also posted comments about their experiences.

We also sent 50 people who used the service and 50 relatives, 99 staff and 12 external professionals a questionnaire about their experiences. Approximately 40% of the questionnaires were returned. The results showed very high satisfaction levels from the questions we asked about working and receiving a service.

We looked at a sample of thanks you cards which had been received from relatives. The comments were exceptional and often they finished by commending the carers for their kindness and compassion.

Crossroads collated equality and diversity information on all staff and people who used the service which enabled them to analyse any shortcomings in meeting the needs of the community and take steps to rectify the situation. This information was also used to identify and manage workforce trends for example an aging workforce.

The service had actively worked with the Rotherham Ethnic Minority Alliance (REMA) to promote Crossroads services within the diverse population of Rotherham. REMA had also translated leaflets so that they were accessible in different languages. They also provided training to Crossroads staff on 'An introduction to Islam and Muslim Communities.'

They had developed services for people within the Rotherham ethnic communities. For example, They had supported a young Asian man and his family for a number of years. Staff carried out an initial assessment, where the person's needs, along with the families needs were fully discussed. The family preferred the care support workers to always be female as female family members were unable to be in the same room alone with male staff. They ensured a regular staff team had received specific training by the person's mother. This ensured that all washing rituals were carried out according to their culture and religion.

They have also played an active role alongside the Alzheimer's Society in establishing the BME Memory Café at the Unity Centre in Rotherham. The café had raised awareness of dementia and the services available to people with dementia and their carers in Rotherham. The café was very well attended by the BME

community.

The operations manager told us how they ensured people's wishes were respected. At the initial visit, people were asked their preferred gender of care support worker. This was recorded on the Webroster system (This is a system used to record staff's working rotas). Where people who used the service required male only, or female only this was recorded in a specific area which then prevented mistakes happening when covering work. For example, The system would prevent a female care support worker covering a person whose requirement was 'male only'.

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people to ensure they respected the person's wishes. They said they always asked for people's permission before undertaking any personal care, and maintained the person's dignity. The service told us how they matched care support workers with people they were supporting. For example, One person who we met during the inspection told us how they were very into the gym and keeping fit. The person was matched with a staff member who also liked going to the gym. This meant the staff member could show the person around the gym and how to safely use the equipment. Another person who was a keen gardener when they were more able, was matched with one of the care support workers who also had a passion for gardening. Staff told us it was a great success as it allowed the person to sit in their garden and interact with the staff member on a topic they loved. Other similar matched staff to people who used the service included a person who loved going to football matches and a person with a passion to play the guitar.

Support staff and managers liaise with health and social care professionals to ensure that people received the best health and care they deserved. The service understands that when a request for support was received it was important that they responded to this request swiftly to ensure that the person's safety and wellbeing was not compromised. Care co-ordinators triaged, assessed and delivered support often within 48 hours from receipt of a referral. They told us that they tried to match the care worker with the person they would be supporting which helped to build up relationships begin their journey with the service.

People we spoke with told us that they felt involved in the support package they received. They told us that case managers held a review of their progress after two weeks and again after four weeks. This enabled staff to make adjustments to their support needed by people if needed. A relative we spoke with told us, "The whole programme has been so good; I can see how my family member has progressed. They are back to their old self."

Care co-ordinators, carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback from their line manager which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected. One care co-ordinator told us that they also did what they described as 'drive by's' this was to check if staff arrived at the visit on time and stayed for the length of time allocated to the visit.

As part of their charitable activities Crossroads provided an End of Caring service. This is a service where the regular care support worker visited the carer for a number of weeks following the death of their loved one or if they have been admitted to 24 hour care. Quite often they had provided a service to the person for many years and for the support to just suddenly stop at such a difficult time could make matters worse. Therefore if the relative would like, the regular care support worker popped in for an hour for a few weeks, sometimes just for a coffee and a chat. Depending on the situation they may suggest appropriate groups or activities that they can become involved in. Relatives, who have used this service, have said how they really

appreciated the extension and additional support offered.

## Is the service responsive?

### Our findings

People's care and support was planned proactively in partnership with them. Everyone that we spoke with, without exception said that when their care was being planned at the start of the service the care co-ordinator spent a lot of time with them finding out about their preferences, the support needed and how they wanted their care to be delivered. We found people who used the service received personalised care and support. The service put the person at the centre of all that they do. People we spoke with told us that they were fully involved in developing their care plans and this made sure staff understood their needs. Relatives told us that they are been part of the information gathering so that staff understood their family members likes and interests. This was particularly crucial when their family member were living well with a dementia type condition.

One relative we spoke with told us about how the service was flexible to accommodate their changing circumstances. They said, "Staff have been consistently kind to my [family member] and to me and I have always had confidence that they will turn up and be reliable which has reduced my stress. The agency worked was able to meet my needs when they changed for example, when I was going on holiday so needed more calls. They also responded quickly when my [family member] needs changed for example they needed a call during the day for extra support. My [family member] has only seen four different carers over the course of a year which is absolutely fantastic."

As staff got to know the people they were supporting they became more aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. People we spoke with described staff more as friends as they knew them so well.

We looked at ten support plans at the office. It was clear that the plans were person centred and reviewed as the support needs changed. We spoke with the care co-ordinator involved in dealing with referrals for people living well with dementia. She told us that they reviewed the care package after six weeks as often people's need changed for people living with dementia. The care co-ordinator told us the reviews continued at regular intervals after that so they were sure they were meeting the person's needs.

The service worked proactively in partnership with other services to ensure the support was seamless and worked for the benefit of people who used the service. We spoke with a project manager from NHS Rotherham Clinical Commissioning Group [CCG] and they told us, "The staff we have contact with are always efficient and produce timely reports. When we discuss developing and changing service requirements they are flexible and put forward ideas and solutions. Our contracts have included service user surveys and the results have always been very positive."

We also spoke with the local councils commissioners and contract monitoring officer who told us that from their involvement with the service they have found them reliable flexible and extremely person centred in their approach.

We found the service responds very quickly when emergencies took place to ensure staff had the time to

stay at the person's home until relatives or emergency services arrived. Any emergencies are relayed to the care co-ordinators who arrange cover for other visits so that the care support workers can give time to the person who may be in need of medical intervention. The service also has contingency plans in place in case of extreme weather conditions. Staff location (address) in relation to where people who used the service live is recorded so that if needed staff can prioritise calls and if required can walk to ensure people receive their care.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw the complaints leaflets in the support plans that we looked at in people's home. The registered manager told us they had received three formal complaints in the last 12 months, and we saw evidence to confirm the actions taken to resolve the complaint. The registered manager told us that minor issues were dealt with by the appropriate staff straight away. Staff within the teams met regularly to learn from any concerns raised to ensure they delivered a good quality service.

The registered manager gave us an example of learning from the comments raised by people who used the service. We saw a contract compliance concern was received which highlighted a communication error. We saw clear evidence of the actions the service took to prevent further errors. They acted swiftly once the concern had been identified to them and ensured the person received an apology for the service.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they thought the service was exceptional and they were very satisfied with the overall service provided.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

## Is the service well-led?

### Our findings

The registered manager was an excellent role model who actively sought and acted on the views of people. They have developed and sustained a positive culture at Rotherham Crossroads and she had worked at the service for 25 years. The registered manager was supported by the operations manager who had also worked for the service for over 20 years. It was clear that they shared the same principles and values in their approach to the care provided. These included, choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff during our inspection and they answered our queries in an open and helpful manner. They said the values of the service were clear and they demonstrated an excellent understanding of these values. They were able to give examples of these behaviours in practice. One staff member told us about working for three other crossroads services around the country and she said although each service was individual they all worked to the same principles and values.

People consistently told us they could get in touch with the office and that staff were easy to get on with. People could recall their reviews and told us these were face to face meetings. Conversations with people who used the service gave an excellent impression of the manner and professionalism of the care support workers and managers. People told us they would definitely recommend the service to others and many of the people who use the service and work at the service came from recommendations of others.

We spoke with people who used the service and they told us the care and support provided was consistently very good. Without exception comments received were very complimentary. We received this comment from one person, "I lost my confidence when I suffered a loss. The service has given me back my life. The staff really do care about the person it's not just a job to them it's a vocation."

We also received a message from a hospital discharge social worker who told us about a person whose house flooded and the care support worker had been excellent in supporting in terms of getting the person's house sorted, resulting in involvement from the hospital discharge team was not needed. It said the assistance had been massively helpful as the discharge team had been under high pressures in terms of our referrals. It went on to say how the worker had arranged for housing services to come out. This was done with the person's permission. They checked electrics, ensured a new smoke alarm was fitted and ensured the person's carpets had dried out. This ensured that this gentleman could return home safely. Staff had also been liaising with the ward regularly in terms of re-starting the care package which ensured discharge from hospital went smoothly. This demonstrated that staff were willing and able to go the extra mile to ensure a well managed service was operating effectively.

We found a positive culture which centred on the needs of people who used the service. People we spoke with, without exception, told us how valuable the service was. People said that the highly motivated staff were clear about the support they needed and were working to maintain their independence. The staff we spoke with told us how they felt valued and described the organisation as a big family. While spending time at the office there was a sense of calm and belonging. Manager's doors were open and everyone we spoke with told us that there was an inclusive culture. Staff were encouraged to be involved in decision making to shape the future of the service.

The registered manager told us that they retained staff and acknowledged their commitment to the service by having incentives for example, long service awards after 10 years, 15 years, and 20 years in employment. The certificates and vouchers are presented to staff at an awards ceremony at the annual general meeting. Other incentives for staff included a higher rate of pay and enhancements for weekends and bank holidays, car mileage payments and registration with a health scheme. All of the staff we spoke with told how proud they were to work for Rotherham Crossroads.

Crossroads had embraced and developed relationships with local ethnic groups to develop services in the Rotherham. They had worked with Tassibee which is an Asian women's organisation based in Rotherham. The service engaged with around 12 women who were interested in taking up employment in caring roles in the community. Crossroads gave them an overview of the role of a Care Support Worker and how the role could be so rewarding as it could really make a difference to people's lives. Some of the women took up position in caring roles.

The registered manager told us that they had achieved a nationally recognised kite mark ISO9001. This award is based on a number of quality management principles including a strong customer focus, the motivation and implication of management, the process approach and continual improvement. These principles were displayed throughout the inspection and comments from people that used the service, their relatives and carers demonstrated that the service embraced all that the award stands for.

The service had also retained a further award from the Contractors Health and Safety Assessment Scheme (CHAS). This scheme requires compliance with, and sound management of basic health and safety legislation. This meant they had sound policies, procedures and systems that protect people that use the service and the staff that work for the organisation.

They also hold the highest level awarded by the organisations Crossroads Quality and Evaluation Tool (Croquet) which is an internal monitoring assessment. To attain this award they had to satisfy the Carers Trust that they had met 15 quality standards. This demonstrated the service had effective methods of monitoring the quality of the service and systems which ensured continuous improvements. One of the examples which helped them to achieve the highest level of the scheme showed they worked in partnership with other agencies. They told us how they were part of the Safe & Well Project working in partnership with South Yorkshire Fire and Rescue and Age UK. This service aimed to keep people safe at home. This involved undertaking safe and well risk assessments and giving clients access to smoke alarms, fire blankets and making sure these items were regularly checked to ensure they were in good order.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. Team meeting were held with all staff to look at what developments within the service and also gave staff an opportunity to talk about concerns and training. We saw minutes of several of these meetings. This meant people receiving the service could be supported to meet their goals and aspirations by using ideas and suggestions from the staff. For example, staff told us that they had made suggestions for equipment they thought would make a person more safe like a bed or floor sensor. They also told us about how they had suggested people living with dementia may benefit from sensory equipment like dementia friendly clocks.

Staff told us that they felt managers listened to them about their training needs. Most of the training they completed was via e-learning. They said that some staff could not 'get on' with that style of learning. They said the managers listened to their concerns and ensured additional time and support was offered so that staff had the right skills and competencies to complete the required training and to deliver good care. Where difficulties were identified and staff were supported to attend face to face training instead of completing on line training.

We found the managers had listened to the workforce when restructuring roles and responsibilities. By introducing assistant care co-ordinators to the structure it ensured care co-ordinators could concentrate on the day to day needs of people who used the service and staff. People were given the direct telephone numbers for their Care Co-ordinator which was recorded in their personalised care plan, offering ease of access for telephone support. Care co-ordinators regularly referred on to other services such as occupational therapist, foot care, falls team and free health checks for sight and hearing.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The operations manager showed us records of attendance at visits and also spot checks undertaken by care co-ordinators. The records demonstrated that managers were able to confirm people received their calls in a timely manner to meet their assessed needs.

We asked how the service worked in partnership with other health and social care organisations and the registered manager gave examples of working with other providers of care to ensure the persons whole care package helped them to remain living in their own homes. For example, Carers Resilience Scheme, which meant they worked in partnership with 36 GP practices in the Rotherham area, Age UK and the Alzheimer's Society. The scheme looked at the benefits gained when providing informal carers of people living with dementia with appropriate information support and signposting. This scheme had reduced the impact on health facilities such as hospitals and the transition into long term care. Many of the relatives that we spoke with told us how the service had changed their lives. For example, taking time out from their caring responsibilities. This meant they felt able to continue to provide care and support to their loved ones which prevented people going into long term care.