

## CROSSPATH CARE LTD

# Crosspath 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

This was an announced inspection and took place on the 8 and 19 November 2018. On the 8 November, we visited the office and on the 19 November, we made telephone calls to staff and relatives of people using the service.

Crosspath Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The service specialises in supporting people with mental health conditions, including people living with dementia. At the time of the inspection, the service provided the regulated activity of personal care to 13 people. This was the first comprehensive inspection of the service since the provider had registered the location on 30 March 2017.

The service had a registered manager in post. 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.

Staff had completed safeguarding training; they understood how to recognise signs of abuse and were clear about what action to take if any concerns arose.

Individual, comprehensive risk assessments were in place to protect people from harm and ensure staff provided care in accordance with people's needs and preferences. Care plans were regularly reviewed and reflected people's current needs. They provided information for staff about how to support people in order for them to improve or maintain their independence. People and their relatives were fully involved in the assessment process to identify how the service could support them in their own home.

Staff respected people's individuality, diversity and personal histories and preferences and always considered people's individual needs when delivering their care.

The service had a robust recruitment process in place to ensure that staff had the appropriate skills to support people using the service. New members of staff completed an induction programme during which they were introduced to, and spent time with, the people they would be supporting.

The provider supported staff to complete a variety of training sessions. This ensured they had the necessary skills to meet the needs of people.

Staff supported people in line with the legislation of the Mental Capacity Act (MCA) and we saw no unnecessarily restrictive practices in place. There were effective systems in place to ensure that people's medication and personal information were kept safe. There were also systems in place to record, analyse and enable the service to learn from accidents and incidents.

Relatives told us that the registered manager and staff went 'above and beyond' what was necessary to ensure that people received a person centred service. Staff supported people to make choices about all aspects of their daily life. People received care from staff who knew and understood them and with whom they felt comfortable. Consequently, meaningful relationships had developed between staff and people using the service, and it was clear that staff enjoyed supporting people and enabling them to achieve their goals.

There were systems and processes in place to monitor the service and identify and drive improvements forward.

The registered manager empowered staff and people to maximise their potential and achieve their goals. They had a clear vision for the service, which placed the needs of people using the service at its core. This ethos was firmly embedded into the culture of the service and was emulated by staff, who took pride in their work, felt valued by the organisation and endorsed the values of the service.

## 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.

Staff had completed safeguarding training. They knew how to recognise signs of abuse and were clear about what action to take if any concerns arose.

Risk assessments protected people from harm and ensured staff provided care in accordance with people's needs and preferences.

The service had a robust recruitment process in place to ensure that staff had the appropriate skills to support people using the service.

Medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and support to meet people's needs.

Staff supported people in line with the legislation of the MCA.

Effective systems were in place to record, analyse and enable the service to learn from accidents and incidents.

### Is the service caring?

Good ●

The service was caring.

Staff supported people to make choices about all aspects of their daily life.

People received care from staff who knew and understood them and with whom they felt comfortable.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in the assessment process to identify how the service could support them in their own home.

Care plans provided information for staff about how to support people in order for them to improve or maintain their independence.

A complaints procedure was in place.

### **Is the service well-led?**

The service was well led.

Staff, relatives and health and social care professionals involved in the service were consistently positive about the registered manager and how the service was run.

The registered manager empowered staff and people to maximise their potential and achieve their goals.

There were systems and processes in place to monitor the service and identify and drive improvement.

**Good** ●

# Crosspath 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.

One inspector completed the inspection, which took place on the 8 and 19 November 2018. We gave the service 48 hours' notice of our visit to ensure the registered manager was available to meet with. We visited the office location on 8 November 2018 to see the registered manager; and to review care records and policies and procedures. On the 19 November, we made telephone calls to staff and relatives of people using the service.

Before the inspection, we reviewed the information we held about the service including, notifications of incidents and the Provider Information Return (PIR) sent to us by the provider. A notification is information about important events, which the service is required to send us by law. The PIR is a form asking the provider to give some key information about the service, such as what the service does well and improvements they plan to make.

Due to their medical conditions, some people using the service were unable to tell us about their experience of care, therefore we spoke with their relatives. We spoke with three relatives and contacted four members of staff. We also spoke with the registered manager and the operations manager, both of whom were directors of the company, and responsible for the day-to-day management of the service. We looked at five staff recruitment files and at how complaints and compliments were managed by the service.

We looked at four care plans and associated care records to check people were receiving care as planned. We also looked at documentation relating to the management of the service including policies and procedures, staff training records, a range of audits and the results of quality assurance surveys.

## Is the service safe?

### Our findings

Staff knew people well and understood their needs and preferences when providing care. Relatives had confidence in the staff and people felt safe when they received their care. One relative said, "We're extremely pleased with them. [Relative] was initially reluctant to accept help but things have gone well. There are no concerns, [relative] seems comfortable with them and happy having them in the house."

Staff had completed safeguarding training and knew how to recognise signs of abuse and protect people from harm. Staff were confident in the providers ability to investigate and resolve any concerns raised. Where concerns had arisen, the registered manager had made appropriate referrals to the local authority. The service had a whistle blowing policy in place and staff knew how to raise concerns with external agencies.

Risk to people were assessed and measures were in place to enable people to live safely in their own homes. Risk assessments including those associated with nutrition, medication, social isolation and managing health and safety risks within a person's home were in place and provided staff with information to enable them to support people safely in the way they chose. For example, one person was susceptible to recurrent urinary tract infections (UTI's) placing them at a higher risk of falls. Staff had worked in conjunction with the family, falls team and the GP to implement a care plan to minimise the risk. Their care plan contained clear guidance for staff about how to support the person including, monitoring fluid intake, leaving water within reach at the end of each visit and monitoring their general well-being for signs of infection, such as a high temperature, dizziness and increased confusion.

Staff knew the details of people's care plans and explained how they worked closely with the registered manager and operations manager to manage risks to people's health and well-being. Although there was no one currently using the service requiring support from staff to use lifting hoists or manual handling equipment to help them mobilise staff had completed manual handling training and were able to support people if required.

The service had a lone working policy in place, which helped ensure the safety of both staff and service users. There were enough staff available to support people and meet their needs and there had been no missed visits. Staff recorded when they arrived and left a person's home via an electronic system. This enabled the registered manager to monitor call times and notify people if staff were running late for any reason. The service had a regular, permanent staff base, which meant they understood the needs of the people they cared for and had developed meaningful relationships with them. The registered manager told us, "The team we have now is great. They are really good at helping each other and making sure the service users are okay." The registered manager had established a pool of bank staff to cover staff sickness and annual leave; this meant the service did not require the use of agency staff. The registered manager and operations manager often visited people using the service to see how they were and to monitor and review the documents in people's homes.

Systems were in place to respond to and record accidents and incidents. Records showed the registered

manager had taken appropriate action to address issues and mitigate the risk of reoccurrence. For example, one person was bathing before staff arrived and slipped. Following the incident, the equipment in their home was reviewed and a discussion had about changing the time of the call to enable staff to support them. Staff completed practical first aid training to keep service users safe and increase staff confidence in dealing with emergency situations. Plans were in place to ensure the service could continue to provide care in an emergency, such as adverse weather conditions. Staff and relatives were confident in the on-call system the registered manager had put in place to support them in outside of normal working hours.

A robust system was in place to ensure the safe recruitment of staff. We reviewed five staff files. All contained the relevant documentation required to enable the provider to make safe recruitment choices including references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The service had a policy in place for the management of medicines. All service users had a medication risk assessment in place, which identified any potential risks and what action staff should take if required. Staff had clearly recorded when they administered medication in the person's medication administration record, (MAR). Before administering medication staff completed training and had their competency assessed to ensure they had the skills and knowledge to support people safely. The registered manager completed monthly medication audits. Records showed where concerns had been identified; prompt action was taken to address them such as staff supervision sessions and additional training.

Staff had access to personal protective equipment to safeguard themselves and people from the risk of infection. Staff understood how and why they needed to reduce the risk of spreading infection.



## Is the service effective?

### Our findings

The provider supported staff to develop their skills and knowledge in order to meet the needs of the people using the service. One new staff member commented, "I have been working for Crosspath since September and have been through all types of training and feel as though I have learnt so much already."

The registered manager recognised the need for bespoke training for staff in addition to their more general training sessions. Staff had received formal training from the provider to enable them to support people with complex conditions, such as those living with mental health needs including dementia. Staff explained how this training gave them a greater understanding of the reasons behind the behaviour of some of the people they supported and provided them with additional skills to help meet their needs. All the staff were very positive about the training they received. They were able to request additional training if they felt it necessary and in addition topics were discussed during team meetings and supervision sessions. Records showed the provider supported staff to study for advanced health and social care qualifications.

Staff received appropriate support that promoted their professional development and assessed their competencies. Where appropriate the registered manager had completed annual appraisals of staff performance and all staff received regular planned supervision sessions. Supervision consisted of one to one and group sessions. Each staff member had signed a supervision agreement. The sessions took place regularly and provided staff with the opportunity to raise any concerns and share ideas. For example, one staff member had raised the need for easier clarification of people's DNAR status in their care records and plans were in place for the status to be recorded more visibly at the front of care files and on the electronic note system. Staff also told us they received feedback on their progress and ability to carry their roles through spot checks. This is when a senior member of staff observes a staff member working in someone's home. Staff were extremely positive about their roles and the support they received from both the registered manager and operations manager.

New staff members completed a comprehensive induction and training programme when they joined the service. This included working alongside more experienced colleagues before they provided care for people; this ensured that they knew how people wished to have their care provided. Comments from staff included, "I had shadow shifts when starting not just to get to know the job but also if there was a service user suffering with anxiety to make sure they were comfortable with a new person they were working with." And, "[Operations manager] was full of information and had a strong working relationship with [service user] and this was obvious throughout my shadow shift." To ensure that new members of staff had the correct skills and abilities to fulfil their roles they were required to have completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Some people using the service were not able to make independent decisions about their daily lives and how their care was provided. 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. Where a person has capacity, this may

include making unwise decisions. Only when there is evidence of a lack of capacity should decisions be taken in their best interest and in the least restrictive way.

The registered manager understood their responsibilities under the MCA and around protecting people's rights. Staff had completed training to enable them to understand their roles and responsibilities to ensure they supported people to make choices about how they wished to live their lives and how to apply the principles of the MCA in their daily work. Where people either had fluctuating levels of capacity or did not have the capacity to consent themselves, we saw that the service had operated in line with the requirements of the MCA. One staff member told us, "It is important from the start that the person has a voice and is listened to and their views and preferences known." Care plans showed that where appropriate, relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen.

Capacity assessments identified whether people were able to make choices and decisions about their life, all the time, sometimes with assistance or if they needed someone else to make these decisions for them. Care files included information for staff about who had the legal right to make decisions on their behalf, such as whom they had appointed as their Lasting Power of Attorney (LPA). An LPA is a legal document that allows a person to appoint someone to help them make decisions or to make decisions on their behalf. It gives the person more control over what happens to them if they have an accident or an illness and cannot make their own decisions.

Prior to using the service, the provider carried out an assessment of the person and their home environment. This meant care was planned to meet people's needs. Where the need had been identified, staff supported and encouraged people to eat and drink sufficient amounts.

Information about people's healthcare needs was documented in their care plans for staff to refer to. Staff had access to important information such as the person's date of birth, GP and next of kin contact details. Care records showed that staff had supported people to attend medical appointments and, when necessary, had requested visits from GP's. Staff knew what action to take if they are concerned about someone's health and responded promptly to changes in people's health needs and made referrals to specialist healthcare professionals, including the mental health team, for additional advice and support. For example, staff supporting one person noticed they were displaying the symptoms of a chest infection and feeling fatigued. Although the person had not seen their GP for some time, with the support of staff an appointment was arranged and a full health check completed. The person was diagnosed with an iron deficiency and was given a blood transfusion. Their care plan contained information for staff about how to continue to support them including making sure their meal was provided at the start of the visit so staff could be certain they had eaten it and how to manage the deficiency through their diet.

## Is the service caring?

### Our findings

Relatives of people using the service told us they felt comfortable and were happy to have staff in their homes. They were extremely complimentary and enthusiastic about the staff and the care provided. Comments included, "Oh yes everyone is very kind and thoughtful," "My [relative] loves them coming in. I think [they] think they're friends." And, "You would know from [service users name] if there were any concerns and there never have been. We are very happy with the care [they] receive."

Relatives told us that before the service provided care to family members they had met with staff to talk about their likes and dislikes, what support they needed and how they wanted this support to be provided. Relatives felt that this had provided people with the opportunity to build a relationship with staff before receiving care from them.

The registered manager was committed to establishing a person centred culture at the service and it was clear to see staff had embodied the same values. The focus was on valuing each person as an individual, encouraging them to undertake a lifestyle of their choosing and reach their potential. Staff did this by encouraging people to be make decisions and to be as independent as possible. Care plans contained information about people's life histories and hobbies and interests. They also provided information for staff about how to support people in their own home in order for them to improve or maintain their independence. Where concerns regarding social isolation had been identified measures were in place to support people. For example, staff supported one person to go to a weekly market and buy produce as they had done for years. Staff had also organised and invited service users to a Christmas themed afternoon tea. One relative who attended the event told us, "We went along to the Christmas do with [service user's name]. It was very nice to meet other people they are helping as well. Very thoughtful."

Relatives praised the commitment of the staff and the lengths they went to in order to ensure the delivery of high quality care. They gave examples of incidents when staff had gone 'above and beyond' to ensure they met people's needs. For example, when snow had prevented staff from being able to access people's homes using their cars one staff member came into work on their day off and walked around the village to ensure people received their care. One staff member said, "I am happy to be working for such a good company and I find that all staff go that extra mile to help and support all of our service users."

Records showed that staff received training to ensure that they understood how to respect people's privacy, dignity and rights. Staff demonstrated a respectful approach towards the people they cared for and relatives told us staff maintained people's privacy and treated them with dignity at all times.

When a new member of staff joined the service, the registered manager spent time deciding who they would work with. They tried to match the interests of the people with the interests of the new staff and consider personality types, life history and if people had expressed a gender preference for their care provider before a decision was made about whom the new staff member supported. This meant people were supported by staff with whom they felt safe and relaxed. One staff member told us, "I am loving what I am doing. It is brilliant. My primary interest is in mental health and they are supporting me to peruse that."

## Is the service responsive?

### Our findings

People using the service received person-centred care, in accordance with their preferences and needs. The registered manager told us the ethos of the service was to provide person centred care and it was clear that this belief was embedded throughout the service and in the attitude and actions of the staff.

Relatives were fully involved in the assessment process to identify how the service could support people in their own home. One relative told us, "The communication is really very good. They always contact us if there is problem and then we can deal with it." Care plans showed that, whenever possible, people were involved in planning what support they wanted and how they wished to receive this support. Assessments included information for staff about potential trigger factors for people's anxiety and advice about how to recognise and manage these.

Care plans were reviewed every six months or sooner if the need arose. During each review, people were weighed, their body mass index (BMI) calculated and their blood pressure taken. This provided staff with a baseline to monitor their general health. We saw following the review staff had referred people with a low BMI to their GP for build-up drinks. Some people using the service had complex mental health needs. The registered manager regularly met with staff to discuss people's care and changing needs. When required care plans were updated to ensure they reflected people's current needs. For example, during a supervision session staff reported it was becoming increasingly difficult to meet a person's needs leading to them feeling they were rushing tasks. In response, the registered manager met with the person and their family and the timing of the visit was changed to better suit the person.

The service used an electronic recording system to record people's daily progress and keep staff informed about changes in people's needs, or any concerns about their health and wellbeing. This meant staff were kept well informed and any concerns were quickly highlighted and addressed. Relatives also had access to this system.

In addition, the 'team' of staff supporting individual service users regularly met to update each other, discuss people's progress and highlight and resolve any concerns. One staff member explained, "If you are ever unsure over something there is someone who will help and assist. If there have been concerns regarding service users we can voice them to management and they can inform social workers so we can work on resolving the issue effectively and quickly." The registered manager told us, "To ensure we keep the best possible standards we discuss all cases and service users we work with regularly through supervision and team meetings."

The service had a complaints policy in place. Although no formal complaints had been made in the last 12 months relatives knew how to complain or raise concerns about the service if they were dissatisfied. The registered manager explained the service was proactive and worked with people at the first stage of a concern to resolve the matter.

At the time of the inspection, nobody using the service was receiving end of life care.

## Is the service well-led?

### Our findings

The feedback received from staff, relatives and health and social care professionals involved in the service was consistently positive about the registered manager. Comments from relatives included, "[Registered manager] is excellent. [Relative] says she is brilliant as well. Any problems and I know I can call." And, "[Registered manager] has been a great support, gives you confidence things are going well." Staff and visiting professionals spoke highly of the registered manager and of the open, honest and supportive culture that they promoted. Staff comments included, "[Registered manager] is always available; the whole management team are unbelievable." And, "They are really dedicated. They go above and beyond, this rubs off on staff and encourages and motivates you to do the same."

The professional and personal development of the staff was important to the manager. Systems were in place to support staff to access a wide range of training, tailored to meet both their needs and those of the people using the service. Staff felt valued and empowered by the registered manager, who encouraged and supported them to progress within the service. One staff member commented, "Management are supportive and eager to help staff to progress. I know I can contact them whenever I need them. My confidence in this job has grown thanks to the supportive staff team and the wonderful people I have the pleasure to support."

Staff were confident in raising any issues with the registered manager and felt assured they would be dealt with promptly and effectively. Staff told us that they got satisfaction from their job roles and the support and appreciation from the registered manager contributed to this. There were effective arrangements in place for staff and people to access out of hours support.

The registered manager was passionate about the service and the positive impact it had upon people's lives. They were knowledgeable about people using the service and placed an emphasis on enabling people to make choices about how they wanted to live their lives and understood the skill set of the staff they employed. Both the registered manager and operations manager were proactive and placed a strong emphasis on continually striving to improve the service in order to deliver the best possible care for people. In order to achieve this, systems and processes were in place to monitor the service and identify and drive improvement.

The registered manager had begun to schedule bi-monthly staff meetings, which were recorded on staff's timetables. These meetings were used to update staff and to cascade and discuss information about the service.

The views of people using the service, staff and relatives were obtained through surveys. We saw the feedback received was consistently positive. Relatives and staff told us the registered manager had an 'open door' policy and they were able to speak to them on an informal basis if the need ever arose.

The registered manager maintained their own professional development by keeping updated with best practice guidelines. To ensure that people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations. Records showed that positive

feedback had been received from health and social care professionals regarding the standard of care provided by the service. Comments from social care professionals included, "The providers have exceeded my expectations. They are creative, but realistic in what approaches to use and how to enable an individual's recovery." And, "Very impressed by the high standards of care, responsiveness to requests to meet with service users, good communication about on-going care." And, "We have managed to work together to problem solve and ensure the person receiving the service remains at the centre of the plan."

The registered manager was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). The Commission uses this information to monitor the service and ensure they respond appropriately to keep people safe.