

Richmond Upon Thames Crossroads Care

Richmond Upon Thames

Crossroads Caring for

Carers

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Richmond upon Thames Crossroads Care is a domiciliary care agency providing personal care and support to 67 people living in their own homes at the time of the inspection.

31 out of 67 people using the service were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff were very well-trained, supervised, and appraised. Everyone we contacted praised the excellent care that staff provided, which more than met their needs. People and their carers said staff spoke to them clearly, in a way and at a pace they could understand and took time to explain things to them. Carers said that in the case of people with dementia, staff patiently repeated information as many times as was required. Staff encouraged people to discuss their health needs and made sure these were passed on to other appropriate community-based health care professionals. The agency had a highly developed professionals' network that enabled seamless joined up working between services based on people's needs, wishes and best interests. This included transitioning to different services as people's needs changed. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. People and their carers said their equality and diversity needs were met and they did not feel they discriminated against.

The agency had a culture that was open, positive and honest with transparent, excellent management and leadership. The organisational vision and values were clearly defined, understood by staff and followed. Areas of responsibility and accountability were identified, staff were more than happy to take responsibility on the ground and report any concerns they may have in a timely way. Service quality was under constant review and the agency strove to make changes to improve the care and support people received. This was in a way that best suited them. Audits were carried out and records kept up to date. The agency played a huge role in the community running and participating in many projects, through well-established working partnerships that promoted people's participation and reduced social isolation. Registration requirements were met.

The service provided was safe for people to use and staff to work for. People received support that enabled them to live safely and enjoy their lives. This was because risks to them were assessed and monitored. The agency reported, investigated and recorded accidents and incidents and safeguarding concerns. There were suitable numbers of appropriately recruited staff available to meet people's needs. Medicine was safely administered.

People and their relatives said they really enjoyed the first-class way staff provided them with exceptional care and support. Their attention to small details made all the difference. Staff acknowledged and respected

people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and do the things for themselves, where they could, to promote their self-worth and improve their quality of life. The staff were very friendly, caring and compassionate and passionate about what they did and the way they did it.

People had their needs assessed, reviewed and received person centred care. They were given choices, supported to follow their routines, interests and hobbies and did not suffer from social isolation. People were given enough information to make decisions and end of life wishes were identified, if appropriate. Complaints were recorded and investigated.

People were supported to have maximum choice and control of their lives staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

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

Rating at last inspection

The last rating for this service was Good (published 22 March 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Richmond Upon Thames 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 carried out 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 and respite support for their carers.

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 over 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity began on 10 September 2019 and ended on 10 October 2019. We visited the office location on 10 and 11 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people receiving the service and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection

We spoke in person with the registered manager, deputy, field supervisors and other office-based staff. We contacted four people, twelve carers, six health care professionals, and seven care workers to gather their experience and views about the care provided. We looked at the personal care and support plans for seven people and six staff files. Carers support people such as relatives. Care workers were employed by the agency to provide care.

After the inspection

We continue to seek clarification from the provider to validate evidence found. This included training matrix, and audits. We received the information which was used as part of our inspection.

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe using the service. Relatives also thought the service was safe. One person said, "I feel very safe with the [staff]."
- Staff had training that enabled them to identify abuse and the action to take if it was encountered. Staff were aware of how to raise a safeguarding alert and when this was necessary. There was no current safeguarding activity. The provider had a safeguarding policy and procedure.
- Staff advised people how to keep safe and particular concerns about people were recorded in their files and discussed with the management team. These concerns were passed on to appropriate healthcare agencies.
- Equipment used to support people was regularly serviced and maintained.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and enjoy their lives safely. This included relevant aspects of their health, and daily living. Risk assessments were regularly reviewed and updated as people's needs changed.
- Staff were familiar with people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. One carer told us, "I know [person] is in safe hands when I go out."
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce these incidences. Records showed that action was taken, and the advice of specialist professionals sought when they occurred.

Staffing and recruitment

- The provider had a thorough staff recruitment process and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a four-month probationary period with a review.
- There were enough staff employed, to meet people's needs flexibly. This was demonstrated by the rota, and what people told us.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this

training was regularly updated. As appropriate, people were encouraged and supported to self-medicate.

Preventing and controlling infection

- Staff had infection control and food hygiene training that people said was reflected in their work practices. They were also equipped with appropriate personal protective equipment (PPE), such as protective gloves when supporting people with personal care and washing their hands using recognised techniques.

Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they were happy to use. Any incidents were analysed to look at ways of preventing them from happening again.

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.

Staff support: induction, training, skills and experience

- Since the last inspection, the agency had expanded in-house training to reflect the diverse needs of people and had further developed manual handling, personal care, domestic abuse and child sexual exploitation training for staff. It also provided staff and people's carers with high quality training that had been progressed to include back care awareness, assistance with personal hygiene including washing, care of skin and hair, and mouth care. This enabled staff and people's primary carers to work in unison, as a team and provided seamless levels of high-quality care.
- More experienced staff were shadowed by new team members, as part of their induction. This increased their knowledge of people, their carers, routines, preferences and surroundings. This meant people felt relaxed and comfortable receiving care and support and carers had trust in the staff providing support to their loved ones. One person said, "They [staff] are excellent. I have another agency who just do not compare for quality" A carer told us, "The little things and attention to detail make all the difference."
- The staff induction and mandatory training was of a very high calibre that enabled staff to support people and meet their needs in an outstanding way. A staff member told us, "The training we had was excellent and really enabled me to do my job. In fact everything the agency does is excellent". People could not praise the competence, professionalism and way staff performed their duties highly enough. One person said, "Fantastic, they are so well-trained, efficient and there is nothing I can fault them on." One carer told us, "I can walk out the door and leave [person] with no stress, knowing they will be very well looked after." Another carer commented, "From the start we got support with what we weren't expecting regarding dementia."
- Staff induction took three months was very comprehensive and based on the Care Certificate which was an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- Therapeutic intervention sessions, as well as, training was provided for people and their carers, at the agency office. The carers referred to were people's primary carers, not staff employed by the agency.
- Further basic staff training included supporting people outside their home, first aid and life support and summoning emergency services. There were numerous examples of specialised training focussed specifically on people's individual needs with detailed guidance and plans. These included, artificial feeding, for example via percutaneous endoscopic gastrostomy (PEG) administration of medicine by specialised techniques, such as administration of insulin using a pen device, capillary blood glucose monitoring, testing urine and using a test strip. Other training provided included autism, stroke, Parkinson's disease, visual impairment, oxygen, suction, stoma care including colostomies, ileostomies and urostomies and hand and foot massage.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may

display behaviour that others could interpret as challenging. People had personal behavioural plans if required.

- The training matrix identified when mandatory training required updating.
- The agency philosophy was internal promotion, career progression and many senior staff had initially joined as care support workers. Half of the workforce had been with the agency for over ten years.
- A free counselling service was available for staff.
- Staff received regular supervision, yearly performance review and there were quarterly staff meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were comprehensively assessed and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included NICE and other expert professional bodies, to achieve extremely effective outcomes. One person had been assessed as experiencing increasing social isolation, due to the onset of dementia and as their main carer did not live with them. They and the carer were introduced to the Caring Café, by the agency. This greatly reduced their social isolation, re-introduced them into the local community and enabled them to take up activities they had previously enjoyed.
- As part of their assessment, it was identified that one person needed a plan to support them with carrying out specific daily routines. One of these was a stepped plan for a daily visit to the shops with the aim of gradually increasing and developing their independence. This was achieved by setting targets beginning with visiting shops with a care support worker, the person identifying a purchase and the care support worker buying it, to the person being able to visit shops and make purchases independently of the care support worker.
- Before a new person received a service, the commissioning local authority provided assessment information and further information was also requested from any previous agencies. The agency, person and relatives then carried out a needs assessment. The speed of the assessment took place at a pace that suited the person and their needs.
- The agency provided easy to understand written information for people and their carers.

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

- People were supported, by staff, to eat and drink enough and maintain a balanced diet. They were assisted with oral feeding and staff monitored food and fluid intake.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, as required.
- Where people required support with diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly.
- Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.
- Staff had received specific training regarding feeding issues in children.

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

- People were supported to maintain their health as staff had good working relationships with external healthcare services and health care professionals such as district nurses, speech and language and physio therapists.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty in order to receive care and treatment in

their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Ensuring consent to care and treatment in line with law and guidance

- Staff we spoke with understood their responsibilities regarding the MCA.
- People signed a consent form to keep relevant information on them and consent to share where appropriate with other healthcare services.

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their carers said they really enjoyed and were relaxed in the company of the staff who provided them with a service. One person said, "Lifesaver, [staff member] does more for me and goes the extra mile." Another person described their agency care worker as, "A godsend, so gentle and kind." A primary carer told us, "Staff are very friendly, interested in us as people and always follow things up." Another primary carer said, "Staff are lovely, absolutely superb."
- People said they did what they wanted with staff support readily given. This was evidenced within their care plans.

People felt respected and relatives said staff treated people with kindness, dignity and respect.

- Staff we spoke to were committed to the care they provided and people they provided it for. One person said, "They couldn't give you anymore." A carer told us, "When you find service like this, you know how lucky you are. Every single care worker has not been a problem over 11 years."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. People said staff treated them as adults, did not talk down to them and they were treated respectfully, and as equals.
- Staff were also trained to respect people's rights and treated them with dignity and respect.

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

- People's care plans recorded that they and their carers were involved in the decision-making process about the care and support they would receive. A Carer said, "They gave us plenty of time and support to decide if we wanted to use the agency. No pressure."
- People and their carers received regular questionnaires to determine if they were receiving the care and support they needed.

Respecting and promoting people's privacy, dignity and independence

- Staffs knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This enabled them to support people appropriately, without compromising their dignity, for example if they needed the toilet and visitors were present. They were also aware this was someone's home and they must act accordingly.
- Staff made great efforts to maintain people's independence by encouraging them to do things for

themselves, where possible and develop their skills and interests such as the children's Saturday club.

- The agency had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People and their carers said they made decisions about their care and how it was delivered, with the agency. Staff ensured people understood what they were saying, the choices they had and that they understood people's responses.
- Following a referral, a designated staff member, trained in risk assessment and care and support planning met with the person and their carer to discuss their care needs with them. This included what they would like to gain from the services available and their desired outcomes. From this assessment a person-centred care and support plan was agreed with them and their carer as appropriate.
- The agency operated a policy of a minimum two-hour visit, that meant staff could give thorough attention to the needs of people physically and emotionally by building up relationships based on friendship and trust.
- The assessment, reassessment and care support plans not only addressed the needs of people directly receiving a service, but also their carers and other family members. This was in keeping with the agency philosophy of providing holistic support to best meet people's needs. To compliment this there was an emergency respite and 24-hour immediate responsive service, which could provide up to 48 hours cover.
- People said their needs and wishes were met by staff, in a timely fashion and in a manner that people were comfortable with and enjoyed. One person said, "They always let me know exactly when they are coming." A carer told us, "Always reliable, always let you know if they're running late."
- People's care plans and staff daily notes recorded their decisions and the tasks they required support with. They also highlighted areas where staff could encourage people to be independent.
- People had their care and support needs reviewed a minimum annually with them and their relatives and updated to meet their changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.
- Staff were available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. A primary carer told us, "Absolutely outstanding. I can't fault them and I'm hard to please." Another primary carer said, "A high quality service and provision. They are consistent, I've had the same staff for the last five years and wouldn't change them for the world."
- The agency provided staff with parking permits so that they could meet people's needs in a timely manner when going between calls.

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 AIS was being followed by the organisation, and staff with easy to understand information available to people.
- The agency made sure people's communication needs were met by working with an interpreter or utilizing other communication tools such as Makaton, when required.
- There was a 24-hour response on-call service in operation.

Improving care quality in response to complaints or concerns

- People said they had received a copy of the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. There was a robust system for logging, recording, analysing and investigating complaints, that was followed.

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based palliative care services, as required. People had end of life care plans, in place.

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 now 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.

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

- The agency had a culture that was open and positive. People said this was due to the attitude and contribution made by staff who listened to them and met their needs. One person said, "We have received a service for over twenty years. First my husband and then my son. I think that says it all." One person told us, "The [registered] manager is very approachable and knows exactly where you are coming from." A carer said, "The [registered] manager and office team are excellent and particularly good at recruitment. We have not had one person [staff] sent to us that we were not completely happy with." A staff member said, "We are very well supported, work as a team and have a great relationship with the district nurses." People and their relatives told us they felt connected to the agency, trusted the staff and received a first class service.
- The organisation's vision and values were clearly set out and staff understood them. They had been explained during induction training and revisited at staff meetings.
- To promote the agency's inclusive and empowering culture staff ran a number of projects that reached hidden or hard to reach groups within the local community. These included two 'Community Caring' cafés that supported people with dementia and their carers, and ex-carers. One carer told us, "We were introduced to the dementia café, by the agency and [my relative] feels so comfortable because people are so friendly." The agency also worked in partnership with the Alzheimer's Society to better meet the needs of people with dementia and their carers.
- The agency also hosted a Children's Saturday club, supporting children and young people with learning disabilities and emotional and behaviour needs, together with young carers with special needs, providing them with a destination, and stimulating activities whilst also giving parent carers a respite break. This resulted in people using the service and their carers feeling re-integrated into the community.
- The 'Transition' project that provided a weekly space to enable young people with special educational needs and/or disabilities to think about their transition into adulthood. One young person with autism, who was a carer for two members of their family was supported by the Transition Project to prepare for a placement at a local college. The young carer was enabled to resume their education due, in large part, to the support they had received from the agency.
- The agency also facilitated 'Men Who Care', a relaxed monthly male-focused social group that offered a supportive and confidential environment to meet other carers. This was extended in the last year, to include 'Dads Who Care' in partnership with Achieving for Children. Focus groups and monthly carer drop in sessions were offered, at the agency office, such as one for parent carers of adolescents with mental health needs. One carer said, "The carers meetings are so useful to share with and learn from the experience of others." Carers were able to share their experiences, improve their caring skills and lessen their social isolation, safe

in the knowledge their loved ones were being looked after.

- There was match funding available that was aimed to reduce the agency's waiting list, by offering accessible and affordable respite services to all carers and the people they cared for. The 'Friends of Crossroads' requested supporters to make a donation, hold a fundraising event or volunteer at one of the agency events. The agency had recently organised a fund-raising charity cricket event.
- The agency operated within the Carers Trust policy and standards framework and adhered to well-established policies, procedures, and guidance, to ensure a safe service for people, their carers and staff. It was recognised as a 'Centre of Excellence' under the Carers Trust quality mark.
- People said staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping. One carer said, "As a carer, they [staff] have prevented me and [relative] from becoming socially isolated."
- The annually reviewed statement of purpose outlined basic, specialised and prohibited services provided by the agency so that people were clear what they could and could not expect of staff. This was reviewed as part of the strategic planning away day for all staff.

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

- There were robust management reporting structures via trustee boards, sub-committees, strategic planning, senior and team meetings, and an open-door policy. Trustees undertook specific roles of responsibility including, safeguarding, financial, data protection and specific projects and assessment and plan reviews. The Chief Executive Officer (CEO) had regular one to one sessions with the chair and annual appraisal.
- The CEO, registered manager and managers were represented on various local and national agendas and various statutory and local forums. An example of this was the continued operational commitment to dementia awareness with all staff and trustees trained, and training offered by the agency to external organisations. This was provided by the CEO, registered manager and Dementia Café lead, who were 'Dementia Friends Champions'.
- The CEO had also shadowed care support workers and managers carrying out spot checks to further develop their understanding of the operational aspects of the organisation.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The provider was aware of their duty of candour responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The organisation strove to assess and look for areas of improvement, to continue to provide high quality services to carers and the people they cared for, by working with voluntary and statutory partners, to meet local needs and priorities.
- Staff were encouraged to participate in strategic planning, and service improvement and development with an annual strategic away day. This reflected upon the previous year's priorities, practices and services whilst exploring priorities and improvements for the following year. From speaking with staff and carers, it was clear that the whole organisation were fully aware of priorities and focussed the service provided on people's needs.
- The trustees, staff, volunteers, people who use services and community partners were involved in the identification and introduction of these improvements and strategies were reviewed within this strategic framework.
- There were governance assessments, plans, policies and reports that included financial procedures, business recovery contingency plan, statement of purpose, and health and safety. This ensured areas of risk

and development, at all levels throughout the agency, were constantly reviewed.

- A more efficient web roster was introduced to replace the former rostering system. The upgraded IT systems supported staff in their work to make processes easier and gave greater working flexibility. Templates and assessment tools were reviewed, developed and integrated into the web roster system. This left staff free to focus on providing people with the care and support they needed.
- The organisation's quality assurance systems were very comprehensive, robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. This was set out to encompass all aspects of the CQC five key questions and based upon key lines of enquiry (KLOE).
- Monitoring and quality assurance, included supervisions, appraisals, direct observations, communication sheets that were read and actioned by senior staff and the registered manager monthly, spot checks, weekly record sheets reviews, needs assessments and annual reassessments.
- The agency integrated feedback from other organisations such as schools, district nurses, GPs, the NHS and day centres to ensure the support provided was what people needed. This was with their consent. It worked particularly closely with hospital discharge teams so that vulnerable people who did not have carers would not return to an empty house with no food and drink in place.
- The agency sign posted people towards other organisations that may be able to meet needs that did not come under its remit.
- Six monthly confidential and non-confidential feedback was received from staff, carers and people using the service.
- Audits were carried out by the registered manager, and the internal quality team. Annual board audits were introduced, and new trustees upskilled and inducted. All audits were up to date. There was also an audit action plan.
- The agency previous rating was displayed and available on the organisation's website.
- The registered manager regularly conducted a series of spot checks.
- Data was collated to update and improve services provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The agency belonged to many networks and partnerships where best practice was shared. These included Dementia Friends, Dementia Champions; Dignity in Care; Skills for Care; Social Care Institute for Excellence (SCIE); Dementia Friendly Alliance, Carers Trust, Carers UK, Achieving for Children, National Council Voluntary Organisation (NCVO), Modern dementia research group (LSE) Chamber of Commerce, Richmond Home Support Forum, Richmond Voluntary forum, Richmond Carers Strategy group, and Kingston Carers Partnership Group. The agency sign posted people and their carers to organisations that provided further help and support they may require, enhancing their quality of life.
- The CEO attended action learning sets and peer support groups to share and learn from the experience of others and a pan London CEO Carers Trust Forum.
- The organisation sustained long established and strong working relationships with statutory and voluntary partners including the Alzheimer's Society and Carers Centre. This meant needs and service gaps could be identified and met. An example of this was the 'Men Who Care' project. It focussed on the specific needs of male carers, was recognised by health and social care professionals, and highlighted the disparity and differences experienced by male carers to their female counterparts.
- The male carers involved with the project told us they benefited from a greater ability and more opportunities to communicate and express themselves on a verbal and emotional level. This meant they could cope better and reduced their anxiety and responsibilities, as they received a break from their caring role. This reduced crisis situations and resulted in improved outcomes, for people and their primary male carers. One primary carer said, "It is a relief to have some time to myself and share experiences with others in

a similar situation."