



Inspection Report on

Crosshands Home Services Ltd (Swansea)

**Suite A Beech House
Pheonix Enterprise Park
Lion Way Llansamlet
Swansea
SA7 9FZ**

Date Inspection Completed

09/05/2024

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About Crosshands Home Services Ltd (Swansea)

Type of care provided	Domiciliary Support Service
Registered Provider	Crosshands Home Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	13 October 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Crosshands Home Services Ltd provide a domiciliary support service to people in their own homes. People are positive about the support they receive to enable them to be as independent as possible.

Staff know people very well and have a good rapport with people they support. We observed staff showing kindness and an awareness of vulnerability for people. Staff show respect and maintain people's dignity.

Care documentation such as assessments, personal plans and risk assessments are completed. People are involved with their reviews of their personal outcomes and the manager is working towards ensuring these take place three monthly.

Recruitment checks are completed as required and staff attend an induction and ongoing required training. Regular supervision and spot checks are completed to ensure good practice is highlighted and further learning needs identified.

Both the manager and Responsible Individual (RI) have a presence at the service and have oversight with good quality assurance processes in place.

Well-being

People have information accessible to them and are informed about how to make their concerns known. People have copies of their personal plans, the Statement of Purpose (SoP) and a written guide about the service. The provider will work towards having a user-friendly version of the written guide that may be suitable for people with different levels of cognition and understanding. People also have a process to follow if a care worker is late or has not arrived and know how to make a compliment or complaint. Policies are up to date and available.

People have choice and are supported to speak for themselves and contribute to decisions that affect their day-to-day routine. One member of staff told us *"X has capacity and control and a voice – the choice is always theirs"*. We saw staff checking with people before they completed aspects of care *"Do you mind....."* and *"We will see what X wants to do today"*. We were told people's first language is determined at the initial assessment, however this is not always recorded. The manager told us they would ensure this is recorded.

People get the right care and support as detailed within their personal plans. We saw call times are within the agreed timescale and we had positive feedback regarding continuity of staff. People told us *"Yes the time is fine – I mostly have the same girls"*. A family member told us *"They are amazing and we have such peace of mind. They are all fabulous. Times are settling into X's routine. There are familiar faces and if they have any concerns they contact us"*.

Referrals are made to other professionals as required to ensure people's outcomes are met. We heard conversations take place with other healthcare professionals such as the occupational therapist and the medicines management team. Care is delivered in a person centred way with what matters to people being met. We observed at one person's home that the radio was put on before the care workers left as this was important to the person. We heard one person tell the care workers *"You girls are good to me"*.

People are supported to be as safe as possible and protected from abuse. Staff attend training and are up to date. The manager, senior staff and care workers have a good understanding of what their role is within safeguarding. The safeguarding policy refers to the latest legislation and guidance.

Care and Support

Care is provided as determined by people's assessments and personal plans. On the whole assessments and personal plans are detailed and up to date. Care workers provide care and support in accordance with these and it is evident they know people very well. Personal plans are outcome focused with detail of what needs to be completed at each call. Risk assessments are in place and manual handling plans specify how people are supported with their mobility. A flexible approach is taken by care workers as they consider how people are feeling on that day and what care and support they need at that specific call. One care worker told us *"We can support with a shower or personal care later if that is what they want to do. Depends on how they feel on the day."* We observed good practice from staff with the use of personal protective equipment (PPE) as required. People told us *"I wouldn't be without them"*; *"They are great – each and every one of them"* and *"They are fantastic – every single one of them. We wouldn't be here without them"*

Reviews of people's personal plans are completed but this does not consistently happen three monthly as required. Staff know people very well and the assistant area managers and senior staff are involved with care calls. This ensures they are aware of the support being provided to people with a good understanding of the aspects of care the care workers are managing. Of those files we checked, we could see people have had a review this year and the manager told us they will work towards ensuring these are completed quarterly. The detail within the review records is good. The RI also meets with people quarterly to get feedback about the service they receive.

There are safe systems in place to ensure people receive medication as prescribed. Medication administration records (MARs) are completed correctly apart from one that was handwritten and did not have the required two staff signatures to show checks had been completed. The manager audits MARs and daily care records monthly and highlights good practice and any improvements required. Staff check if people require pain relief and administer medications as prescribed. Regular communication takes place with pharmacists and the medicines management team. We saw medications are stored safely and securely in people's homes.

Leadership and Management

There are clear lines of accountability within the service. The manager and RI are accessible and there is an on-call system in place for out of hours support. Staff know who to contact to inform of changes or to get advice. One of the senior staff who covers on call told us; *“There is always someone familiar to the team – I do all the runs and know all the service users. It makes it easy for me to answer questions and I know everyone”*. Staff told us they feel very supported. *“Support is absolutely excellent, can’t fault it”* and *“They make you feel comfortable – not just a number”*.

There are good recruitment processes in place. Disclosure and Barring Service (DBS) checks are completed prior to staff commencing work. References are obtained as required. Overall, gaps in employment are explored. Staff are registered with Social Care Wales as required.

There are good quality assurance processes in place as the manager and RI strive for an improving service. The manager completes care file and MAR audits. Diary sheets detail accurate arrival times and leaving times. An analysis of call times is also completed and a new system has been implemented recently to monitor the call times better to further reduce the likelihood of late or missed calls. The RI completes quarterly visits. The reports are very detailed and include recordings of visits to people in receipt of the service, conversations with staff and checking of staff personnel files and service user files. The RI intends to complete the six-monthly quality care review report in due course.

Staff receive good levels of support and training so they can enable people to achieve their personal outcomes. We saw all staff are up to date with required training including an induction, manual handling training and health and safety. Staff receive regular spot checks in addition to quarterly individual supervision. Records of supervision are detailed and show it is a two-way process. The manager told us they are starting to complete the annual appraisals. Staff team meetings take place regularly and opportunities are available for staff to call into the office to catch up and collect PPE or discuss any aspects of work. Staff told us how supported they feel with consideration being given to their work life balance. Feedback includes *“Supervision is excellent – we are checked on daily. We don’t have to wait for supervision”* and *“I genuinely think this is a really good company”*. Staff told us how much they enjoy their job *“Making a difference”* and *“Knowing you are making someone else’s life better – Sometimes we are the only people they see”*.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 05/06/2024