Forest Of Dean Crossroads-Caring For Carers

Crossroads Care - Forest of Dean and Herefordshire

Inspection report

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Date of inspection visit:
06 October 2016
07 October 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

This was an announced inspection which took place over two days on the 6 and 7 October 2016. Crossroads Care - Forest of Dean and Herefordshire provides support to people in their own homes and a range of additional services to support the needs of carers including respite care. It is a charitable organisation which provides practical help, support and social opportunities to carers and those they care for across all ages and disabilities. At the time of our inspection the provider was supporting 99 people with their personal care needs in the Forest of Dean and Herefordshire areas.

There was a registered manager in place. 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.

People did not benefit from robust recruitment procedures. Verification about why staff left former employment had not been obtained. Reference requests were changed during the inspection so this information would be requested from former employers. The registered manager had identified issues with the recording of medicines and new medicines administration forms had been introduced to rectify this. Training was being delivered to staff and work was in progress to resolve these recording issues and to make the administration of medicines more robust.

People received highly individualised care and support which reflected their personal wishes, needs and routines important to them. The needs of their carers were also recognised and support mechanisms were in place to help them as well as people being cared for and to reduce their social isolation. Excellent networks had been established to provide people being cared for and carers to have a presence in their local communities and to access partner organisations for support and advice. People living with dementia and people at the end of their lives could be confident staff had an excellent understanding of how to support them with dignity, respect and compassion. Staff had completed training to ensure they had the skills and knowledge necessary to meet people's specialist requirements.

People's rights were upheld. Staff understood how to recognise and report suspected abuse. They were confident any concerns would be followed up by management and the necessary action taken. People were safeguarded against the risks of accidents or injuries. When they were upset, anxious or distressed staff responded appropriately offering reassurance and support as needed. People were encouraged to be as independent as they could be. They liked to be supported by the same staff and had developed positive relationships with them. There were enough staff to meet people's needs. New peripatetic staff (who were able to work in various places for short periods of time) had been employed to help out at times of emergency or staff shortages.

People's experience of their care and support was encouraged. They were invited to give feedback each year in the annual survey and as part of the quality assurance process to assess the competency of staff during

observations of their practice. A staff forum enabled staff to voice their views. Newsletters to staff and people using the service kept them up to date with improvements to the service. A quality committee monitored complaints, risks and people's experience. They reported to the board of trustees.

The registered manager supported staff in their roles, enabling them to access training to develop their skills and knowledge and recognising and rewarding their performance and achievements. Crossroads Care - Forest of Dean and Herefordshire worked closely with social and health care professionals, local and national organisations, councils and partner organisations keeping abreast of changes in guidance and best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not as safe as it could be. Recruitment procedures had not verified the reason why new staff had left former employment with children or adults. Other recruitment checks had been completed. Changes to the administration of medicines would make the administration and management of medicines safer.

There were enough staff to provide care and support to people. New staff structures had been put in place to cover visits at short notice.

People's rights were upheld and staff understood how to keep them safe from injury and harm.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to training and support to develop the skills and knowledge necessary to meet people's individual needs.

People's capacity to make decisions about their care and support had been assessed in line with the Mental Capacity Act 2005.

People's health and wellbeing were monitored and staff liaised with health care professionals when appropriate. People were supported with their dietary requirements if needed.

Is the service caring?

Good

The service was caring. People had positive relationships with staff and were treated with kindness and compassion.

People made decisions about their care and support and their views were listened to and respected.

People's privacy and dignity were promoted.

People's preferences for support at the end of their life had been discussed with them and those important to them.

Is the service responsive?

Good

The service was responsive. People were supported to maintain relationships with their carers and to reduce social isolation through a range of events and support groups.

People's care was individualised reflecting their wishes and routines as well as their changing needs. People's health and wellbeing was monitored and they were supported to maintain their independence.

People were encouraged to raise any issues or concerns. Complaints were listened to and action taken to improve people's experience of their care and support.

Is the service well-led?

Good

The service was well-led. People's experience of their care and support was sought to reflect on the quality of service provided and drive through improvements.

People benefited from a forward thinking organisation whose vision to offer a range of quality care services included meeting the needs of carers as well as those people being cared for.

The registered manager and staff were passionate about the care and support they provided and proud to celebrate the achievements of staff and the service.

Crossroads Care - Forest of Dean and Herefordshire

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.

The inspection took place on 6 and 7 October 2016 and was announced. We gave the service 48 hours' notice to make sure the manager was in the office. We needed to be sure they were in. Two inspectors carried out this inspection. Before the inspection, the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with ten people using the service and five relatives. We spoke with the registered manager, a representative of the provider, the deputy manager, two schedulers and eight care staff. We reviewed the care records for five people including their medicines records. We also looked at the recruitment records for six staff, staff training records, complaints, accident and incident records and quality assurance systems. We observed interactions between people and staff during visits to people in their homes. We received feedback from five health and social care professionals and local commissioners.

Requires Improvement

Is the service safe?

Our findings

People did not benefit from robust recruitment procedures. When new staff were being recruited the reason for leaving any former employment with children or adults in social care had not been verified. Reference requests did not ask for this information, although a covering letter requested referees to include the reason for leaving their employment. This information had not been added to reference requests and although references had been checked for their authenticity with referees this additional information had not been sought. Some of the checks required by law when appointing new staff had not been carried out. The registered manager updated the reference request form during the inspection to make sure referees were asked to verify the reason for employees leaving their service. We have not been able to check that this improvement has been sustained.

Application forms provided a history of employment and where there were gaps in the employment history these had been checked during interviews. New staff had not been appointed before a Disclosure and Barring Service (DBS) check had been obtained. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Systems were in place to look into any cautions or warnings which may have been received and risk assess the impact this might have when employing staff. For example, a new member of staff would have individual meetings (supervisions) every two weeks during their induction period. Staff were asked annually to complete a form updating their DBS status. Every three years new DBS checks were applied for. Identity and health checks had also been undertaken before staff started work.

People's experience of the scheduling of their visits varied. People could request to have copies of the rota of staff allocated to them each week. These could be emailed to them or posted to them for a small cost. People spoke about how important it was for them to have a consistent staff team to provide their care. Four people told us they had been supported by different staff to the one they expected or new staff who "often just show up". One person commented they should not "Send anyone in who hasn't been shadowed. It doesn't happen very often but it does happen on occasion." Ten people's experience was more positive with people either having a consistent staff team or having new staff who had shadowed existing staff and knew their needs. The provider information return (PIR) evidenced the provider's recognition of introducing new staff to people. The PIR stated the introduction of five new mentors will "enable new staff to be introduced gradually to our clients, which will alleviate the anxiety's they have when new staff start."

People said visits were never missed. Four people had experienced late visits and were not always informed when staff would be late. Mostly people understood the reasons for late visits usually traffic or problems with an earlier visit. People confirmed their visit times were of the correct length. Staff said there were sufficient of them to cover the visits and improvements had been made to the scheduling of their rounds so that visits were in the same area. Staff described how they had been given mobile phones which they used to log their visits. This meant office staff were able to monitor the times of visits but also if visits had been missed. New peripatetic staff (who were able to work in various places for short periods of time) had been appointed to attend any visits which needed to be covered at short notice.

People's medicines had not always been managed safely. The registered manager explained how the administration and management of medicines had been changed to make sure medication administration forms (MAF) reflected current best practice. For example, where previously they had stated "as blister pack", forms now included a full list of all medicines contained in the blister pack or a list of the medicines had been attached to the record. Staff were in the process of receiving medicines training and said the new processes were "safer" and "better". Not all staff had started to implement the new ways of recording medicines onto the medicines administration form (MAF). The registered manager shared with us an example of a correctly completed MAF which included a full list of all medicines people were taking in their blister packs. These improvements were slowly being embedded and staff were being supported through the changes. Senior staff said medicines audits were in place and any continuing errors would be picked up and dealt with through supervision. Staff spoken with during visits to people in their homes confirmed their understanding of the new administration processes.

People's preferences for the way in which their medicines were managed were respected. Their care records clearly stated whether they managed their own medicines or if they needed support whether this was a verbal reminder or staff giving them their medicines. If people had any allergies these were highlighted and staff had access to the side effects of any medicines people might take. Staff promptly raised any concerns they might have if people had refused to take their medicines.

People's rights were upheld and they confirmed they felt safe with the service they received. People told us, "I feel very safe" and "They keep me safe". A relative commented, "I feel safe leaving my mum (who lives with us) in the care of the staff." Staff confirmed their training in the safeguarding of adults had been kept up to date and they demonstrated a good understanding of their roles and responsibilities should they suspect abuse occurring. Staff described how they dealt with unexplained bruising checking possible causes with the person before raising concerns. Robust records had been kept of any incidents and accidents including the use of body maps to record any unexplained bruising and injuries. Staff raised any concerns they might have with staff at the office and said they would be looked into. Records confirmed the registered manager had thoroughly investigated any allegations of abuse or incidents and accidents. They had taken the appropriate action by contacting the appropriate safeguarding team, police and notifying CQC.

People were supported to stay safe from the risk of harm. Their risk of falls, developing pressure ulcers and nutritional needs had been considered. Risk assessments described how staff should support them to maintain their health and wellbeing. For example, applying creams to dry skin, using hoists and slings for safe moving and handling and ensuring people had access to fluid and food. Staff said they would contact the office if they had any concerns about people who would get in touch with the appropriate health care professionals. When necessary people had a missing person's profile used by local police which could be used if the need arose. Environmental risks had also been assessed to make sure staff worked in a safe environment. Staff said systems were in place to keep them safe when lone working and "there was always someone at the end of the phone if needed".

Good

Is the service effective?

Our findings

People were supported by staff who had access to training to develop the skills and knowledge to meet people's needs. People told us, "They are very good they know what they're doing" and "Definitely trained to do their job". A relative commented, "New staff undertake shadowing and they seem to be trained well." Staff confirmed they completed an induction, shadowing colleagues until they felt confident to work alone. One member of staff described how they had asked for extra shadowing and this had been agreed. Staff proudly told us they completed the care certificate and training considered as mandatory by the provider, such as first aid, food hygiene and moving and handling. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. They then went on to complete the diploma in health and social care at levels two and three. Staff confirmed they had access to training specific to people's needs such as dementia awareness, palliative care and epilepsy. A member of staff had been trained to deliver dementia friends training and was due to become a trainer of dementia awareness.

People benefitted from staff who felt supported in their roles. Staff spoke positively about their mentors who they met with each month and who also carried out spot checks of their work. These included observations of staff carrying out their duties and feedback from the people they support. The registered manager confirmed staff had individual support meetings which included face to face meetings and conversations over the telephone. Records had been kept of these meetings evidencing their training needs and any additional support staff needed.

People were supported to make decisions and choices about their care and support in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions for themselves had been assessed and where they were unable to make choices about their care and support these had been made in their best interests. For example, the delivery of personal care or the administration of medicines. People's care records indicated when they had fluctuating capacity and what might affect their ability to make choices such as physical or mental illness. The provider information return stated, "All care plans are agreed with the person or their representative taking into account the MCA." When people had appointed a lasting power of attorney this had been verified and recorded in their care records. Where a lasting power of attorney was appointed they had the legal authority to make decisions on behalf of a person, unable to make decisions for themselves, in their best interests.

People were supported to maintain their health and wellbeing. They had assistance to eat and drink if this was needed. Their care records highlighted when they needed help to prepare their meals or when drinks should be left within reach. Staff were observed preparing drinks. A relative told us, "They make her food at night and she eats well." A person confirmed their meals were made for them and said, "I've always got a bottle of water; they make sure I have a drink." People's health care needs were closely monitored and staff kept in close touch with health care professionals. A relative confirmed, "They do everything they can. He is

on a special mattress and the nurse visits." Staff explained how they observed the condition of people's skin and if they noticed any deterioration they would speak with community nurses. Health care professionals told us, "They are pro-active. If there are any problems with service users in the community in regard to calling GP's, district nurses, family or ourselves they notify of any problems."

Good

Is the service caring?

Our findings

People were treated with kindness, care and compassion. They told us, "They [staff] are kind and I can't say anything bad about them", "I have a good rapport with them. They are very pleasant and caring" and "They are very kind." Relatives commented, "They really do care", "They are all fine" and "It's nice to have the same people coming in, they make him laugh." People were observed chatting amiably with staff, sharing a joke and light hearted banter. One person told us the humour really helped to cope with their situation when staff were helping them with personal care. A person commented, "They are brilliant. It's the little things to help, not on their to do list. They notice if anything needs doing, that's the caring part."

People's human rights were upheld. People's cultural and spiritual beliefs had been identified in their care records. People's preferred form of address had been noted. For example, one person liked to be addressed with their title [Mrs, Mr, Miss], whilst others liked to be addressed by their first names. A health care professional commented, "I hear first names or Mr and Mrs used by Crossroads carers and they maintain boundaries." Staff were observed respecting people's right to privacy. They also promoted positive and open relationships with the spouses or partners of the people they supported. One spouse told us, "They are absolutely brilliant. We are both very lucky." People's personal information was stored securely and had been kept confidentially. A health care professional confirmed, "When carers have referred to other clients, they have anonymised information and asked to speak to me privately." People said they had told the managers if they had difficulty with a particular member of staff. They felt listened to and arrangements had been made to respect their viewpoint and make the necessary changes. People told us, "If there are any that mum has taken a dislike to we will tell the office and they stop them from coming" and "There was one person we just didn't get on with but I told the office and they don't send her anymore."

People's personal histories and preferences had been explored with them. Staff had a good understanding of how people wished to be supported and their individual likes and dislikes. Staff described how they supported people who might become upset or emotionally distressed. They offered reassurance or space. People's care plans suggested how to support people. A health care professional said staff "understand their needs which can at times be challenging and they manage service users appropriately." Daily records had been kept which evidenced when people had refused care or support and the next member of staff to visit them had offered the support again. Staff understood people's preferred form of communication and how to talk with people with sensory disabilities. A relative commented, "They use sign language and a white board to communicate with him as he is deaf. If they hear a new joke they will write it down for him on the whiteboard."

People and those important to them were involved in the planning of their care. People confirmed they had formal reviews of their care. Their care records were kept up to date. The provider information return (PIR) confirmed, "All clients are involved in the care planning process including those who do not have capacity; their choices are paramount in care planning." People had copies of the statement of purpose and service user guide in their homes. They also had information about how to access advocacy services. People said they could call the office at any time and their queries were always answered.

People were treated with the utmost respect and their dignity was promoted. People told us, "They treat me with respect" and "This is an undignified thing they are doing; they are discreet and respectful." A relative commented, "They treat him like he is part of their family. They really do care. When they wash him they do it with respect. They treat him with dignity." Staff were observed knocking on people's doors and seeking permission to enter. They greeted people enthusiastically as they entered. They spoke with people respectfully and professionally. A health care professional confirmed this was their experience of staff, they "address patients politely, they explain if they do not arrive at the expected times and they protect patient's dignity by verbally informing them of the tasks." A relative reflected, "He told me 'Crossroads girls are my social life'. They share their lunch time cake with him if they have any. He thinks they are wonderful." The registered manager and office staff were dignity champions enabling them to promote best practice within the staff teams.

People's preferences and choices about their end of life support had been sought and their care plans reflected these. The PIR stated, "Clients who are at the end of life are asked what their wishes are when planning care, such as would you want an ambulance called, do you want repositioning and washing". People's care plans included this level of detail. Staff who cared for people at the end of life had completed training in the end of life care. The registered manager said they recognised not all staff would wish to be involved at this stage and so a team of staff had been established with the skills and knowledge to provide the care and empathy needed.

Good

Is the service responsive?

Our findings

People living with dementia had an enhanced sense of wellbeing and staff strove to maintain and improve the quality of their life. The registered manager described how key members of staff had been identified to specialise in dementia and to support staff to develop their skills. All staff had become dementia friends which showed their individual commitment to improving the life of people living with dementia. This meant, despite the training they received through their work, they were committed to learning more about how they could help people who lived with dementia, both in and outside of work. A health care professional confirmed, "A lot of the service users I deal with have dementia and their staff are 'dementia friendly'." As a result staff were less anxious and more confident when supporting and care for people with dementia showing greater understanding of their condition and their needs. For example, a member of staff described how they found that by holding a person's hands and chatting with them during personal care, the person was reassured and another member of staff could carry out their tasks without fear of causing distress. A relative confirmed, "They go the extra mile, I can't praise them enough. The one we have regularly is amazing." A member of staff said they regularly started work earlier so they could make sure people's visits ran to time just in case there were any changes in people's needs.

People's diversity and disability were positively promoted within their local communities. Staff worked passionately within local communities to promote greater understanding of people living with dementia and reduce the stigma attached with the disease. The dementia lead explained how they had worked with the local council to establish dementia awareness courses for the public and had also attended local schools to talk with children about dementia. They said their goal was "to keep people as part of their community". This was evidenced through the variety of social clubs and events promoted by Crossroads improving people's access and involvement in community resources.

People were supported to maintain relationships with those people important to them. The registered manager described how they recognised the importance of supporting carers (relatives and friends) to stay healthy and well. This in turn impacted on the overall wellbeing of the people they supported. Crossroads Care offered a range of support for carers from respite visits where staff who supported people stayed for an extra few hours to providing day care and clubs. Crossroads Care had won an innovation in care award from a local provider's association for its pub clubs. These offered both people being cared for and their carers the opportunity to meet up at a local pub to provide support, advice and a social occasion. There was always a qualified member of staff in attendance. As a result of the success of this club, a ladies lunch group had been set up. Other events arranged by Crossroads Care for people being cared for and their carers included an afternoon social gathring and performances by local choirs.

People's needs were assessed to make sure a service could be provided to them and to make sure staff had the necessary skills and knowledge needed. The registered manager described how staff had completed additional training to make sure they could provide the appropriate care and support to people. For example, end of life training or Parkinson's awareness. A relative confirmed, "She was in hospital before she started getting care from Crossroads. They came into hospital to see her and assess her needs."

People received individualised care and support which reflected their wishes, routines important to them and their identified needs. For example, due to poor skin condition one person liked to wear lose clothing and another person needed reassurance when being hoisted. Their assessments and care records reflected this. The registered manager explained how they would step in to provide a service for people and their carers who were waiting for confirmation of their funding by the local authority to prevent a crisis occurring. They said, "We can support people if they need a break to prevent a crisis. Our interventions prevent the burden on residential care and hospitals."

People's care records were based on their personal histories and the care and support they wished to receive. For example, one person's pets were really important to them and staff understood when visiting they would be present. Another person had previously had significant problems with the condition of their skin and staff explained how they monitored the person's skin and maintained it in a good condition. Staff understood people really well and described how they reacted to their health and wellbeing, considering the level of support they required each time they visited which could fluctuate. Staff promoted people's independence supporting them to maintain their skills but helping them if they felt unwell. The provider information return stated, "All staff take pride in knowing those they care for and ensuring preferences are followed." People's care plans stated the reason for their care and support and these were often "so that I can remain in my home". People had agreed goals for the forthcoming year, for example to ensure dignity and comfort or maintain personal standards. Staff confirmed, "We find different ways of working and getting to know people" and "We work closely with health care professionals when people's needs change." A health care professional confirmed, "Most patients and carers are able to adapt to recommendations and incorporate them into the routine."

People benefitted from the introduction of new technology to keep their records and information up to date with their changing needs. Staff explained how they had been given mobile telephones which gave them access to a summary of people's care needs and which they could use to contact the office with updates. People's care and support was reviewed after the first six to eight weeks and then annually or sooner if needed. People told us, "They came for a review today of my care and support and they check I am happy with the care", "This is the first time they have come out in 12 months" and "They usually come once a year to review my care. I do get asked about it." A relative confirmed, "If there are any changes, like with her medication, I just let the care staff know and they sort it."

People's concerns and complaints were listened to and action taken in response to improve their experiences of their care and support. Each person had a copy of the complaints procedure in the records kept in their home. They told us, "I have complained about different people coming in and they said they would look into it", "If I have a problem I will tell them", "Yes I know how to make a complaint. It tells you in the folder I have" and "I wouldn't hesitate to raise any concerns with the office if I had any. I know how to complain." People said they would talk with staff and named staff at the office they would contact if they had any issues. They said these would be resolved and action taken in response such as rescheduling staff or changing visit times. A relative confirmed, "They keep me informed as necessary. I would go to them with any questions or concerns."

People had raised five complaints during 2016 which the registered manager had thoroughly investigated and produced reports which evidenced any action taken. For example, reducing the number of staff allocated for one person's visits and addressing poor staff attitude. Complainants had been sent a letter detailing the action taken and if needed apologies were offered. The registered manager also monitored concerns through the review system which had highlighted travel issues due to staff sickness and staff covering larger rounds. In response, additional staff had been appointed in a peripatetic role (staff were able to work in various places for short periods of time) so they could cover sickness or emergencies ensuring

improved consistency of staff and travel times. Local commissioners confirmed they monitored complaints but had never received any issues or concerns. A health care professional commented, "The provider were responsive to the actions raised and proactively gave evidence to show that these had been considered and acted upon."

Good

Is the service well-led?

Our findings

People's experience of their care and support was sought to actively improve their quality of care. There were a variety of ways people provided feedback including an annual survey which had also been sent to their relatives, staff and health care professionals. The responses to the survey were analysed and actions identified for ways in which improvements could be made. These included, ensuring consistency of staff and finding a way of highlighting people with complex needs on the scheduling system. The registered manager said they had introduced a competition for the return of surveys offering a prize. They said this had improved the response rate of surveys. A staff forum had also been established as a result of feedback providing staff with the opportunity to meet independently of management.

People told us they had telephone calls from the office to check whether they were satisfied with the service, as well as spot checks being carried out in their homes to observe the care and support being delivered. A person commented, "They come out to see me every so often and see if the carers are doing what they should do and what I rate them." Another person told us, "They are really marvellous. Most staff really care and the ones we have will often go the extra mile and stay a bit later if needed." Newsletters were sent out to people using the service and staff to keep them informed and up to date with any changes, feedback from surveys and new ventures. They also included contact details with how to get in touch using social media, telephone or email.

The vision of Crossroads Care - Forest of Dean and Herefordshire was to provide "a community where people with care and support needs and their carers have access to a range of quality care services that meet their individual needs and support their on-going health and wellbeing." The registered manager and staff evidenced this through their dedication to the care and support they provided to people using their service. They also endeavoured to achieve this through their network of support groups for both people being cared for and their carers and by working steadfastly in local communities to reduce the stigma associated with dementia.

The registered manager had a clear vision for the service provided. They said, "It's important to provide individual carers and cared for people breaks that suit their needs" and to be able to achieve this they said, "Staff need to be responsive" and "We encourage staff to develop and promote from within so that staff know Crossroads values." They recognised the challenges of providing a rural service; making sure travel times did not impact on people's visits and valuing staff and recognising their contribution. The registered manager proudly shared with us that staff had won awards with a local care providers' association and staff had successfully been nominated for national awards. These awards recognised the skills of the workforce and positive impact they had on people's health and wellbeing. This was endorsed by health care professionals and commissioners who told us, "Crossroads are very efficient in all dealings we have had with them" and "I would be happy for myself or a family member to receive care from this provider." Staff were also rewarded with bouquets of flowers or vouchers for "going out of their way to continually help".

The registered manager was aware of their responsibilities and had submitted statutory notifications to CQC when required. She was supported in her role by the Chief Executive, a deputy manager and a board of

trustees. She kept up to date with current best practice through attendance at local provider forums, by signing up to the social care commitment and working with other partner organisations. Staff said she was "Really supportive", "I am not afraid to raise issues; I know they will be sorted out as it does improve" and "She will always ring back". Staff said, "I love working here", "It's a good organisation to work for, I love my job" and "We do a heck of a job." Staff said they would confidently raise concerns under the whistle blowing procedure and knew the appropriate action would be taken if needed. Whistle blowing is where a member of staff raises a concern about the organisation. Whistle-blowers are protected in law to encourage people to speak out.

People benefitted from close links between Crossroads Care - Forest of Dean and Herefordshire and their local communities. Staff talked about working closely with social and health care professionals, the local council, and other partner organisations operating in the Forest of Dean. These connections have helped to establish events, networks and opportunities for people using the service which they would not previously have access to. Thus improving their health and wellbeing by reducing social isolation.

Quality assurance processes were in place to monitor people's experience of the service and to drive through improvements. These included spot checks, observations of staff working, feedback from people, the staff forum and external audits by commissioners. These processes were overseen by a quality assurance committee who then provided feedback to the board of trustees. The last meeting of the board of trustees in September 2016 confirmed ongoing improvements had been identified such as developing the dementia support services. Crossroads Care - Forest of Dean and Herefordshire had been recognised in 2016 as a "Centre of Excellence" after achieving a Level 2 Quality mark by a partner organisation.

Crossroads Care - Forest of Dean and Herefordshire worked closely with local and national organisations to keep abreast of current guidance and best practice. They had adopted a local police initiative (following protocols sponsored by the Alzheimer's Society) to ensure information was available should people be reported to the police as missing. They also had links to Healthwatch through village agents, local county councils and borough councils and other charitable organisations. The annual report for 2014/2015 stated these networks "ensure that resources available are used to best effect and carers are fully informed of all that is out there for them."