Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Cross Care Limited

34 Green End
Whitchurch
SY13 1AA

Date Inspection Completed

15/03/2024

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About Cross Care Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Cross Care Limited
Language of the service	English
Previous Care Inspectorate Wales inspection	22 September 2021
Does this service promote Welsh language and culture?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service

Summary

People are happy with the care and support they receive from Cross Care Limited. Care staff understand people's needs and are enthusiastic about providing care and support to people who use the service. Personal plans are person centred, they accurately reflect people's needs and this is demonstrated in the care and support people receive. People said carers arrive on time and stay for the full duration.

Care staff feel well supported, through supervisions and regular training. Care staff receive in depth induction training and are robustly vetted before they start working at the service. Supervisions and appraisals provide care staff with the opportunity to reflect on their practice.

The Responsible Individual (RI) completes their regulatory visits and seeks the views of people who use the service, their relatives and staff working at the service. People who use the service, their representatives and care staff spoke positively about the management at the service.

Well-being

People have control over their care and support. People we spoke with told us care workers treat them with dignity and respect. They said they are involved in the ongoing development of their care and support, they feel listened to and can make their own decisions on a daily basis. Personal plans promote independence, they are clear on how to support people to maintain their independence. Personal plans are person centred and focus on the persons views and wishes. The service provider told us they do not currently have documentation available in Welsh, but this is something they would arrange if requested.

People are supported with their health and well-being. People told us care staff help them to access relevant health services, records show the service provider refers to the relevant health service when required. Care staff record any correspondence with health professionals. External professionals we spoke with told us the service provider is very good at communicating and engaging with their service.

People are protected from abuse and neglect. The service provider has policies and procedures in place to report any safeguarding concerns and we saw these are followed. As part of the quality assurance process, the service provider reflects on any safeguarding referrals. People told us they feel safe with care staff, care staff are friendly and approachable. Most staff we spoke with are familiar with the procedures to raise a concern and said they feel confident issues are addressed quickly. Care staff are up to date with safeguarding training. New care staff are robustly vetted before they start working at the service.

The service provider recognises the importance of promoting and supporting relationships. Relatives we spoke with told us they are very grateful for the care and support provided to their loved ones. The care provided enables families and friends to have a break from their caring role and still remain involved. Relatives told us they are always sent a schedule, so they know who is providing the support and at what time.

Care and Support

People are supported by a service which works in conjunction with the individual to ensure their personal wishes and aspirations are considered. Before agreeing to provide the service to people, a detailed pre-assessment is completed, these are signed by the person and/or their representative to show their involvement. Personal plans reflect people's needs, wishes and preferences and care records show care staff provide the right care and support. Risk assessments are clear on what measures are in place to reduce the risks. Where external professionals have provided advice/instructions, this is included within the personal plans. Outcomes are clear on what people want to achieve and provide people with choice and control over their support. When reviews of people's care and support are completed, records show people are involved and their feedback is recorded. People receive a weekly schedule to confirm who is coming and at what time, these show people have continuity with the same team of care staff.

Relatives spoke very positively about the service, feedback included "*it works well, I couldn't do without Cross Care", "They are brilliant with [my relative]", "they have been absolutely amazing", "They are so helpful with me", "I wouldn't have it any other way"* and *"I can't knock them at all".* They told us they have not had a reason to complain but would feel able to raise issues with management. They said care staff are friendly, approachable and support their loved ones to maintain their independence. Both relatives and people who use the service told us they have continuity and care staff arrive on time most of the time. They are kept up to date with changes and care staff stay for the full duration.

People told us the care staff are *"very personable, when I am having a down day, they take the time to talk to me", "friendly and polite"* and *"very good really".* They said the service provider is "*very proactive*" in supporting them to gain access to health services. People told us they are able to make their own decisions including how the care is provided. Professionals we spoke with praised the service provider for their joint working and their level of communication and engagement. They said the service provider follow any advice given, people have good continuity and a positive rapport with care staff.

The service promotes hygienic practices, the infection control policy is in line with guidance and legislation. We saw care staff wear Personal Protective Equipment (PPE) during their visits and care staff told us they have plenty of PPE.

Leadership and Management

The service provider has governance arrangements in place to support the running of the service. There are policies and procedures in place which are mostly in line with guidance and legislation. The Statement of Purpose (SoP) accurately reflects the service provided. The RI completes their regulatory visits. During these visits they speak with people who use the service, their relatives and care staff, review a selection of records of events and complaints. The service provider complete the quality of care review report every six months, these highlight what the service does well and where it can improve. There is a complaints policy in place which is clear on how to raise a complaint.

Care staff are allocated with travel time between visits and have sufficient time to support people. We reviewed a sample of staff rota's which show care staff are provided with travel time between visits. Care staff we spoke with confirmed most of the time they have sufficient travel time between visits. Care staff are paid for travel time and also receive a mileage allowance. People told us the care staff have enough time to support them and they do not feel rushed. Care staff told us they have sufficient time to support people to meet their needs.

People are supported by a service which provides appropriate numbers of staff who are suitably fit, have the knowledge, competency, skills and qualifications to support people. Most staff are up to date with mandatory training, care staff told us they feel they have enough training to support them in their role. Care staff complete a thorough induction programme before they provide care and support. Feedback from care staff includes *"I love my job", "everyday is different"* and *"it gives me a purpose".* They told us they feel supported in their roles, they have breaks between shifts and have days off. Any issues that arise, care staff told us these are addressed quickly. Feedback regarding the management team at the service includes *"they are absolutely fantastic"* and "*really good at responding".* Care staff receive regular competency assessments to ensure they are competent in areas such as administering medication and moving and handling. Care staff personnel files we saw show the relevant checks are carried out before they start working for the service, this includes Disclosure and Barring Service (DBS) checks and references are sought. Care staff are up to date with supervisions and these provide them with the opportunity to reflect on their practice, identify development needs, test them on their understanding of policies and procedures, and receive feedback on their performance.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

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