

## Crossroads Caring for Carers Worcestershire

# Crossroads Caring for Carers

### Inspection report

Crossroads Caring for Carers (Worcestershire)  
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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Crossroads Caring for Carers is a domiciliary care service which is registered to provide people with personal care in their own homes. On the day of our inspection there were 90 people using the service.

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 and what we found

There was a positive and empowering culture established within the service. This meant people were supported by exceptionally caring and attentive staff that knew them well and helped them to achieve their potential. People were encouraged to live as full a life as possible and supported to achieve the best possible outcomes. Staff had formed positive relationships with people they supported and looked for ways to make them feel valued. Care was person centred and delivered by committed and dedicated staff.

The leadership of the service was outstanding. Robust quality assurance systems had sustained continual development and improvement throughout the service resulting in positive outcomes for people. The registered manager, supported by their senior management team, had established a person-centred culture amongst the staff team, that consistently delivered high quality care. Staff and the management team were passionate and motivated about their roles and understood their responsibilities. They actively engaged and included people, their relatives and professionals in the ongoing design and delivery of their care and support.

Without exception feedback was complimentary about the caring, attentive nature and approach of the staff and management team. It was evident feedback was valued and used to further enhance people's experience of using the service.

People were safe using the service. There were established relationships of trust and support between staff which enabled people to stay safe. Staff were very sensitive to the challenges of people living in the community. They acted proactively when concerns were identified and supported people to protect themselves.

Since our last inspection, the service has grown from strength to strength. Clear leadership and effective management had led to a visibly person-centred culture that was embedded throughout the service. This consistently delivered high quality care and support achieving positive outcomes for people. This was underpinned by the provider's principles, values and expectations of staff which demonstrate the characteristics of an outstanding service.

The provider clearly demonstrated how they consistently met the characteristics of providing outstanding

care. The registered manager and the staff team ensured people were at the heart of the service and received high quality person-centred care. Staff were clearly committed and compassionate, striving to provide outstanding care, with excellent outcomes at all times. People were treated with exceptional kindness, dignity and respect and received their care and support from a highly motivated and dedicated staff team.

People received highly effective care and support from a consistent staff team who knew them well and were well trained. People's rights to make their own decisions were protected. Staff worked well together for the benefit of people and were completely focused on meeting people's individual personal, health and social care needs.

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. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed. There was evidence the service went the extra mile to ensure people were supported to make decisions.

Staff were skilled in communicating and understanding the needs of the people they supported. There continued to be enough staff safely recruited, trained and supported appropriately in their roles to care and meet people's needs.

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

#### Rating at last inspection

The last rating for this service was Good (published 25 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally Responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Crossroads Caring for Carers

## **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

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 01 October 2019 and ended on 12 November 2019. We visited the office location on 02 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the registered manager and care workers.

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

#### After the inspection

After the site visit, we telephoned four people who use the service and three relatives to gather their experience of the care and support provided. We also telephoned and spoke with three health and social care professionals who regularly work with the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 now 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 involved in decisions about their safety and their wishes were respected. The provider worked creatively with people to understand their wishes. For example, the provider has arranged for staff who speak a person's first language to support them with their care. An interpreter was also utilised during reviews, so the person was able to explain how they were feeling about their support.
- Staff invested time in educating and reminding people how to stay safe and this contributed to people's wellbeing. The provider is part of the Friends Against Scams" (FAS) initiative, which aims to protect people from becoming victims of scams by providing advice and support to empower people.
- Staff had very good knowledge about safeguarding and how to keep people safe. If concerns were raised, prompt investigations were undertaken, and referrals made to the local authority and the police.
- Staff had access to a safeguarding policy. Safeguarding was also regularly discussed at staff supervisions and team meetings.
- Outcomes of safeguarding investigations and any learning were shared across the whole staff team.
- Every person we spoke with told us the care they received was safe. Comments included, "The [staff] help me feel safe in my own home, they help build my confidence," and "I know I can talk to the staff if I am worried about anything and they will help me sort it out".

Assessing risk, safety monitoring and management

- People were encouraged to identify risks themselves and staff worked with them in a positive risk management way. For example, one person was keen on continuing to cook for themselves but was worried they might forget about food they had placed in the oven. The provider arranged for a timer to be fitted to their oven. The provider also arranged for smoke detectors to be fitted and be linked to an emergency call service for another person. This increased the individual's self-confidence and meant they could continue to be independent for longer.
- People were assured their home was a safe place to live. For example, the team leader and staff supported two people to raise concerns with the local authority and the police regarding issues in their neighbourhood that made them feel unsafe. This improved their quality of life, enabling them to feel safe in their own home.
- Risks associated with people's care and support had been comprehensively assessed. This enabled risks to be successfully managed and monitored. Risks assessed included those associated with people's ability to eat and drink safely and the risk of falls.

Staffing and recruitment

- There continued to be enough staff to meet people's needs in a person-centred manner. No agency staff

were used, and any staffing gaps were covered by existing staff to ensure continuity of care.

- Safe recruitment practices were followed to check staff were of good character and were suitable to care for people who used the service. Staff confirmed they had relevant pre-employment checks before they commenced work and records we looked at verified this.

#### Using medicines safely

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept to evidence this. Systems were also in place regarding the storage and safe disposal of medicines.
- Staff received training in medicines management and had their competency regularly assessed.
- Regular medicine audits and staff competency checks were completed. Where an error had been identified this had been followed up by the management team and actions taken to prevent reoccurrence.

#### Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from the risk of cross infection.
- Gloves and aprons were distributed by the senior care team to staff and people confirmed staff always used these when delivering care.

#### Learning lessons when things go wrong

- The registered manager investigated all reported accidents and incidents to identify if any improvements or changes were required to reduce the risk of the incident happening again. Accidents and incidents were monitored and evaluated with the staff team to aid further learning. The registered manager shared outcomes with the local authority and other agencies.



# 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

- People's care and support needs had been assessed and their needs identified prior to the service commencing. People we spoke with told us, "They [team leader] came out to see me and go through everything before they [care staff] started coming". The registered manager ensured each person had an introductory visit by all members of staff who would be delivering care, prior to the support starting, so the person knew who to expect.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- The staff team were supported by a range of health care professionals in the community. Care and support were provided in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- People were supported by staff who had the necessary skills to meet their needs. One person told us, "They [staff] are very knowledgeable and seem really keen to learn new things".
- Staff received an induction when they first started which included working alongside an experienced member of staff. Induction procedures and further ongoing training provided staff with the skills and competencies required to carry out their role effectively. The in-house trainer and the registered manager provided this training complemented the learning by arranging for guest speakers to attend team meetings and share their knowledge.
- Specific training to meet people's needs was provided to staff where required, including diabetes care. A professional told us, "I feel as a company Crossroads work well at promoting training and encouraging development of carers [staff] skills and knowledge. This in turn impacts in a positive light for the service, the clients [people who used the service] and the care they can receive".
- Staff told us the induction and training they received assisted them in their role and with meeting the often-complex needs of people they supported. One member of staff said, "I am given information on the needs of the person before I start working with them, so I am prepared and can ask for additional specialist training if I feel I need it".
- Staff continued to be supported to professionally develop through formal supervision, team meetings, training and opportunities to gain nationally recognised qualifications.

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

- People were supported to maintain their nutritional intake. One person told us, "They [staff] help me to make breakfast each morning. They [staff] always ask me what I want to eat and make healthy suggestions if I'm a bit stuck on what to have". Another person told us, "[Staff] make me a drink when they arrive and

always leave me with a flask to hand so I can have a drink between their visits".

- Staff were aware of people's individual dietary needs, their likes and dislikes and supported people to eat and drink in accordance with their assessed needs.
- Staff worked closely with health professionals to ensure people's nutritional needs were met.

Staff working with other agencies to provide consistent, effective, timely care

- People received timely support when they became unwell. A relative told us, "[Staff] were on the ball in spotting they [person] was not well, calling the ambulance and waiting until they arrived".
- Professionals involved with the service confirmed they had good relationships with the staff and management. One health professional commented, "My experiences have only been positive, we always have a common goal of doing our best for the service user. In my experience people are treated with respect and dignity and staff handle difficult situations well".
- The staff team worked with external agencies to provide consistent, timely care. This included having key information readily available to support admissions to hospital and to promote consistency of care.

Supporting people to live healthier lives, access healthcare services and support

- People received regular health checks and referrals were made to relevant health services, when required.
- People were supported to arrange appointments with GPs and dentists and had access to community-based healthcare professionals such as chiropodists, physiotherapists, and opticians.
- The provider also adopted a BT telephone box and modified it in to an information point, offering advice and support for people who are caring for relatives or friends. A member of staff told us, "Some people don't identify themselves as 'carers' for relatives or friends, because it can be seen as something we do as part of our normal family lives. The information in the telephone box might help someone get support to help them continue providing long term support for their 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- People's care records showed people had consented to their care and support when they began to receive the service and were involved as much as possible in their ongoing development.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager requested advocate support for those people who lacked capacity to consent to their care and treatment.
- Our discussions with the management team and staff showed they were clear about their role under the MCA and in assessing people's capacity.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

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

- People experienced extremely positive caring relationships with staff. One person told us, "They [staff] are always polite and treat me with respect, they help me to get washed and encourage me to do some things for myself, keeping my independence". A relative told us, "[Staff] probably got to know [person's name] better than anyone, they [staff] have always been the complete professional, absolutely fastidious about [person's name] personal care and a real advocate for them, whilst at the same time being full of fun".
- The provider invested time and went above and beyond in getting to know people well and involving them in decisions about their care. For example, a member of care staff communicated with a person in their preferred language to design a package of support tailored to the person's needs. This ensured the person was able to describe in detail how they would like their care to be delivered and staff could then arrange this.
- People reported staff were exceptionally caring, compassionate, respectful and empowering. One person told us, "They [staff] always go above and beyond to help me. They [staff] are discreet when needed and really make me feel respected".
- Relatives were equally favourable about the care and support provided and the positive impact this had on their family members health and wellbeing. One relative commented, "[Staff] took their time to care for [family member] enabling them to stay in their own safe space until the last few days of their life, which was so important for them".
- Staff had an excellent understanding of protecting and respecting people's human rights and about the importance of supporting and responding to people's diverse needs. They were totally focused on the people in their care and anticipated people's needs and wants. For example, the team leader and staff supported a person who was at risk of homelessness. They advocated on the person's behalf, attending meetings with the housing association and occupational therapy, to ensure the home allocated to the person would meet not only their current needs, but the person's future needs as their health condition changes. A suitable home has now been found which enabled the person to be much more independent and maintain their privacy.
- We received consistently positive feedback about the caring nature of the compassionate approach by staff. Relatives and professionals referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the care was exceptional. Comments included, "The [staff] team certainly gave us the confidence back that we could trust someone else to care for relative again," and "Crossroads are adaptable to the persons needs and always support personal care in a person-centred way".
- The inclusive culture meant people's views were well known and people felt comfortable to speak openly

about their feelings. People and their relatives were exceptionally positive about the openness and approachability of the management team.

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

- People's views were clearly reflected and detailed in their care plans and where possible they had signed these in agreement to their plan of care and support. Staff made sure people were partners in their own care and were the decision makers, where they were able to be. One person told us, "They [staff] asked me about what help I needed and wrote it [support plan] in my own words. They [staff] made me feel in control of what I wanted them to do".
- People were supported to make decisions about their daily care. One person told us, "I always have Weetabix for breakfast but every morning they [staff] ask me if I would like anything else, they don't just assume". The person appreciated this.
- People's care plans contained information about their life histories from childhood through to present day including significant life events and the people and interests that were important to them. Staff actively utilised this information to build a relationship with people, talking to them about things that mattered or interested them.
- The management team knew how to access advocacy support for people if they needed to have someone to help them speak up about their care. This ensured people with limited capacity understood options available to them. For example, after one person had been locked out of their sheltered housing complex, the registered manager arranged for a housing support officer to talk to the person about the housing telecare system; how it works and what the person should do to safeguard themselves in future.
- Staff were assertive in getting the right treatment for people and were persistent in their requests for the most beneficial care. Staff worked collaboratively and developed close working relationships with healthcare professionals to ensure the best possible and most appropriate care for each person. They explained to people and their families about their care and supported them to see GP's, and specialist healthcare professionals. For example, the provider secured funding for a falls monitor to be fitted in the home of a person who was at risk of falling. With the person's permission, staff worked with the person's GP to provide advice on how to keep themselves safe.
- The registered manager arranged handover meetings if care had to transfer to an alternative service. The person was supported by their regular staff member to express their views and explain how they would like their care to be delivered by the new service.

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and staff respected their preferences and needs. These were identified in personalised care plans, which were updated annually, or as people's care needs changed, to ensure they were being met.
- People were supported to have improved independence through positive risk taking. For example, care staff implemented the use of a timer for a person who had a visual impairment, which is set when staff put the person's dinner in the oven, so the person knew when it was ready. This enabled the person to remain independent with their meals and increased their self-esteem as the person felt able to continue to do day to day tasks themselves.
- Respect for privacy and dignity was at the heart of the provider's culture and values. It was embedded in everything that the registered manager and staff did. People and staff felt respected, listened to, and influential. For example, the registered manager facilitated access to bereavement support services for a relative when their loved one passed away.
- All staff were particularly sensitive to times when people need caring and compassionate support. They discussed this with them and helped people explore their needs and preferences. For example, the registered manager asked for the instructions of a cream to be written in a more sensitive and appropriate

way.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- A fully embedded person-centred culture was evident throughout the staff and management team. Staff were committed to ensuring people had the same rights and opportunities as everyone else, regardless of their age, gender or disability. For example, staff supported a person with learning disabilities through the court process. The person was supported by staff who were familiar to them, to give a statement and then attend court each day. The registered manager told us, "Supporting [this person] through the court process was harrowing at times and I think having us there to support [the person] each day helped [the person] get through it. They [the person] felt safer having us there with them, when having to talk about the ordeal with strangers".
- People were supported to overcome barriers to education and employment and were actively encouraged and enabled to pursue their hobbies, interests and participate in activities of their choice. For example, one person was supported by staff who spoke the person's preferred language, which enabled the person to gain confidence. Another person shared a wish to start a new hobby. Staff assisted the person to learn to knit and create a blanket. This has boosted the person's confidence and self-worth.
- The provider supported family carers to also enable them to also pursue their interests or access work opportunities. A relative said, "Their [Crossroads'] care and support has given me precious hours to get out and do something normal, in the normal world, to become a human again and enjoy that 'me' time. Plus, de-stress me and the chance to recharge my batteries".
- We heard examples of how staff went the extra mile to ensure people's choices were respected. One person told us, "If I don't feel like going to the library to get a book, they [staff] will get it for me". A social care professional told us, "The agency [staff] are adaptable to the person's needs and always support personal care in a person-centred way".
- Relatives shared numerous examples of how staff and the management provided person-centred care that positively impacted on their family members. Comments included "Our faith in the care system had been damaged by previous care that we had for [relative] but the difference with Crossroads is like night and day. The team certainly gave us the confidence back that we could trust someone else to care for [relative] again," and "Since Crossroads started helping [relative's name], it's the best I've ever seen them".
- People were supported to have access to appropriate medical treatment as required. There were many examples where the registered manager had consulted healthcare professionals such as, the occupational therapy team so care remained person focused. This supported people to continue to live in their own homes as they wished. For example, a person was having difficulty getting out of bed, so staff requested an assessment and advice from the occupational therapy team which helped the person become more

independent.

- Another example was where, a relative was struggling to assist a person into the shower. Staff referred the person to the occupational therapy team who made recommendations which resulted in a wet room and a specialist bed being installed. This enabled the person to be more independent and enhanced their quality of life.
- Staff continued to support people to maintain relationships and community links and this reduced the risk of isolation. The provider supported people to continue attending social events that had been important to them. This support included arranging transport and accompanying people to these social events, to boost their confidence. For example, care staff supported a person who had loved to play golf to continue to visit the club house at the local course. This person now very much enjoys going for a pint there with their friends.

### 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.

- The service had an innovative approach to using technology to aid communication and used feedback from people to continually improve outcomes.
- Staff supported people with their correspondence where they had difficulty reading small print. For example, a person's phone service had been terminated as they were not able to read the letters sent to them by the company. Staff contacted the company and asked for the phone line to be reconnected as a matter of urgency. Staff arranged for all future correspondence to be sent in large print.
- Another person was struggling to read so staff added to the person's "plan of care" that staff would spend time with the person listening to them read and helping them. Staff told us they could see the person's confidence growing each day.
- The team leaders identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with the registered manager others. People's care plans included a section about how staff should communicate with people who experienced communication difficulties.
- A wide range of information was provided to people in easy to read formats and alternative languages. This included people's care plans, services policies and procedures. The registered manager had recorded the complaints procedure and important policies in audio format for people with visual impairments.
- Staff knew people well and were able to respond to their non-verbal cues about how they were feeling, such as body language, behaviours and general mood.

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

- A complaints procedure was available describing how people could raise a complaint or concern and how the provider would respond and by when. This information was available in a format people could understand, including audio. One person told us, "I know how to complain if I need to, but I haven't had any issues, they [staff] are so good, nothing is too much trouble".
- A range of forums were also available for people and relatives to raise any concerns about the service or people's care. This included, face to face meetings and periodic surveys and questionnaires. The provider had received a number of concerns in the last year which were dealt with formally as complaints. These had been handled in line with the providers complaints policy, thoroughly investigated and responded to appropriately. The registered manager had offered a written apology and used the outcomes of complaints to further improve the service provided.

## End of life care and support

- The registered manager was passionate about end of life care and making sure people's preferences were met. The registered manager had been proactive in introducing the Recommended Summary Plan for Emergency Care and Treatment paperwork (ReSPECT), which is replacing Do Not Attempt Resuscitation (DNAR) forms. The ReSPECT process is a new approach to encourage people to have an individual plan to try to ensure they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.
- Staff had sensitively considered this aspect of care with people and their relatives and people's end of life care plans were documented and were personalised. This provided staff with the information needed to support people if they entered the final stage of their life. This included people's preferences relating to protected characteristics, culture and spiritual needs. This information is important as a sudden death may occur. Where people had declined to share their end of life wishes these were respected.



# 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 improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care: working in partnership with others

- There was a particularly strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements. Informal suggestions, views and opinions were shared at keyworker meetings and meetings in people's own homes, and the results of regular surveys all fed into the regular analysis of how the care and support could be improved. For example, during a review a person expressed concerns that they felt they were losing their independence. With the person's agreement, the team leader liaised with the local authority to arrange an increase in the person's care and support package. This enabled care staff to spend more time with the person encouraging them to do tasks themselves, rather than care staff doing it for them. This had a positive impact for the person and led to a far more relaxed experience when supporting the person with their personal care needs.
- Without exception, feedback from professionals was complimentary and cited highly effective working relationships. For example, the registered manager had worked with NHS England to address continuous errors by a pharmacy when providing dosset [types of medicine] boxes. There were numerous instances of medication being incorrect in daily doses, which was picked up by care staff and prevented serious medical complications and potential risks of overdose of medicine for a number of people.
- The provider arranged regular training for all care staff and for staff who expressed an interest. A member of the care team had recently been nominated by Aspiration Training for the "Learner of the Month Award" after completing their Level 2 Diploma in Health and Social Care.
- We saw evidence the registered manager and provider referenced and practised current legislation, standards and guidance to achieve effective outcomes. They continuously sought opportunities for themselves and their staff to learn and reflect on best practice. The registered manager conducted 'talks' and workshops with local groups and clubs and used the attendee's experiences and views to help shape how the care was delivered by the provider.
- Health and social care professionals we spoke with were very positive about partnership working with staff and the management team. Comments included, "The team are well led and appear highly motivated to care to the best of their ability. Also, staff always go out of their way to accommodate professionals and carry out care in the way we advise," and "Crossroads offer a very professional service to people and the team always keep us updated with any changes and work with us to achieve the best outcomes for people".
- The registered manager offered mentoring with local job centres and colleges, supporting students on health and social care courses at the local university. The registered manager told us this enabled them to share and develop good practice with other local providers of adult social care services.

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

- A person centred, open and inclusive ethos was clearly evident with the staff and management, resulting in positive outcomes for people. Staff had an enhanced understanding of people's needs and knew them well, enabling people to make decisions about their care and support. For example, the registered manager arranged for the local fire service to install a carbon monoxide monitor and fire alarms for a person who had accidentally caused some minor kitchen fires and wasn't able to contact the fire service themselves due to their communication difficulties. This empowered the person to feel safer in their own home and be able to continue independently cooking their own meals.
- The registered manager was passionate about improving people's wellbeing and this was reflected in everything they did. They demonstrated an in-depth knowledge of the needs of people they supported and put them at the centre of everything. This enthused and inspired staff to do their utmost to deliver outstanding care.
- Staff were empowered and supported and told us they found the management team approachable and receptive. Staff told us the registered manager sent letters of thanks to staff for stepping in at short notice to cover calls and when staff were mentioned in compliments, the registered manager wrote to staff as well to thank them. A staff member told us, "I feel so valued working here, the [registered] manager is very supportive, and I feel appreciated".
- There was a strong organisational commitment and effective action towards ensuring there was equality and inclusion across the workforce. Crossroads are registered as a "Disability Confident Committed Employer." There were high levels of satisfaction across all staff. The staff team were highly motivated and understood the provider's vision and values. One staff member told us, the registered manager had been "excellent" at supporting them with any challenges faced during their role due to their own disability.

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

- The registered manager coordinated regular supervisions and team meetings for staff. A member of staff told us the registered manager encouraged staff to share their experiences at team meetings. They said, "We talk about things that have happened and what we could maybe have done differently. It's helpful to talk about it as a team as we can learn from each other".
- The registered manager was hands on, visible, available for support and taught their staff team by leading with example. A staff member told us, "They [the registered manager] are always available and will come out on visits with us to support us when we ask".
- People and their relatives we spoke to told us the registered manager's "door was always open" and she was very approachable.

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

- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people. For example, the registered manager had strategies in place to ensure the business could continue to operate during unexpected events or adverse weather conditions. These plans ensured that individuals would continue to receive care and staff were safe.
- The management team strove for excellence through consultation, research and reflective practice. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Leaders and managers saw this as a key responsibility. Daily, weekly and monthly audits had been carried out including on people's plans of care, medicine records and behavioural incidents. Records showed where issues had been identified, appropriate action had been

taken in a timely manner.

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

- People were consulted regularly about their care. One person told us, "They [staff] constantly ask if there is anything I would like, or if there is anything I think they could do better". Another person told us, "We have regular surveys, but I struggle a bit with my handwriting, so I tell them [staff] what to write in each box for me".
- The registered manager and staff were innovative in their thinking about how people and relatives could be involved and kept informed about matters concerning their care. For example, the provider had a regularly updated social media page and an information point for carers in an old phone box locally. The service had also coordinated a 'pop up shop' at the local hospital, which provided an opportunity for people and their relatives to access informal advice and guidance.
- Staff felt valued and supported, they told us personal commitments and medical conditions were considered when planning rotas. The registered manager always thanked them for their work, and they "loved" working with people. Many staff had worked for the provider for several years. The registered manager told us, "I am very proud of the care staff we have, if it wasn't for them, we wouldn't exist, they deserve recognition".
- The registered manager had updated the initial assessment and review paperwork which now included, "An opportunity for service users to discuss matters relating to their sexual relationships and activities within the care planning process", if they wished to. Particular care and sensitivity was exercised if it became necessary to share information with care staff or to make a written record relating to any matter concerning a person's intimate relationships. The confidential and sensitive nature of this information meant that only those with a specific need to know were able to access this documentation.
- The provider's office had a small shop on site where people could buy second hand clothing and household goods at reduced prices which supported people further financially.