

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Hertfordshire Crossroads - South

Pinnacle Place, 1 Elstree Way, Borehamwood,  
WD6 1RN

Tel: 02089051158

Date of Inspections: 03 February 2014  
29 January 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Hertfordshire Crossroads - South
Registered Manager	Mrs Barbara Kennedy
Overview of the service	Hertfordshire Crossroads - South provide personal care and support to people living in the community.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	6
Supporting workers	8
Assessing and monitoring the quality of service provision	9
Complaints	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 January 2014 and 3 February 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

---

### What people told us and what we found

---

We inspected the offices for Hertfordshire Crossroads on 29 January 2014 and also spoke with people who used the service and care staff at a later date. People we spoke with told us that they always had the same care staff attending to them and that the staff were 'very good' and always on time or would inform them if they were running late. People told us that they were given opportunities to provide feedback and the care staff would always discuss care needs with the person or their next of kin.

Care staff we spoke with told us that the provider was 'absolutely perfect' and 'very supportive' to staff. They said that they were provided with regular assessments and supervisions and that any concerns or issues that they had were always listened to and acting on by the provider.

Staff felt supported by the provider and this was evidenced by the on-going supervision, appraisals and training that was provided. The provider also had a detailed complaints procedure in place and regularly carried out quality assurance checks on the service that was being provided and had completed consent forms for people who used the service.

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

---

### Reasons for our judgement

We reviewed the care plans for people who used the service. We saw that people had signed consent forms allowing for their care plans to be reviewed by other agencies and professionals including the Care Quality Commission. They had also provided their consent for staff to have access to their homes through the use of spare keys or key safes and had also signed the care plans to confirm that they were happy with the care that had been set out by the provider.

We did however find that on some of the care plans that we reviewed that people had signed the bottom of the page to provide overall consent and agreement for the care plan but where they were asked to confirm agreement using 'tick boxes' this was not always done. We raised this with the manager who advised that they would review these forms to ensure that the tick boxes were also completed along with the signature.

When we spoke with staff we were told that as well as a person's care plan containing their written consent, staff would also gain verbal consent from a person before carrying out any form of care. Staff told us that they would talk the person through the care process and if a person refused care then they would respect their decision.

This showed that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

**Reasons for our judgement**

---

When we reviewed the care plans of people who used the service we saw that the provider had completed a pre-registration visit for the person which contained detailed notes with recommendations for the care that should be provided to the person. We saw that this was then used to create a detailed care plan for the person.

Each care plan contained information about the person, their next of kin, and preferred name and if they lived alone or with family. We saw that each support plan was clear and easy to follow. It provided care staff with information on the area of support, the objective, and the specific task the carer needed to assist with. For example on one person's care plan we saw that the area of support was 'personal hygiene' and the objective was to 'maintain hygiene'. The specific task that was set for the care staff stated 'full body wash, cream legs and feet, and empty commode. We saw that the same was repeated for areas such as eating and drinking, allergies, communication, mobility, and medication. We did however note that there was no visible review date for the care plans and on two of the plans we reviewed the only dates visible were for 2011 and 2012.

We discussed this with the manager who advised that care plans were reviewed twice a year or sooner if required but that the review date was not printed on the updated sheets. We were able to see however evidence of meetings held between the provider and the person who used the service which were more recent and when we spoke with people who used the service they also confirmed that they were regularly involved in the review of their care plans. The provider may find it useful to note that once a care plan has been updated it should state the date it was updated on the document. This minimises the risk of care staff using older versions of the care plan and therefore not providing a person with the correct level of care. This showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan but that the provider needed to ensure that it was clear when a care plan had been last updated.

General risk assessments had also been created for people who used that service but we saw that some of the assessments were dated 2011 and 2012 and that the assessments were not always signed. The manager advised us that the assessments were reviewed six monthly but if there were no changes required then the risk assessment would not be

updated which was why some risk assessments dated 2011 and 2012. The provider was able to evidence that the reviews had been undertaken. The provider may find it useful to note that the risk assessments contained in a person's care file should clearly indicate the last review date so that staff are not at risk of following an out of date document.

This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## **Our judgement**

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## **Reasons for our judgement**

---

We reviewed the staff files and spoke with care staff at the service. We saw that the provider had kept detailed records of the person's interview and selection process and had obtained the relevant checks prior to the person starting work for the service. These included enhanced criminal records checks and references.

We were told by staff that they felt supported by the provider and were regularly assessed on their competence in the role. We saw that each person received a regular supervision (6 monthly) in which they were assessed on areas such as reliability, punctuality, records, policies, and training. Each record was signed by the supervisor and staff and any actions were followed up. We also saw evidence of new staff completing three month probationary assessments, in which they were provided with feedback on their performance, and areas of concern or further training were also discussed. The provider also carried out regular 'spot checks' on staff in which senior staff would observe the care staff providing care to people and then discuss the outcomes with the staff and gain feedback from the person who used the service.

Staff received training on areas such as food hygiene, infection control, manual handling, Safeguarding vulnerable adults, medication, and first aid.

This showed that staff received appropriate professional development and people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.



## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

The provider carried out regular quality assurance surveys, the most recent being in 2013 for which they received 149 responses. We saw that in the areas that the provider had assessed they received a high percentage of positive feedback. People said that they were responded to by the provider and were able to speak with managers. They were informed of changes to their care and support and that their care needs were regularly met by the provider.

The provider also carried out regular spot checks on the care staff to ensure that the quality of service was maintained and also gained feedback from the person using the service on the care that was being provided. This was recorded in the staff files and feedback was also documented from the client.

This showed that people who use the service, their representatives and staff were asked for their views about their care and treatment.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

---

### Our judgement

---

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

---

### Reasons for our judgement

---

The provider had a detailed complaints booklet in place which was made available to people who used the service and people were also asked to sign to confirm that they had received and understood that complaints procedure for the provider. In the year 2013 we saw that the provider had received three complaints. Each complaint was investigated by the provider within the agreed timescales and responded to in writing with a resolution which was agreed by both the provider and the person making the complaint. This showed that People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We also saw that the provider had received up to 19 formal written compliments in 2013 which were also acknowledged and responded to by the provider.

We saw that staff were regularly reminded about the importance of good practice in the staff monthly newsletters and also the complaints and complements were also shared to make staff aware of any issues, concerns or changes in practice.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---