

Forest Of Dean Crossroads-Caring For Carers

Crossroads Care - Forest of Dean and Herefordshire

Inspection report

St Annals House
The Belle Vue Centre, Belle Vue Road
Cinderford
Gloucestershire
GL14 2AB

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14 June 2019

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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

Crossroads Care is a domiciliary care service which provides personal care and support to people with a variety of needs including dementia, physical disability, sensory impairment and/or learning disability. Care and support is provided to people in their own homes. The level and amount of support people receive is determined by their personal needs. 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

People benefitted from a service which was exceptionally well-led and where the needs of people, their relatives and staff were prioritised in the way the service was run and had developed. The management team had formed strong and stable working relationships with other key organisations within their local community and were trusted by commissioners to assess and meet people's needs, including at short notice. The service had an open, caring, person-centred culture where innovation and exceptional work by staff was encouraged and rewarded.

People felt safe and were assured their needs would be met with respect and dignity. They were confident in the staff who supported them, some of whom they told us went, "above and beyond" and who they described as "friends". Risks to people were managed through the timely involvement of health professionals when needed and through reviews of people's needs when these changed.

People were cared for by staff who felt supported and valued in their role, were trained to meet their needs and had been recruited according to the values they held. Staff knew people well and understood their needs, they were able to use their knowledge to assist in developing the service as their ideas were welcomed and encouraged.

People's rights were upheld and the service was proactive in developing services that reduced barriers to people with disabilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was proactive in catering to the holistic care and support needs of people (and their relatives) living in the rural community it served. Services had been developed, in partnership with other agencies and providers, to support people to remain living at home while improving their quality of life, to avoid hospital admissions and to enable people with support needs to be discharged quickly from hospital. Through the services provided, people and their relatives had developed their knowledge, friendships and support networks and could access activities they enjoyed, were meaningful and had positive health benefits for them.

People described a service they could rely upon and speak openly with, when their expectations were not met. People were able to contact the office easily and knew they would be listened to without fear of judgement or reprisal. Action was taken to improve the service in response to people's feedback. This gave people and their relatives peace of mind and allowed them to focus on the more enjoyable aspects of their lives and relationships.

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 18 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Crossroads Care - Forest of Dean and Herefordshire

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

Our inspection was completed 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 specialist housing.

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 a short period of notice of the inspection because some people using the service could not consent to being contacted as part of our inspection process and/or were unable to use the telephone. This meant we had to make alternative arrangements, for example, checking the person's representative agreed to be contacted by us, on their behalf. The service was providing personal care for up to 150 people at the time of the inspection and we needed to be sure the provider or registered manager would be available to support the inspection process.

Inspection activity started on 13 June 2019 and ended on 17 June 2019. We visited the office location on 13 and 14 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the registered manager, nominated individual, deputy manager, quality lead, one team leader and three support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three people who used the service and another three people's relatives about their experience of the care provided. We sought feedback from the local authority and professionals who work with the service. We reviewed a range of records. This included three people's care records, including support plans and a selection of medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at training data, a selection of quality assurance related records and public documents produced by the service.

Is the service safe?

Our findings

Safe - This means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection recruitment procedures had not been sufficiently robust, as the reasons why staff had left their previous care roles had not always been checked. We found the changes made during the inspection, to request this information, were effective and had been sustained and recruitment procedures were robust.

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before staff started work. Recruitment practices had been updated to gather facts about staff's suitability and identify staff who shared the provider's values. For example, staff interviews explored 'trust'. We received positive feedback about staff; One person said, "They [staff] are polite, chatty and friendly. They always do a good job."
- Staff induction and a probationary period were used to ensure new staff understood the systems and processes to be followed to maintain safety. Staff performance was monitored more closely during this period, to ensure the provider's expected standards were met.
- People received their expected support hours and were supported by a stable staff team who knew them well. The local authority call monitoring system showed the service was above average in punctuality and continuity when compared with other services of the same type.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because systems were in place to safeguard them. People were given advice about how to protect themselves, for example, from theft, including storage of valuables and common telephone and doorstep scams. Concerns or allegations were reported promptly to external agencies including the police and the safeguarding team. Manager's worked with external agencies to investigate allegations and ensure people were protected.
- Staff understood their role in safeguarding people. Staff completed safeguarding training at an appropriate level for their role; They kept records of any incidents or accidents and reported these to managers straight away. Staff told us they would raise any concerns to the management team and could 'whistleblow' to the provider or external agencies if needed.
- People told us staff were "friendly" and helped them to feel safe. For example, people's comments included, "I've always felt comfortable and safe" and "I'm not worried. I feel quite safe."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to keep them safe. For example, one person with limited mobility required use of equipment to help move them safely. Their related risk assessment covered the equipment needed, when it was last serviced, staff training and number of staff

needed to use the equipment safely. Related support plans were in place and staff followed these.

- Risks were reviewed regularly and in response to an incident/accident or change in needs. For example, one person's support plan was reviewed nine months earlier than planned, in response to staff feedback, as the person's mobility was becoming, "variable". Equipment was then put in the person's home for staff to assist the person when they were unable to transfer independently.
- Where environmental risks to people and/or staff had been identified, action was taken to reduce risks. For example, some people had been referred to the fire service, for a 'safe and well' visit, to assist them in reducing fire risks in their home. Emergency plans for responding to events, such as bad weather, that may interrupt the service provided, were in place. Staff were trained in first aid and health and safety.

Using medicines safely

- All staff who administered medicines had received training and their competency was checked. Staff had information to guide them in giving 'when required' medicines, in response to people's varying needs. Staff checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to maintain people's wellbeing.
- Details of who was responsible for ordering, collecting and administering people's medicines were documented. When staff had concerns about people's ability to manage their medicines without support, these were raised to managers and their needs reassessed.
- People's records we reviewed confirmed people had received medicines as prescribed. Monthly audits of medicines records were completed and where there were gaps in recording, action had been taken with individual staff members to improve recording.

Preventing and controlling infection

- People were protected against the risk of infection as staff followed the systems in place to reduce risks to them. Staff collected supplies from the office as needed and managers checked they followed the policies in place through spot checks.
- Staff received regular training in infection control and food hygiene. They were aware of the importance of effective hand washing and use of personal protective clothing such as gloves and aprons to prevent spread of infection.

Learning lessons when things go wrong

- Reports of accidents or incidents were reviewed by the management team and actions were taken to help to reduce the risk of repeat incidents. For example, following a spate of thefts, the registered manager reviewed the systems in place to ensure people and staff were protected as far as possible. There had been no recent incidents or allegations.
- Learning from these incidents was shared with staff during induction and staff meetings to ensure they understood what was expected of them. For example, taking responsibility for reducing risks to people through raising any security concerns or risks to managers. The registered manager said, "Staff are told the protocol [response to allegation of theft / abuse] and what agencies are involved. They are all quite good now at whistle-blowing."

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure they could be met before they received a service. Information from commissioners was considered and an assessment of needs was carried out with the person and their representatives.
- People were supported to be part of their community and to experience a normal lifestyle. Staff completed training in quality and diversity. The service signposted people and their close relatives to community groups and services they may benefit from, such as befriending services, lunch groups and memory cafes.
- Assistance from health professionals was sought when people's health needs changed. Guidance from health care professionals was included in people's support plans. For example, observation and care of people's pressure areas to prevent sores from developing.

Staff support: induction, training, skills and experience

- New staff were supported to gain the skills and knowledge needed to meet people's support needs. All staff completed a comprehensive induction and worked alongside an experienced staff member until they were competent to work alone. One staff member said, "I had loads of training over a few weeks, while I was waiting for my [pre-employment] checks to come back."
- Staff told us they felt well supported and could approach managers for advice or support at any time. One staff member said, "I go into the office and speak directly to who I want to speak to. There's an open door." Staff had regular one to one meetings and annual appraisals to identify their learning and support needs.
- Staff were supported to gain qualifications relevant to their role.
- The provider used a specialist 'suit' to simulate old age and related physical and sensory impairments, to assist staff in empathising with the people they supported. One staff member said, "It makes you realise people are not deliberately being slow." In feedback, other staff said this experience would help them to be more patient and understanding of people's needs.

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

- When staff supported people to eat and drink, people's dietary needs and choices were included in their support plans and known by staff.
- Staff completed training in fluid and nutrition and food hygiene.
- People's cultural and religious food preferences were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff reported any non-emergency concerns about people's health and well-being to people's close relatives or sought advice from managers about involving health professionals. For example, when a person's mobility declined the registered manager contacted 'social care enquiries' to request an occupational therapy assessment of the person's needs. Staff were trained in first aid and sought emergency medical support when indicated. One person told us, "My health is not very good. They [staff] know if I'm not well straight-away."
- The service signposted people and their relatives to community-based services and groups that may benefit their mental and/or physical well-being. Social and support groups included a befriending service for people who were socially isolated, a skittles group, memory cafes and an active living group.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (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.

- The registered manager was a member of the Gloucestershire working group responding to upcoming changes to DoLS. They demonstrated high level of knowledge about MCA requirements and upcoming changes to DoLS.
- Staff had a good understanding of the principles of the MCA and ensured people remained in control of their lives, providing them with as much choice and freedom as possible. For example, when asked if they felt in control of the support they received, one person said, "Of course. I've only got to ask and they [service/staff] will do it."
- Where appropriate, mental capacity assessments had been completed. Staff worked jointly with family members and health care professionals when best interests' decisions were made on people's behalf. This included decisions about the level of care and support people received. People's support plans were related to capacity assessments and included offering choice in everyday decision making.

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 remained as good. 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 relatives had developed positive relationships with staff as staff regularly supported the same people. For example, one person told us, "I have one [staff] who is more of a regular one. They are just like family."
- Staff had received training in equality, diversity and inclusion. They were inclusive in their approach with people and assisted them to access social events and groups. For example, one person with physical disability attended a live music event, with staff support, on the Friday evening of our inspection.
- Staff provided emotional support to people and their close relative's when needed. One relative told us they had been going through a difficult time recently and had met with the deputy manager; They told us, "She said I needed to take a step back and they've stepped in." This had taken the pressure off them, allowing them to take the time they needed to get better. One relative we spoke with was terminally ill, but was still caring for their relative before Crossroads became involved. They said about the service, "They've made a difference to our lives. It really really helps." They had been able to go on holiday knowing their relative was in safe hands.
- Staff described a caring working environment, where their well-being was supported. When a new staff member was feeling unsure, the staff team were asked to give them extra support. The deputy manager said, "They are good teams. We are not just a care agency, we value staff." Feedback to the service from a new staff member included, "I'm amazed at how you make staff feel so comfortable and at ease, right from the point of interview."

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

- People were involved in day to day decisions, including how and where they spent their day and what they wanted to eat. People's preferences and wishes were recorded and staff respected people's wishes.
- People and their relatives, (where appropriate), were routinely involved in regular reviews of their care and support needs. One person said, "They [staff] are friendly. You feel comfortable. You can ask them for what you need."
- Staff were aware of their potential impact on people. For example, one staff member said about times when they were running late or felt pressured, "I don't allow it to impact [on their interaction with the person]. If they [people being supported] feel you're in a hurry they won't be honest about what they want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us staff always maintained their dignity during personal care, including asking if they wanted their significant other to stay, if they were in the room

when this was about to take place.

- Support plans were clear about what people could do for themselves and areas where they were happy for family members to take responsibility, such as managing their medicines.
- One person told us, "They [staff] are very respectful. They come with a smile. They respect my home and all that. They automatically take their shoes off and leave everything tidy and clean."

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 remained as good. 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

- The provider understood how important it was for people to have the choice to remain living at home. They had developed systems to reduce the likelihood of people going into hospital unnecessarily following a fall and to ensure when people were admitted to hospital, they could return home as soon as possible.
- The service worked with commissioners and the NHS to avoid delayed discharges for people who needed additional support at home following hospital admission. The service had 'trusted assessor' status with the local authority. As a 'trusted assessor' the service assessed each person's needs and put a tailored home care package in place. This was kept under review, reducing or stopping the care arrangements as the person got back on their feet. The registered manager said people could otherwise wait two to three months in hospital before commissioners could visit them to assess their needs. Feedback to the service, demonstrated the impact this service had on people. For example, one person's relatives said, "He is more like the [name] of old and not the other person he had become. A big thank you to all that have been involved in returning [name] to us." A commissioner thanked them for their, "hard work at short notice" and said the person was, "delighted with the excellent service".

Improving care quality in response to complaints or concerns

- In the 12 months prior to our inspection, eight complaints and 43 compliments had been received. Each complaint had been responded to in full and where the complaint had been upheld, or partially upheld, this resulted in a review of the way the service was provided. The registered manager had also apologised for any distress caused.
- In the 2019 annual survey, less than one percent of respondents said they had had to make a complaint (included historical complaints). 91% of complainants said they had been satisfied with the response they received.
- People were able to contact the office if they were unhappy with the service they received and action was taken. For example, one person told us they had called to say they didn't want two staff members to support them again; "They [office staff] don't question it. It's straight away, 'don't worry [name], it's no problem'." They added, "When you ring the office, they answer straight away and things are dealt with. They don't make you feel bad."
- People and staff told us there were occasions when staff arrived later than expected. Part of this was related to travel time pressures, which the registered manager had identified and was acting upon.

End of life care and support

- Whenever possible, the service worked closely with others, responding very quickly to ensure people's end of life wishes were met. For example, a request to provide end of life care came into the service on the Friday

afternoon of our inspection. The management team picked up the visits this person needed over the weekend, as the staff on duty were allocated to people already using the service. The service regularly worked with Great Oaks Dean Forest Hospice's 'hospice from home' service, who provided any overnight care and support. The registered manager told us the hospice often recommended Crossroads to people for end of life care.

- In October 2018 the deputy manager was winner of the Gloucestershire Care Provider's Association (GPCA) 'End of life care' award and regional finalist in this category at the Great Britain Care Awards. The deputy manager held an end of life 'train the trainer' qualification; they met with the dying person and their close relatives, to complete a holistic needs assessment. This included asking 'awkward questions' about their last wishes, opportunities for questions to be answered and options explored. Once people's wishes were understood, the deputy manager matched the person's needs and personalities (and those of their relatives), with individual staff members. This enabled a 'totally personalised' service to be provided.
- The service worked with people's GP and district nurses to ensure people's wishes for the end of their life were met. Feedback to the service for end of life care included, "Thank you all so very much for the love and care you gave [name] in his last week. You made his life more comfortable and I know he appreciated it as did I" and "I could not imagine that you all would take [name] into your hearts to such an extent, to learn her little ways and to treat her as though she were yours" and "Your core ideals of care are excellent and are applied."

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.

- People's communication needs had been assessed and details of any adaptations needed were recorded. Information about 'glasses' and hearing aids and when the person used these was recorded, along with how people preferred to receive information from the service, such as staff rotas. When people's ability to express themselves, or understand others, was impaired information about how to communicate with them effectively was set out in their support plan.
- People's support plans showed evidence of their involvement in discussions and decision-making about their care. When people were unable to participate, their relatives were consulted. Information about the service and other documents, such as surveys and complaints were available in easy read formats. One person told us, "If I pick the phone up to the office they would sort it out. If I ask for anything it's there. When I rang and cancelled [a visit], they don't question it, but ask 'are you sure, is everything alright?' They are checking you're not cancelling because you don't like the person [staff member]."
- Staff learned what it was like for people experiencing difficulty with their sight or hearing through wearing a special simulation suit and related accessories. For example, glasses with different lenses allowed them to experience a variety of eye diseases; Hearing loss and tinnitus could be experienced through headphones. Feedback from staff following this training demonstrated their increased insight and empathy. As a result staff said they would, "Try to allow more time and patience" and "A better understanding will help me to do my job better."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Responses in the provider's 2019 survey demonstrated the service had a widespread positive impact on people and their close family members. People's comments included, "Been a lifeline to me in some of my dark days", "Put a complete dimension on my life", "Changed our family life [gave opportunities for the whole families' needs to be met]" and "helped me stay sane and cared for [name] to a very high standard."

"Common themes were enabling independence, providing support and reducing anxiety for the cared for person and their family carer.

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 provider was exceptional at building a truly person focused culture and a strong 'can do' approach that motivated staff to work creatively. In 2018 the service's values had been redefined, with the involvement of all staff members, including support workers, office staff, management and Board members. The values of being 'compassionate', 'inclusive' and 'reliable' were strongly evident throughout the inspection.
- We found many examples where staff's creative working with specific individuals or projects had led to wider service development that benefited everyone that used the service. For example, through a staff member's fundraising and suggestion, a 'Making Memories' group for socially isolated people was started. This enabled a person the staff member supported, who had not been out of the house for three years (and others), to enjoy days out. This person told staff they, "wouldn't have missed it for the world" and often spoke about it before they passed away. The service was also working with the district council to provide a befriending service to people who were socially isolated. One person's relative said to Crossroads, "Initially I had many reservations... Seeing mum come to life during the activities and the sparkle return to her eyes, I realised that I was looking forward to Monday afternoons as much as she was."
- A newly promoted staff member was recognised as 2018's regional winner for the Great Britain Care Awards 'Frontline Leaders Award.' Their response to resolving disruption to staff rotas and to the service some people received, was to involve staff in finding solutions and to apologise to the people affected and explain what they were doing to put things right. People appreciated their apology and their honesty. The staff member then stripped back all rotas to make improvements for people and staff. They had also worked tirelessly, continuously reviewing rotas, to prioritise needs and manage risk to people during a period of significant snowfall in the area.
- A staff member was regional winner of the 'Care Innovator Award' in the 2018 Great Britain Care Awards. Through their efforts they had given people with dementia a 'sense of purpose and sense of belonging' through project work. The work had improved people's mobility and relatives noticed they were more relaxed, happier and sleeping better.
- In 2018, the service won 'Large Employer of the Year' award for England, from their national training provider. This was awarded for their "proven commitment" to staff development, "supporting learners" and "effective integration of on and off the job training." Feedback from staff and people supported this. For example, one person told us how staff supported them in ways that prevented bruising or tearing their fragile skin; encouraging them to touch staff, rather than staff touching them, and gently drying between their toes. This person said, "I can't fault them. They are obviously well trained."
- We observed significant improvement in the leadership and staff culture, over the previous two

inspections. The last six staff recruited applied because an existing staff member had recommended working for Crossroads to them. One staff member said, "They are a good company to work for." One manager said, "We have travelled a really long journey of putting everything in place we need to. It's [registered manager]'s doing really." Managers were open about the demands on staff at interview and induction, one manager said, "It's a hard job. We lay our cards on the table, it's fast paced, there are pressure and challenges." The provider's expectations of staff were clearly communicated and staff support systems, including mentoring, were in place.

- The service followed an inclusive approach to recruitment to ensure they recruited staff that reflected their values through the introduction of value based interviews. Some staff aged 50-60 had never previously worked in care, but all staff were encouraged to complete social care diplomas. One manager told us, when they believed one candidate had potential, but was not interviewing well, they changed their approach. The candidate then, "Came out with everything they wanted to hear." They told us supporting this staff member through their probationary period had been an, "Exciting lovely journey."

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

- The registered manager and provider understood and acted on the duty of candour. They worked openly with people and their relatives and all relevant agencies. For example, when allegations of theft had been made, the registered manager worked with the person and their family to investigate and act on the allegations. The registered manager worked with CQC, the local authority and the police and the provider's disciplinary procedures were followed.

- The registered manager said that, further to these incidents and the learning being shared with staff, staff were, "all quite good now at whistleblowing." Staff we spoke with confirmed they would not hesitate to approach the management team with any concerns.

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

- Through their holistic approach to service provision and their understanding of their local population, the provider had creatively developed a variety of support services which allowed people to live their lives to the fullest in situations where they otherwise might not have been able to remain living at home.

- The service worked actively with other organisations, including charities, councils and other care providers, to develop and provide a wide range of services for local people, who could be disadvantaged through age or disability. For example, the service was a founder member of the Forest of Dean Dementia Action Alliance; enabling people living with dementia to enjoy life and live well in their community. A variety of activities and services were provided by the service, including Memory Cafés, dementia-friendly walks, days out, lunch clubs, a befriending service, active living groups and support groups. These were open to people receiving personal care, their carers and the public. In feedback to the service one relative said, "I have learnt so much about the nature of dementia and how to care for people, about caring and the support that is available in the community." This had enabled them to introduce fun activities when spending time with their relative, "which makes our time together more meaningful." One person said the service, "Helped me make new friends, be involved in old and new interests. Feel part of an understanding community."

- The service provided was kept under review and developed to meet people's needs and reduce demand on emergency and hospital services. For example, with support from the ambulance service, staff fundraising and the town council, the registered manager introduced a falls service for the people they supported in the district. Staff could typically get to people and assist them off the floor, following a fall, much quicker than an ambulance could reach people in this rural area. As a result, people avoided potential health decline, secondary to being on the floor for a prolonged period. Staff had also received training in

using a specialist chair to support people safely from the floor. In the first ten falls the service attended, only one person needed to go into hospital. Feedback from relatives included, "Knowing that I can phone Crossroads to pick [name] up is a good service. It makes a difference." The registered manager was meeting with commissioners to discuss rolling this service out to the wider public in the area.

- The service was well known within the local community and was accessible through a variety of media including social media, local free press, newsletters and leaflets. Feedback was sought at regular intervals from people using the service and staff, to ensure it met people's needs and areas for development or improvement could be identified. The service's annual survey demonstrated very high levels of satisfaction with the service; 71% rated their satisfaction as "excellent" with a further 27% rating it "good". One person who had been using the service for around 18 months told us, "It's been absolutely marvellous."

- The registered manager was on the Board of the Gloucestershire Care Provider's Association (GPCA), sat on a steering (development) group for revisions to DoLS legislation and had been involved in development of the local authority's 'Proud to Care' initiative. People and staff benefitted by having a well-informed and well-connected service leader, who understood the social care climate and the challenges they (and their relatives) faced in the rural community they lived in. This enabled the registered manager to make the most of the resources available to them, using these to assist in developing services that were of value and could make a positive difference to the population they served.