

Crossover Care Limited

# Crossover Care Ltd

## Inspection report

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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?        | Good ● |

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 14 September 2017. Crossover Care Ltd is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to one person. This was the service's first inspection since becoming registered with the Care Quality Commission.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person and their relative told us they felt safe when staff were in their home. Staff arrived on time and stayed for the agreed length of time for each call. Risks to people's safety were assessed and reviewed. Safeguarding training had been completed by staff and the registered manager had the processes in place to ensure the appropriate authorities were notified of any concerns. Safe recruitment processes were in place.

People were supported by staff who were well trained.

The principles of the Mental Capacity Act (2005) were in place to support the person with decisions about their care; however the person was currently able to make their own decisions. Staff communicated effectively with the person. The person's day to day health needs were met by staff.

Staff were kind and caring and listened to and acted upon the person's views, ensuring they were always treated with dignity and respect. The person and their relative were involved with decisions about care and had helped to set up the care plan. The person was encouraged by staff to do as much for themselves as they were able to. Information about how to access support from an independent advocate was not currently in place, although the person told us they were happy with their relative acting on their behalf. The person received support from a consistent team of staff and their personal preferences were always respected. The person's care records were person centred and focused on what was important to them. Guidance in one area of care was limited; this was addressed immediately after the inspection.

The service was led by a passionate and caring registered manager, who was keen to expand the service whilst continuing to provide high quality care and support. The views of the person who used the service and their relative were welcomed and acted on. The registered manager understood what was required of them as part of their registration with the CQC.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The person and their relative told us they felt safe when staff were in their home.

Staff arrived on time and stayed for the agreed length of time for each call.

Risks to people's safety were assessed and reviewed.

Safeguarding training had been completed by staff and the registered manager had the processes in place to ensure the appropriate authorities were notified of any concerns.

Safe recruitment processes were in place.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained.

The principles of the Mental Capacity Act (2005) were in place to support the person with decisions about their care.

Staff communicated effectively with the person.

The person's day to day health needs were met by staff.

### Is the service caring?

Good ●

The service was very caring.

Staff were kind and caring and listened to and acted upon the person's views.

The person was always treated with dignity and respect and they and their were involved with decisions about the care provided.

The person was encouraged by staff to do as much for themselves as they were able to.

Information about how to access support from an independent advocate was not currently in place.

### Is the service responsive?

Good ●

The service was responsive.

The person received support from a consistent team of staff and their personal preferences were always respected.

The person's care records were person centred and focused on what was important to them.

Guidance in one area of care was limited; this was addressed immediately after the inspection.

### Is the service well-led?

Good ●

The service was well-led.

The service was led by a passionate and caring registered manager, who was keen to expand the service whilst continuing to provide high quality care and support.

The views of the person who used the service and their relative were welcomed and acted on.

The registered manager understood what was required of them as part of their registration with the CQC.

# Crossover Care Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and their staff would be available.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

At the provider's office we reviewed the care records for the person who used the service. We also looked at a range of other records relating to the running of the service such as training documentation and policies and procedures. We spoke with the registered and deputy manager during the inspection. We also visited the person who used the service and their relative to gain their views on the quality of the service provided.

# Is the service safe?

## Our findings

The person who used the service and their relative told us that when staff were in their home they felt safe. The person said, "I always feel safe with [name of staff member]." The relative said, "There is never any question of them doing anything that makes me or [family member] feel unsafe."

Guidelines were in place that ensured any allegations of abuse or poor practice by staff were reported to the appropriate authorities such as the local multi agency safeguarding hub and the CQC. The registered manager was aware of their responsibilities to report any incidents.

Where risks to the person's health and safety had been identified, risk assessments were in place to support the person, also ensuring their freedom was not unnecessarily restricted. Plans were in place to ensure the person's safe evacuation in the event of an emergency.

The person's relative told us staff always arrived on time and stayed for the agreed length of time. The relative said, "They come when they say they are going to come. This is really important so that I can plan my day so that I know [name] has the support they need each day."

Processes were in place that ensured if an accident or incident occurred, they would be investigated thoroughly and where needed, preventative measures put in place to reduce the risk of reoccurrence. We were told by the registered manager and the person's relative that no accidents or incidents had occurred.

Due to the size of the service staff numbers were low, with the registered manager and the deputy manager completing the day to day care for the person. However, the registered manager had still ensured that appropriate checks on their suitability to carry out their role had been recorded. This included a criminal record check and appropriate identification documents. The registered manager told us that as their business started to grow they had the systems in place to ensure that new members of staff were safely recruited.

The person did not require the support of staff with their medicines. However, a medicines policy was in place that ensured when more people started to use the service, trained staff would support people with their medicines in line with this policy.

## Is the service effective?

### Our findings

The person and their relative spoke highly of the staff who supported them. The relative said, "It is the same member of staff each day. They are a great help and we regard them as a friend. They know exactly what needs to be done. We started using them about six months ago, they have been a great help."

The registered and deputy manager had completed the training required to ensure they could carry out their roles effectively. Training in areas such as safe moving and handling and safeguarding of adults had been completed. The registered manager told us that, as the service started to grow, they would ensure all new staff completed the required training.

The person who used the service told us staff always asked them for their consent before providing them with any care or support. The relative said, "[Name] can say what they want and can make choices. The staff are patient and wait for a response before doing anything." We also observed the staff member communicate effectively with the person.

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. We checked whether the service was working within the principles of the MCA.

The person using the service was able to make decisions for themselves, therefore no formal mental capacity assessments were required. However, the registered manager showed us a policy was in place that would inform staff how to support people who were unable to make their own decisions.

The person's relative told us that staff support with meals was not required as they were able to do this for their relative.

The person's day to day health needs were met by the staff. Detailed daily records were used to record any changes in the person's health. These were regularly reviewed by the registered manager to enable them to monitor the person's health and support needs and to address any concerns in a timely manner.

## Is the service caring?

### Our findings

The person who used the service and their relative spoke highly of the registered and deputy manager and praised the way they supported them or their family member. The person said, "They are good to me." The relative said, "They listen to what we have to say and take on board our views. They work hard and are very professional. They often do way more than they should do. They have been such a big improvement on the last company we used."

The relative told us they and their family member had been fully involved with the planning of the care and support that staff would provide. The relative said, "All decisions on how to support [name] were made with us."

The registered manager told us they wanted to ensure the person who currently used the service and others who would join in the months and years to come, were able to have control over the support they needed from staff. The person's care records reflected this with agreement recorded for each major part of the person's care and support needs.

Regular reviews of the person's care needs were carried out with them and their relative. We noted the written feedback from the relative after each review was very positive. Comments included; "The staff are professional, competent, caring and punctual", and "I really appreciate the text messaging service to say what time you will be here, it has made my life so much easier."

Information was not currently available for people about how they could access and receive support from an independent advocate to make decisions where needed. Although the person told us they were happy for their relative to make decisions with and for them. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager told us they would address this.

The person's relative felt the staff always treated their family member with dignity and respect and ensured their privacy was respected. They also said, "They are very gentle and caring and always make sure [name] is treated with dignity. They ensure doors are closed and respect what [name] says to them."

The person's care records were treated respectfully when stored in the provider's office. Locked cabinets were used to ensure the person's records could not be accessed by unauthorised people.



## Is the service responsive?

### Our findings

The person's care records included detailed information about the person's personal preferences and daily routine. The person said, "They [staff] know what I like." The relative said, "We have got to know them [staff] well and they know exactly what [name] wants and needs each day." The relative told us the care and support to be provided had been agreed with them before the care package commenced.

The registered manager spoke knowledgeably about the person they supported and could explain in detail the person's current health and care needs and how they ensured they or the deputy manager provided the person with everything they needed. The person's relative said, "It helps having the same staff each day. It means I have total peace of mind that [name] gets what is needed."

The person's care plan contained guidance for staff on how to support the person. These were detailed and ensured that the person's personal preferences were taken into account. This included the support they would like with personal care. We did note that for one specific area of support provided by the staff the guidance was limited. After the inspection the registered manager forwarded us a revised care plan for this.

An equality and diversity policy was in place. This informed staff of the expectations on them to ensure that all people they supported, either now or in the future, were treated equally and without discrimination. We noted on the initial assessment carried out before people started to use the service, questions were asked about religious beliefs or other factors that they wished to be respected by staff.

The 'information pack' provided for people when they first started to use the service, informed people of the quality of care they should expect to receive from staff. This included how people's human rights would be respected, people's right to privacy and ensuring their independence was encouraged wherever possible. We observed the staff member supporting the person with mobilising throughout their home. The staff member encouraged the person to walk independently, offering support where needed, and the person did so.

The person and their relative were provided with the information they needed if they wished to make a complaint. This included how to report concerns to external organisations such as the CQC or the local ombudsman. The person's relative told us they had not needed to make a complaint, but they felt confident that if they did that it would be addressed by the registered manager.

## Is the service well-led?

### Our findings

Crossover Care Ltd is a family run, new service that is looking to expand over the coming months and years. The registered manager is a caring, passionate and dedicated person who told us they had ambitions to grow the service whilst always providing a high quality of service for people.

They have made a good start. They have ensured the person they currently support is provided with person centred, dignified, respectful and effective care and support. The person who used the service and their relative praised the registered and deputy managers, telling us that since they had changed services to use Crossover Care Ltd, the quality of both of their lives had improved.

The person and their relative were actively encouraged to give their views on how the service could be improved. Regular reviews were carried out and although no areas for improvement had been identified, the relative felt if there were, the registered manager would act on this immediately.

The registered manager spoke passionately about the positive and open culture they were building within the service. They told us when the service expanded and new staff were recruited, they would be expected to adhere to the aims and values of the service. These 'aims', such as; 'Providing flexible care and support to assist you and to maximise your level of ability and independence within your own home' were provided to people in their information pack when they started to use the service. The registered manager told us this ensured they could be held to account by the people they supported.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Although this had not yet been needed, the registered manager showed they were aware of these requirements as part of their registration with the CQC.

Due to the service being in its infancy, formal quality assurance processes were not yet in place. However, regular reviews of care planning documents, obtaining feedback from the person who used the service and their relative and ensuring training was up to date, showed the registered manager was aware of the areas that could affect the quality of the care and support provided.