



## Inspection Report on

**CrossHands Home Services Ltd (CrossHands)**

**Plot 6b Unit 2  
Heol Parc Mawr  
CrossHands  
Llanelli  
SA14 6RE**

### **Dates Inspection Completed**

30 July 2019 & 31 July 2019

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## **Description of the service**

CrossHands Home Services Ltd (CrossHands) is a domiciliary support service that operates within the West Wales area. It provides domiciliary care to people aged 18 and over. Crosshands Home Services Ltd is the company that owns the service. It also operates another domiciliary support service in the Western Bay area. David Mattinson is the nominated responsible individual and there is a manager in post who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

The service makes best use of its resources to ensure that people experience a reliable, good quality service that meets their individual needs. People are involved in planning and reviewing their care, and have access to information that may help them improve their well-being. Care workers are valued and supported in their roles. They work well as a team to ensure that people receive the best possible care. The responsible individual oversees the running of the service and is committed to making constant improvements.

### **2. Improvements**

This was the service's first inspection since re-registering with CIW in February 2019 under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **3. Requirements and recommendations**

Section four of this report sets out our recommendations to improve the service.

# 1. Well-being

## Our findings

The service ensures that people know and understand what care and support is available to them. We found that people had access to information to help manage and improve their well-being. The service had an up-to-date statement of purpose and 'Guide to Services' that outlined what services it offered and how these were provided. Records showed that people had been able to contribute to decisions affecting their lives. We saw evidence that people had been consulted about their care and support during their initial assessment and development of their personal plans. The service regularly contacted people to ensure they were happy with the care and support they were receiving. We observed care workers treating people with dignity and respect, empowering them to make decisions for themselves where possible. People told us they were confident in the abilities of all the care workers who supported them. Records showed that care workers had completed appropriate training to assist them in meeting people's needs. As such, people experience a service that matches their expectations.

The service supports people in a way that makes them feel safe. People told us they knew and were comfortable with the care workers who supported them. One person said, "*They know what they're doing*", and another said, "*They always make sure I'm safe before leaving.*" Records showed that care workers had been safely recruited. There was a system in place to ensure that staff received Disclosure and Barring Service (DBS) checks at three yearly intervals. Care workers told us they had time to familiarise themselves with people's care documentation. They understood the importance of maintaining confidentiality and protecting people's personal information. We saw that care workers had signed confidentiality agreements as part of their induction programme. Care workers had completed recent training in relation to safeguarding people from harm and abuse. Where concerns about people's welfare had been identified, the service had reported these appropriately to CIW and the local authority safeguarding team. The evidence shows that people's rights are upheld and there are systems in place to help protect them from harm and neglect.

People receive the right care and support at the right time. We observed care workers attending calls at the appropriate time and providing care and support in line with people's personal plans. People confirmed that care workers usually arrived as expected. Care workers told us their rotas were generally well organised and they could discuss any issues with management. The service's database enabled the management team to plan and allocate calls to appropriately trained and suitable care workers, and monitor the progress of these. We saw evidence that the responsible individual assessed data relating to the delivery of calls, in order to identify and address any shortfalls in practice. The responsible individual's latest report showed that 3% of 15413 calls delivered by the service over a two-

month period had been deemed late. We saw that care workers were friendly and professional in their approach to care. They generally cared for the same group of people, allowing them to develop good relationships with them and be able to recognise and respond to any concerns about their well-being. Care workers were kept informed about the input of medical and specialist services during staff meetings. The service had safe medication systems in place to promote people's safety and well-being. The feedback gathered throughout the inspection showed that people were satisfied with the service they received. We can conclude that people receive a service that promotes their well-being.

The service is working towards providing an 'Active Offer' of the Welsh language. We found that people's Welsh language needs had been identified within their assessments and personal plans. One person told us they enjoyed speaking Welsh with one of their care workers. The manager told us that all care workers had been provided with prompt cards to use that had Welsh phrases on them. Staff had also been provided with lanyards that identified whether they could communicate in Welsh. We saw that some of the written information displayed in the registered office was available in both English and Welsh. We can conclude that the service promotes the use of the Welsh language.

## **2. Care and Support**

### **Our findings**

There are arrangements in place to ensure the service is suitable for meeting people's individual care and support needs. We found that an assessment of needs had been carried out prior to people receiving a service. These assessments identified people's mental, physical and social care needs, taking into account their medical histories, own abilities, care preferences and any specialist input. However, we found that people had not been given written confirmation as to whether the service was suitable for meeting their particular needs following their assessment. We recommended that this be addressed. We saw that personal plans had been developed based on people's needs assessments and any plans provided by the relevant local authority. We noted that the review dates of personal plans were not always clear. Management were aware of this and had revised the administrative process so that this could be addressed. Records showed that people had been asked whether any changes to their personal plans were needed as part of the service's quality review process. We can conclude that the service considers people's individual circumstances in ensuring that their needs can be met.

The service manages people's medication safely. We saw that people's medication needs had been identified within their assessments and personal plans. Records confirmed that care workers had completed appropriate training before administering medication to people. The manager told us that the database used by the service prevented untrained care workers being allocated to care calls that included medication administration. The service had a comprehensive medication policy that had last been reviewed in March 2019. The manager told us that people living in Carmarthenshire were required to receive their medication via nomad trays provided by a pharmacy. Medication charts were audited every 28 days so that any unexplained gaps or discrepancies could be reviewed and actioned as needed. Records showed that care workers had been able to discuss any concerns they had about people's medication, and had been reminded about medication procedures, during staff meetings. Senior staff observed care workers' medication practice during spot checks of their performance. Therefore, people are protected by safe medication administration systems.

People receive the care and support they need. We observed care workers attending people's homes to provide care at the appropriate time. People told us that care workers were usually very punctual. The service used an electronic call monitoring system that allowed office staff to track the progress of calls delivered and address any problems that arose. We heard the manager contacting one person to inform them that their care worker was running a little late. Care workers told us their rotas were well organised and that managers listened to their suggestions when they were required to cover extra calls. The

service was gradually expanding and the recruitment of care workers was ongoing in order to support this. Rotas showed that care workers had been allocated travel time between their care calls. Care workers confirmed that this was usually adequate and that management communicated any changes to their rotas well. We saw that care workers had been able to discuss their rotas during staff meetings.

We found that care documentation was available for care workers to refer to within the service's registered office and people's own homes. The personal plans we viewed reflected people's current needs. However, some risk assessments were generic in nature and did not reflect people's particular circumstances. For example, they indicated that mobility aids should be used as required, but did not specify what equipment, if any, was in place for each person. We also noted that a scoring system was used to determine overall risk level, however, the scoring matrix used was not available to refer to. We recommended that these issues be addressed to ensure that risks to people's safety are clear. We saw care workers providing support in line with people's personal plans. One person told us that a care worker had recognised when they were unwell and prompted a GP review.

People appeared to enjoy their relationships with care workers. It was clear that care workers knew people well, with conversation flowing naturally. One person told us they enjoyed care workers' company and liked to chat and laugh with them. Another person commented that they had developed a good routine with care workers and valued the practical suggestions they had been given that had allowed them to get the best out of their care calls. We saw that the service had received many written compliments. These included letters and cards that stated:

- *'The care given by your wonderful carers has been exemplary.'*
- *'I feel I have to let you know how delighted I was with my carers, they became friends. Everything they did was done perfectly and with a smile.'*
- *'We'd like to thank you for the diligent care you gave and kindness you showed.'*

The evidence shows that people experience a consistent, reliable service that meets their individual needs.

### **3. Leadership and Management**

#### **Our findings**

There is written information available about the service and how it is provided. We saw that a 'Guide to Services' was available within people's homes for them to refer to as needed. This document had last been updated in January 2019 and people had signed to confirm having received it. The care files in people's homes were well organised and contained other useful information, such as the out of hours arrangements and contact details for the registered office. The scope of the service was set out in a well-written, easy-read statement of purpose. This document had last been reviewed in February 2019, along with a sample of policies we viewed. We saw that some information within the statement of purpose was not accurate, such as the required frequency of quality of care reviews and CIW's role in the complaints process, and recommended that this be amended. Overall, we found that the service was being delivered in line with its statement of purpose. The policies we viewed provided an overview of the principles by which the service operated. The evidence shows that people have access to information about the service so that they can be clear about what it provides.

There are systems in place to monitor the quality of the service and drive improvements in practice. Reports showed that the responsible individual had visited the service in June 2019 to formally assess operational standards. This included discussions with staff and people using the service, and a review of documentation, complaints and data relating to the delivery of care calls. Improvements had been noted since the previous review, such as the completion of staff training. Action points had been set following the responsible individual's visit to ensure that further improvements to the service were made. The responsible individual had also praised staff for managing the needs of people in a new area very well. Records showed that care workers had been able to share any concerns they had during staff meetings. We saw that expectations regarding their practice had also been reiterated during these meetings.

People using the service told us they were comfortable reporting any concerns they may have. We saw that complaint forms were available within the care files held in people's homes. Bilingual, easy-read leaflets about the procedure for making complaints and providing compliments were also available. We recommended that the service revise its complaints policy, and other related documents, so that it includes contact details for the appropriate local authority and local health board, and accurately references CIW's role and function. Records showed that the service had dealt with verbal and written complaints effectively. We can conclude that the quality assurance systems in place help ensure people receive a high standard of care.



People are supported by motivated care workers who are valued in their roles. We found that care workers had been provided with a detailed and comprehensive staff handbook that provided an overview of the service's aims, objectives and principles of care. The handbook also included an organisational chart and useful contact numbers for staff to refer to as needed. Care workers told us they worked well as a team and could access support from management at any time. One care worker said, *"They're the best company I've worked for."*

Records showed that staff had been provided with a copy of the company's grievance and disciplinary policies with their contracts of employment. Care workers told us they were satisfied with their working hours and we saw that these had been discussed during their formal, individual supervision sessions. Records showed that management had celebrated care workers' 'magic moments' that had benefited people's day-to-day lives. We noted that care workers had not received annual appraisals of their performance, as is required by regulation. The manager was aware of this and had implemented a timetable to address this. Training on performing staff appraisals had also been booked for members of the management team. Care workers described their induction programme and training as, *"Good."* They told us they had recently been offered dementia care training, which they felt would be useful. We saw that the responsible individual had identified staff training as an area where the service could make further improvements. The evidence shows that care workers receive the training and support they need to provide people with a good quality service.

## **4. Improvements required and recommended following this inspection**

### **4.1 Areas of non compliance from previous inspections**

This was the service's first inspection since re-registering with CIW under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **4.2 Recommendations for improvement**

We recommend the following:

- Risk assessments should be reviewed and amended to ensure they are person specific and not generic. They should be accompanied by any scoring matrix used to determine overall risk level.
- People receiving a service from the agency, or their representatives, should be provided with written confirmation as to whether the support service can meet their needs.
- The statement of purpose should be amended to ensure the frequency of quality of care reviews and CIW's role in relation to complaints is accurate.
- The complaints policy, and other related documents, should include contact details for the appropriate local authority and local health board, and should accurately refer to CIW's role and function.

## 5. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We notified the responsible individual about the planned inspection 15 days prior to our initial visit to the service's registered office. This was carried out on 30 July 2019 between 10:05am and 3:10pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- During our initial office visit, we spoke with the manager and administrative staff on duty. We also arranged to visit and obtain feedback from two of the people who were using the service on 31 July 2019.
- We had a telephone discussion with another person who used the service on 2 August 2019.
- We spoke with four care workers and observed how one care worker interacted with people during care calls.
- We viewed three people's care records and three staff members' records.
- We reviewed the service's statement of purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.
- We reviewed other relevant records, which included the following:
  - Electronic call monitoring system
  - Service user guide
  - Staff handbook
  - Minutes from recent staff meetings
  - Complaints/compliments policy
  - Confidentiality policy
  - Recruitment policy
  - Medication policy
- We looked at the following quality assurance information:
  - Report produced following a formal visit made by the responsible individual
  - Records of recent compliments and complaints
- Following the inspection, we provided email and telephone feedback to the responsible individual.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Domiciliary Support Service
Service Provider	Crosshands Home Services Ltd
Responsible Individual	David Mattinson
Date of previous Care Inspectorate Wales inspection	30/01/2018 (CSA)
Dates of this Inspection visit(s)	30/07/2019 & 31/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
<b>Additional Information:</b>  This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.	

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