

Crossroads Care Kent

The Oast

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 30 March 2016. The inspection was announced.

Crossroads Care Kent had an office base in Watlingbury and the organisation supported people across the West Kent area. The service was registered as a domiciliary care agency providing personal care to people living in their own homes. Crossroads Care Kent, a charitable organisation, supported people and relatives who were carers. They provided support to people to enable relatives to take a break for an average time of three hours a week. This enabled relatives to do their shopping, to attend an activity, or commitments such as meetings or appointments.

There was a registered manager at 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 Kent was managed by a board of trustees who undertook their role on the board on a voluntary basis. The Chief Executive Officer (CEO) was the senior officer in the organisation and was involved in the day to day running of operations, giving support to the registered manager. Care managers managed the teams of staff who provided support to relatives and their loved ones in the community.

The service provided enabled relatives to be able to carry on in their caring role. Offering personal time to follow their interests or to undertake important tasks that may otherwise prove impossible. A crisis service was also provided for short term support, for instance until an assessment for an enhanced care package was carried out. . For example, people being discharged from hospital were provided with a three week period of care to support their relative at a time when more care may be required. Or if a crisis arose when people's care needs increased dramatically due to dementia. A six week period of care may be provided to support the relative until a permanent increased care package was arranged.

The service had caring staff who enjoyed their role, gaining real job satisfaction. They were described by relatives and the people they supported as being happy and friendly. Because staff supported the same people every week, they knew families well and became an important, trusted person in their lives.

People's privacy was respected by staff who understood the importance of maintaining people's dignity. Staff understood their responsibilities in upholding confidentiality. Records were stored in lockable cabinets in a secure setting, only available to those who needed to access them.

People and their relatives were given a guide before they started using the service so they knew what standards to expect and information about the organisation such as contact details. Assessments were carried out with people and their relatives to establish what was important to them to help them to get the best from the time they would have available. Staff were matched with people to make sure they had similar

interests as far as possible to ensure the success of the support. Staff said the organisation was very good at getting this right, it always seemed to work really well.

People had a care plan that was person centred, giving staff the tools to be able to support people well. People chose what they wanted to do during their support time, for instance, going out shopping, or for a walk in the park, or to stay at home and do crossword puzzles or chat together.

People and their relatives told us they felt safe in the hands of their staff. They knew who to talk to within the organisation if they had concerns and felt confident issues would be addressed. Although everyone said they had not needed to do this for anything other than very small matters. Staff spoke with knowledge and competence about safeguarding people from abuse and their role in making sure people were safe.

Managers assessed potential risks, both to the individual receiving support and by checking the environment to make sure it was safe for staff before commencing support. However, this was not at the expense of care being taken to ensure people were supported to maintain their dignity and independence.

Crossroads Care Kent had sufficient staff to carry out the support they had committed to. The registered manager told us they would not start to support people until they had the right staff available. There was a consistent team of staff and they told us they enjoyed their work so stayed with the organisation for a long time.

The organisation followed safe recruitment procedures to ensure the staff they employed were suitable people to carry out their role. Staff had the training and supervision required to be able to perform well in their role. Their personal development needs were identified and supported within a supervision and annual appraisal system.

People, relatives and staff all thought Crossroads Care Kent was well run and that the management team were approachable. Views were sought and suggestions for improvement were listened to and acted upon.

The provider checked quality and safety by monitoring and reviewing the services provided on a regular basis. The monitoring processes included sending questionnaires to gain feedback on the quality of the support received.

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.

Staff knew how to safeguard people from abuse and were aware of their responsibilities in this.

Potential risks were identified, assessed and managed without impacting on people's independence.

There were enough staff to provide the support agreed. Safe recruitment practices were in place to safeguard people from being supported by unsuitable staff.

Is the service effective?

Good ●

The service was effective.

Staff were equipped to carry out their role by taking part in a good induction process and having the opportunity to undertake relevant training.

Staff were supported well by having regular one to one supervision meetings with their line manager and an annual appraisal to support their development.

Staff understood the basic principles of the Mental Capacity Act 2005 and were able to apply it to their role.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us all the staff were caring and cheerful. All the staff we spoke to told us they loved their job.

People always had the same support staff who knew them and their families well.

People's privacy and dignity was respected. Confidentiality and independence were a key part of planning people's care.

Is the service responsive?

Good ●

The service was responsive.

Assessments were carried with both the person and their relative to help them to get the best out of the time they had available.

Care plans were person centred to make sure people's emotional and physical support needs were considered.

People and their relatives views had been sought on the quality of the service received.

Complaints were investigated and analysed well, learning from mistakes and making improvements as a result.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff were complimentary about the management team and thought the service was well run.

The chief executive officer and the registered manager were present and involved in the day to day running of the service. Staff spoke of being able to speak to any member of the management team.

Monitoring processes were in place to check the quality and safety of the service.

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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 30 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team was made up of three inspectors.

Before the inspection we looked at notifications about important events that had taken place at the service. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, the nominated individual and seven staff members at the time of inspection. We also spoke to 13 relatives who used the service to provide care and support for their family members to enable them to have a break

We spent time looking at 15 people's care records, 12 staff records as well as training plans and records. We also looked at policies and procedures, complaints, accident and incident recordings and quality assurance audits.

This was the first comprehensive ratings inspection for this service since registration in July 2015. In July 2015 they merged with a similar organisation therefore creating a new legal entity. Prior to July 2015 they were providing the same service.

Is the service safe?

Our findings

We were told by relatives who used the service for their family members that they felt safe with the service provided. We received a lot of comments about this. When asked if they felt safe, one person said, "Yes definitely. I've watched what they've done and seen how caring and careful they are with him; they don't leave him for a second when he's standing or walking. My husband has just said he feels safe with his carer". Another relative said, "Without a doubt".

Staff had a good understanding of how to safeguard people from abuse and their responsibilities in reporting any concerns or suspicions they had. Staff were aware they could contact agencies outside of the organisation, such as the local authority if their concerns were not responded to. Contact details were given to each member of staff when they first commenced employment, during their induction. Safeguarding incidences were monitored by the board of trustees when they met every two months. The board members reviewed the process taken, making sure the correct reporting mechanisms were being used. Responsibility for safeguarding people who used the service was considered as everyone's responsibility.

Individual risk assessments were completed on all aspects of care that may be required for the person being cared for. They covered any risks that may be present within the home environment or when outside of the home on trips. The level of risk was assessed as being low, medium or high risk. In all the files we viewed, most of the risks were rated as low. A plan was put in place to manage any issues which were identified as being medium or high risk. For example any moving and handling issues were specified on the plan so staff were able to move people and support them safely. There were risk assessments in place for each area of the home and the risk it posed. For example, the kitchen area posed a low risk for one person and described how they were able to make drinks for themselves and how they should continue to do so to maintain their independence. All potential risks were identified in order to keep people safe while at the same time making sure people maintained their independence and dignity.

The organisation had a comprehensive business continuity plan covering various emergency situations that may happen. An on call system was in place for staff, relatives and people to contact out of hours. If urgent situations arose, a senior member of staff was available to give support and guidance. The on call system was also used when staff needed to make contact to say they were too ill to work. The on call officer had access to rotas in order to deal with this in the most appropriate way. Plans were in place to make sure emergency situations were considered and planned for and that staff were supported while working out of normal working hours.

There was a detailed accident and incident procedure that worked well in practice. The staff member present was expected to complete an incident form as soon as possible. This was reviewed and investigated if necessary by the registered manager and then by the CEO. More serious incidents were forwarded to the chair of the trustees for their review and then taken to the board of trustees meeting for monitoring purposes. The robust reporting procedure led to learning from incidents to ensure a safer service. For example, one incident showed where a staff member had been involved in a minor collision, which was not their fault, while carrying a person in their car. This was discussed at the following staff meeting to share the

experience and the learning. The incident was reported to the next board of trustees meeting. Crossroads Care Kent took the reporting, recording and learning from incidents seriously and everyone in the organisation had their role to play in taking responsibility for this.

The provider employed enough staff to be able to deliver the support required. The registered manager told us that they would not start to support people if they did not have the staff available. People would remain on a waiting list until they were in a position to provide the assessed support. Relatives told us they always had the same staff to support their loved one. When asked, one relative said, "Yes we've had the same lady for five years and we are like friends. They come and sit with my husband while I go shopping. It's been my lifeline and if it wasn't for the care I'd have gone under". Another said, "Yes we have a very lovely lady who comes one morning a week and my wife's delighted with her. She takes my wife shopping and it's great".

When staff were absent, due to annual leave or short term sickness, the organisation generally did not send a different member of staff to cover this. The relatives and their loved ones preferred this as they knew the regular staff member so well they would rather wait until their return. However, if people were in need and requested a temporary replacement this could be arranged. Relatives told us this was the case, one relative said, "We don't have anybody if the carer is off. It's nice when someone comes as they take him out but I'm not sure how my husband would feel about someone new coming". Another relative told us, "It's the same person every time. She's been coming here for about two years. When she's on holiday I don't have any support as they don't send anyone else but [staff name] tells my missus, 'if you need cover you can call people in', but we've never had to". People were kept safe by having regular, consistent staff who they knew and trusted.

An electronic system for managing the staff rota was in place. This included the allocation of hours and support tasks of staff at any given time. The registered manager was able to refer to the electronic system to review where staff were and re allocate staff where and when necessary, for example if a relative required crisis support. Staff rotas were completed monthly so staff knew in advance the hours they would be working for the coming month. The people they were supporting on each day would be confirmed the week before in case there were changes such as people going into hospital or were ill and wanting to cancel for that week. Staff were allocated regular people to support and had gaps reserved in their rotas for people in crisis, for example hospital discharge or dementia crisis. Good processes were in place to ensure the correct allocation of staff to support people well..

Staff were rarely late and if they were running late due to traffic hold ups for example, they would always inform people. All the relatives we spoke with were impressed by how punctual the staff were. One relative said, "He's never been late yet and is always spot on time". Another told us, "She's never run late. She's cared for my wife for two or three years and is always on time".

The service had robust staff recruitment practices in place, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Applicants completed an application form, including their employment history and references were checked before new staff could commence employment. The registered manager told us that employing the right staff was essential and added, "When interviewing, we look for people who like to go the extra mile".

We were unable to fully assess medicines as part of the inspection process as administering medicine to people was only an occasional occurrence. Medicines support had been included as part of the assessment process but none of the 15 care files we viewed required the staff to administer any medicines to people.

The registered manager told us that the staff undertook medicines training as part of their induction course however, it was rare they needed this during the time they spent with people. Staff also confirmed that even though they had received training in medicines management they rarely had to administer medicines to people. Records showed that one person had required medicines for a limited amount of days for a urinary tract infection. The records were clear and detailed with the information required. A medication administration record was in place specifically for this medicine and the care support worker recorded when this had been given. This meant this person had received their medicines safely and as prescribed.

Is the service effective?

Our findings

Relatives told us they thought the level of skill within the staff team was very good. One relative told us, "Crossroads take the training of their staff very seriously". Another relative who had used the organisation for many years told us, "I think they're excellent. It all depends on the carer you get and ours is excellent but all the carers we've had have been good. We've been with them for about 13 years and have had 5 or 6 carers all of whom have been really good, every single one".

New staff received a good induction into the service, including training and shadowing more experienced members of staff until competent and confident. A 'work shadow buddy' system was in place for new starters. A buddy was selected for their skill and experience. The buddy completed work shadow feedback forms, recording how the shadowing went, how the staff member performed and if further training was required. The registered manager told us this had proved to be very successful as the buddy felt valued to be given the responsibility and the new starter felt valued by the time being given to them. One member of staff who started in their role in 2015 said, "There was good support all round when I started and it has continued".

Staff received the training they required to carry out their role effectively. This included training in moving and handling, safeguarding adults, first aid and health and safety. Specific specialist training was also in place when needed such as living with dementia, parkinsons disease, motor neurone disease and end of life training. One staff member told us, "The training is really good, very helpful".

Staff were trained to be dementia friends and the service supported their own in house dementia champion. The Dementia Friends programme is a national initiative to change people's perceptions of dementia.

Crossroads Care Kent held a staff conference every two years to support the professional development of their staff. The conference included carefully selected speakers to help staff stay up to date with current practice. For example, the conference held in October 2014 had a theme around the Care Act 2014 prior to its implementation in April 2015. Staff were supported to be skilled and knowledgeable in their role to support people effectively.

Supervision and appraisals were linked and staff received one to one time with their manager at least twice a year. Supervision covered an overview about the people staff supported, training needs and whether they had any personal issues which needed taking into consideration. Line managers gave constructive feedback to the member of staff about their performance. Staff said they found these meetings to be useful and a supportive two way discussion. Annual appraisals were a two way process where staff were asked to give their opinion of their performance over the previous year and received feedback from managers. Development goals were set for the following year. A member of staff said, "They expect high standards here which we like to maintain". The personal development and support needs of staff were considered important in order to provide good quality support to people.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA)

that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. Staff explained how they would support people to understand information to enable them to make decisions if the situation arose. As the organisation provided a service to support relatives, all decisions and choices regarding what they wanted from the service was theirs to make. Staff encouraged people receiving support to make choices during their support time. For example, what drink they wanted or where they wanted to go when out for a walk.

Consent forms in care files had been signed by the relatives. This gave permission for the staff to take people out of the home and consent to share information with local authority care managers or Admiral Nurses as and when required.

The nature of the service provided meant that staff did not have a direct responsibility to support people with their nutrition and hydration. However, staff would always make drinks for people and support them with this, recording any food or fluids people had taken. Staff would occasionally make a snack for people, one relative said, "No problems whatsoever, and they give my husband his glass of wine in the afternoon and he says thank you as the relationship is good now. It's taken time for him to accept carers but we've got such good carers he's accepted them as they take the time to talk to him".

Generally health monitoring would be the responsibility of the relatives themselves or a different domiciliary care agency. However, as staff were able to build good relationships with people and their relatives, they would report any concerns they had to the relevant people. Staff would signpost people regularly and this would include the GP or district nurses. One staff member gave an example of a person who appeared unwell and they thought the person may have a chest infection so advised their relatives to contact the GP. The staff member contacted the person's relative next day and found that the GP had visited the person and had prescribed antibiotics.

Is the service caring?

Our findings

Relatives found the staff to be kind and compassionate and thought the organisation itself was caring. All the relatives we spoke with were complimentary of every member of staff. When asked if they found the staff to be caring, one said, "Oh yes very much, so I wouldn't change it for the world". Another told us, "Yes he's lovely. He'll get my husband's coat and help him with dressing. He'll check on him and chats to him about football which my husband enjoys" and, "Yes, she's always very nice, happy and cheerful and she's a happy lovely lady".

The provider ensured that support was flexible to the needs of the person and their relative and what they wanted to spend their time doing. Relatives would normally receive an average of three hours care and support once a week, however this was flexible by arrangement. For instance if a relative needed to attend an evening meeting. The registered manager gave an example of a relative who wanted to invite their relative to their home for a coffee on a regular basis but this was problematic due to the difficulties their loved one experienced. It was arranged and agreed that staff would take their loved one out. This enabled their relative to have a break and meant that they could have friends around to their house for coffee rather than having to meet in a coffee shop. This was very beneficial to the relative as they did not have to leave their home every time they met with their friends and relatives.

Care was taken to match the staff member to the person to ensure the best chance of a sustained relationship. Interests and personalities would be taken in to consideration. The availability of the staff member at the times required by the relative were of equal importance to ensure the consistency of the support long term. Once a staff member had been introduced and the relationship had been built and found to work, that staff member remained with the person. It would always be the same staff visiting each week. A staff member told us, "They are really good at pairing people up, they seem to really know who will go well with who". Another said, "It was the best decision ever coming here to work".

Staff were able to get to know people and their relatives very well. Relatives told us how important this was to them and their loved ones, helping them to feel secure and relaxed. One relative said, "Oh yes she's been coming for a couple of years now and she even gets duck pancake rolls for us at the supermarket on her way here because she knows we like them". Another said, "Very well, they're more like a family friend now. My husband has a big family and she knows them and they all think she's marvellous" and another relative said, "I think the wife wants to adopt her!".

Staff told us they enjoyed their role as they felt they were making a real difference to the lives of people and their relatives. Because they supported the same people every week and spent generally three hours with them it meant they also got to know people really well. A staff member commented, "It's a slower pace than other care jobs I have had, so we can build relationships with people".

Staff felt fortunate to be able to get to know people's likes and dislikes and their interests. The staff often got to know the family well which added to their relationships with people. A staff member said, "I love it. It's almost like not going to work". Another said, "Having time with people and getting to know the person is

great. You become more of a friend and companion". One staff member told us how they also provided some care overnight to one person to give their relative a good night's sleep. They described how the management team were very helpful and there was an on call system should they need to contact anyone during the night. This was rare but gave them confidence should they need that support during the night when no one was in the office.

A relative told us about the emotional support they received from the staff, they said, "When I come home from shopping [staff name] will come and talk to me as I don't have much contact. They take the time to talk to me". Staff told us that relatives often needed emotional support and someone to talk to or to seek basic advice from. For example, when their loved one was newly diagnosed with dementia and their behaviour may sometimes be challenging. This could be worrying and frustrating for their relatives. Being given the opportunity to have a break and to have someone they come to know and trust and be able to speak to can have huge benefits for both the person and their relative. One staff member told us, "A carer said to me, 'I have no worries for three hours now', that is what it means to carers, we are a big help to them".

We spoke to a number of staff who all said they loved their jobs and this was apparent by the way they spoke about it. Once staff had joined the organisation they tended to stay, which was evident by the conversations with relatives who told us how long their staff had been coming to give them support. One member of staff said, "All the staff here seem to be very caring people" and, "A lot of us have elderly parents too". Another said, "We get a lot of gratitude. One carer said to me, 'you have made me able to carry on now'" and followed this with, "If you can help people, what more can you get from life".

All records were stored safely in locked cabinets within the offices of the service. All staff and managers understood clearly the importance of respecting the privacy and dignity of people and their relatives. Crossroads Care Kent had a professional and caring approach to the support they undertook.

Is the service responsive?

Our findings

Relatives said they were fully involved in the initial assessment of theirs and their loved ones needs and the care plans that staff used to provide support. One relative said, "There was a lot of paperwork at first and I had the impression that everything was done thoroughly".

Relatives were referred to the service from many sources, including self referral, from nurses or GP's. A referral form was often completed by local authority care managers or health care professionals, such as the Admiral Nurses. An Admiral Nurse is a specialist dementia nurse who can support the whole family, from diagnosis to end of life. This helped the registered manager assess when an appropriate time to visit was and how urgent the referral.

People were fully involved in their initial assessment, which was carried out prior to support commencing. As the organisation was set up to cater for the needs of relatives who were carers, an assessment was undertaken with the relative. This entailed looking at their needs first to ensure they got the most out of the service being considered. What the relative wanted to do with their time would be discussed including what time and days would suit them best. An assessment was also carried out with the person being cared for with theirs and their relative's involvement. This would also include finding out what they wanted to do with the time available. For instance to go out, to a garden centre or for a walk, or stay at home and take part in an activity together or have a chat. Personal care needs were discussed to make sure staff had the training required should this be needed. Personal care was not the primary task of the organisation. This would normally be taken care of by the relative or by a domiciliary care agency whose responsibility this was. However, staff were trained to deliver personal care in case the circumstances arose. A staff member confirmed, "The assessments are done and they prepare you for going into people's homes. I always know what I'm going into".

Each person had an individual care plan which outlined the care that was required. This was completed with the full involvement of themselves and their relative. Care plans were personal and reflected the persons likes and dislikes. For example, how they liked their tea to be made. Staff were always given care plans to read before going to visit people for the first time. Staff said that the care plans had the right information in them to help them become familiar with the person, their likes and dislikes. Individual information about people and their relative so they had things to chat about while they were getting to know people. Assessments and care plans were personal and reflected what was important to people as well as their support requirements.

Care plans were regularly reviewed when anything changed for the person or routinely at least once a year, by managers. Staff would contact the office and let them know if people's needs had changed or if people had told them they wanted to make changes. The managers made amendments based on the information given and contacted people or their relatives to discuss changes with them. For example, where changes to a person's mobility had been discussed the care plan had been updated with all the relevant information for the staff to continue to care for that person on their visit. In one instance additional equipment was required to assist the person to move safely. Staff received training on this equipment so they felt confident to move

the person as and when they needed to during their time in the home.

People were supported to engage in activities if they wished to during their support time. This would vary from one person to another and from one week to another, led by the person and their relative. A relative said, "They watch TV, they do crosswords together which they enjoy, they make coffee and tea. They talk all the time and she entertains him". Another said, "They take an interest in what she's doing and where she's been, takes an interest in our daughter and other family members and conversation is an important part of offering stimulation to my wife. They also take her to the toilet and the lady we have happens to be very good at ironing and it's a great help with doing the ironing. They also make drinks and encourage my wife to drink water as frequently as possible". People had the opportunity to engage in activities or tasks of theirs and their relatives choosing during the support time available to them.

The registered manager or senior staff made contact with people and their relatives after six weeks of commencing support. They checked if the support was going well and if people or their relatives had any concerns they wished to raise.

Relatives told us they knew how they could make a complaint if necessary. One relative said, "Yes I'm not likely to complain to the lady who gives care but would complain to the office. They send survey forms annually too where I could make a complaint".

A comprehensive complaints procedure was in place detailing the process for responding to complaints appropriately and within a timescale. We looked at complaints made and saw that they had been responded to as the complaints procedure stated. All written complaints were reviewed and monitored by the CEO. Following this they were reviewed by the board to monitor the process followed and to recommend improvements. The provider had a robust process in place to respond to complaints received and to learn lessons and make improvements to the service provided. The service had also received compliments. From 1 January 2016 to the 22 March 2016 ten cards and letters of compliments and thank you had been received

Is the service well-led?

Our findings

Crossroads Care Kent was very well managed according to the relatives who used the service. We spoke to a number of relatives and they were very complimentary about the staff and the managers. Comments included, "Very well managed, and I say that strongly, having experience of other agencies and the difference is incredible. It's well managed as its efficient and also friendly" and, "Very well managed service because I've had such good service from them. I've had no faults from the service and that must come from the top".

There was a positive and open culture within the organisation. We spoke to a number of staff and had consistent positive feedback from all of them about how well they were supported by the management team. We were told that all the managers were caring, not just about the people and their relatives they were supporting but also the staff. They would regularly make contact with staff by telephone or text to check they were OK, particularly if they knew a member of staff may have personal worries. Comments from staff included, "One of the people I supported passed away and the managers rang me a lot, most days, to check I was coping alright" and, "They are very understanding of our needs too". As well as, "We get recognition from managers. Good feedback is passed on".

Staff meetings were held regularly, every eight weeks to update and support staff and to enable communication and peer support. One of the staff we spoke to said, "I definitely feel listened to. At staff meetings we always listen to each other in case we can help". These meetings were held over two days so that as many staff as possible could attend, if they couldn't attend one day they would be able to attend the next. The organisation held a Christmas party for staff each year as a way of saying thank you to the teams. Staff appreciated the support they were given and told us this. For example, staff told us, "I think it is a wonderful organisation. I am not just saying it, I really do" and, "I can always get through to someone on the phone. Anyone will help".

Staff knew what to do if they had concerns about something they witnessed while at work. They had no doubts that any concerns would be listened to by the provider, the registered manager or any of the senior team. Staff members told us, "The managers and seniors are very approachable" and, "I am very happy to talk to any of my managers".

The provider, registered manager and senior team listened to the staff and acted on suggestions for change or concerns. For example a staff member told us how they supported a person and their relative who were finding that the support time allocated to them wasn't long enough. The management team took this on board and reviewed the care being provided and sourced the additional funding to increase the support.

Crossroads Care Kent had clear aims and objectives and these were documented in their statement of purpose. Their vision, 'Every carer to be recognised, supported and offered services to help them maintain their health and wellbeing', was known and shared by the registered manager and the staff we spoke to. It was clear to us when in conversation with any of the employees within the organisation. Staff told us, "You feel as though you are really achieving something by helping the person and their carer" and, "We are

unique. We see people once a week and it is really important to them". A third said, "If we know a carer is struggling, we will tell the manager who would ring the carer to see if they needed extra help".

The organisation made sure that relatives were aware of what to expect from staff and the services provided through their service user guide. The guide was given to people at the commencement of the service and regularly updated to make sure the information was correct. The types of information found in the guide included what the staff could and could not do, how to make a complaint and a list of helpful telephone numbers.

A survey, asking people and their relatives for their views of the service they received was sent out once a year. The registered manager told us that they tended to get a good response to these, with many relatives responding. The last survey, undertaken in 2015, had 218 completed from about 400 that were sent out. Comments included, 'Carers not only very helpful but kind and understanding as well' and 'Lovely staff, understanding, helpful, caring and prompt'. The results and comments were analysed by the CEO and cascaded to the registered manager and the senior team before being disseminated to staff through the staff meetings. The analysis was fed through to the board meeting to enable it's members to discuss and agree improvements where necessary. The service user guide, given to all people and their relatives was updated annually, with the evaluation of the most recent survey included. This was used to inform people of the outcome of the survey and the improvements the organisation planned to make as a result.

A staff survey for 2016 had recently been completed with 54 being returned. The results were yet to be collated. We were also shown the 2015 staff survey. There were many positive responses. Some of the same issues were being described in the 2016 staff survey results however, we were unable to review these in detail. We asked the CEO and registered manager what they would do as a result of the surveys. They had held a number of meetings and were in the process of restarting a newsletter.

The provider was present in the service every day as well as the registered manager and both were fully involved in the running of the service. They had a current knowledge of any concerns, for example a relative who might be struggling, or a staff member who was experiencing personal issues. The registered manager said, "Once you have worked here it gets in your blood" and, "We are very supportive of the staff teams and they are of us". The provider and registered manager recognised the importance of being available and approachable and the impact that had on the morale of staff which had an impact on the quality of support provided.

The organisation was involved in many initiatives within the local community. For example, they ran a Cognitive Stimulation Therapy (COG's) club in Maidstone, a therapy based programme for people living with mild to moderate dementia. Staff had the opportunity to work there at times, helping to increase their skills and experience. One staff member commented, "I worked at the COGs club a couple of times which has given me some great ideas for activities to try with people".

Auditing and monitoring systems were in place to check the services provided were safe and of good quality. For example, the daily notes, recorded by staff were delivered to the office on a regular basis. One of the managers would carefully review each set of notes. Constructive feedback was given at the staff meeting and to individual staff members within their one to one supervision. Maintaining standards and monitoring the understanding of the care planning process was the aim of the audit.

The CEO told us they ensured the voice of carers in Kent was heard at every forum. All staff, from the top down, said they provided a good quality service that was very much needed. They felt there wasn't enough to support relatives who were carers and so they were providing something that was really valuable and

helped people to cope. They were proud to work for Crossroads Care Kent, care staff told us, "The feedback I get is that we do provide a quality service, three hours is a lifeline for carers" and, "We really are a good support for carers". Another said, "I've got such a lovely job, I'm so lucky. I'm most proud of the work I do and the people I support". The CEO said, "Our staff are our quality, without the staff we don't have the business". The registered manager was clear how a quality service was provided, "It has got to be the right person in the right job".