



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

Cross Roads Care Sir Gar Limited

Carmarthen

Type of Inspection – Full

Date(s) of inspection – 25 January 2019

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Summary

About the service

Crossroads Sir Gar is registered as a Domiciliary Care Agency, which provides personal care to adults and children in their own home and a respite service for informal carers. The agency provides a service in Carmarthenshire.

The registered office is in Carmarthen with a second office in Llanelli.

The service has a manager who is registered with Social Care Wales.

What type of inspection was carried out?

We, the Care Inspectorate Wales (CIW), carried out an unannounced full inspection of the service. One inspector visited the registered office on Friday 25 January 2019 between the hours of 10:20am and 16:00pm. A second inspection day was completed shadowing staff and visiting service users on Monday 28 January between the hours of 12:00 and 18:00pm and a third inspection day was spent at the Llanelli office on Wednesday 30 January between 14:10pm and 16:20pm.

The following methods were used:

- Discussion with the registered manager, human resource staff, care co-ordinators and care workers.
- Visits to five people who receive a service from Crossroads Sir Gar in their own home, to gain their views on the service they receive.
- Discussion with three family members.
- Discussion with eight members of staff.
- We looked at a sample of records, including four care records in the office and five care records in people's homes and rotas of planned care delivery.
- We looked at five staff files and checked recruitment; supervision and training records.
- We viewed the statement of purpose, service user guide, staff handbook and quality assurance report.

Feedback was given to the registered manager on Wednesday 30 January 2019.

What does the service do well?

We did not identify any specific areas of good practice during this inspection which exceeded practice outlined in the National Minimum Standards for Domiciliary Care Agencies in Wales. However, we saw that the provider invest in their staff and their well-

being whilst the people requiring care and support, remain central to the aims of the service.

What has improved since the last inspection?

The recruitment files seen had staff photographs as required for recruitment.

What needs to be done to improve the service?

At this inspection, we notified the provider of the following:

Regulation 20, (1)(b)

Records at all times should be available for inspection by any person authorised by the National Assembly to enter and inspect the premises.

This is because not all records were kept at the registered office as required.

A notice has not been issued on this occasion, as there was no immediate or significant risk for the people using the service: We expect the registered person to take action to rectify this as soon as possible.

We made the following recommendations:

- Care documentation: Archive out of date service delivery plans/care documentation.
- Care Documentation: Ensure consistency with evidencing people's involvement with care planning and reviews.
- Training: Ensure a more robust method of checking that required training is up to date.
- Service User Guide: Updated copy to be available for people to access.

Quality Of Life

The well-being of people receiving a service from Crosshands Sir Gar is promoted by the manager and staff team. Staff know people well and what is important to them and their relatives is central to their care.

People can be assured they will have continuity of care workers and timely, consistent support as identified. We spoke to care co-ordinators and care workers who demonstrated knowledge of people they were supporting in the community and their families. They spoke about people in a sensitive manner demonstrating empathy for their situations and understanding of the importance of providing continuity and care as needed. One person told us *"they are marvellous, they treat me like their mother"*. Continuity of care was provided with a core team of care workers of up to five people with the exception of one person. They referred to care workers *"chopping and changing"*. When we checked this person's care worker rota there was a total of between 11 and 15 care workers visiting in one week to provide 28 calls. This was a higher than usual number for a core team and the manager told us she planned to review this. We spoke to three relatives who all valued the importance of continuity of care workers with one telling us *"you have confidence in the care workers and peace of mind"*. Another person told us how important routine and continuity was to people with a cognitive impairment. We saw care delivered in a relaxed manner and care workers were confident to sit and chat to people and valued the importance of this element of care delivery. Care workers told us that their rotas were realistic and they were able to get to the calls on time and deliver quality care. One person told us that if there was an expected delay or change of care worker, the office staff would phone them to explain. People told us that their calls were always on time and they had a rota in advance so they knew who to expect. Another relative told us *"this service is an absolute lifesaver – I wouldn't want to be without it"*. *"Cannot think of any improvements to be made and the timekeeping is excellent"*. An electronic care monitoring system was in place for the domiciliary care calls. This meant the administrative team were alerted if a care worker did not arrive, or was delayed for a care call. One person told us *"they have never let me down yet"* and another told us *"ten out ten – they are marvellous"*. People can be assured continuity is maintained where possible and the importance of this is valued along with the delivery of good quality care.

People receive preventative and proactive care to enable their identified outcomes to be met. Service delivery plans were evident in the eight care files seen. Two did require updating to reflect recent changes from this month; however, the prompt increase of support required was appreciated by the people and their family. Outcomes reflected what was important to individuals and included personal fulfilment and lifestyle choices. People's preferences were noted on service delivery plans with the use of the Welsh language. Welsh speakers told us they were able to speak to their care workers in Welsh if that was their preference, thereby evidencing that the Welsh Language Active offer was being worked towards. Risk assessment forms were in place and were detailed with

hazards identified specific to the person's environment and care needs and how risks were reduced to an acceptable level. An additional risk assessment had been completed for one person, and specified how to manage risks when that person was away from their home. However, this was not evident in the community file. A copy was seen in the office file, evidencing it had been completed but was not available for the care workers to refer to in the person's home. The manager intended to ensure this would be in place in the community file. Reviews were completed but previous service delivery plans being in place meant it was not always easy to see that reviews had been completed and which service delivery plan to follow. We would recommend archiving out of date service delivery plans. We spoke to a care co-ordinator who told us that due to the complexity of some people's care packages they would bring forward a review date to ensure they were delivering the care as required and would be aware of any changes. We saw this was evident with one person in receipt of a package of care. It was clear that what mattered to family members who were carers was considered. Half of the care documentation seen had evidence of people's contribution or that of their family with signatures in place. This shows that people and their representatives are involved with aspects of their care; however, consistency is required to evidence the involvement of all people in receipt of a service with signatures of the person or their representative.

People are protected and measures are in place to maintain their safety and security. We saw that paper records were stored securely in the offices and there was restricted access to the registered office. We saw that care workers used key safes where applicable. Identification badges were worn. Electronic emergency contact pendants were worn or within reach for those people who lived alone. We saw care workers use the Electronic Call Monitoring (ECM) system and we were told by the manager that if the care worker did not log in then an alert would trigger the office staff to check the call was going as planned. Care workers and office staff were aware of Safeguarding processes and actions to take if required. Car insurance and maintenance checks were in place for those staff who were expected to use their vehicles in work. We saw further annual checks in place within the individual supervision records. An out of hours contact number was accessible at all times for people and staff. All care workers spoken to told us that in the event of them needing support they had a contact and always spoke to someone who could advise and support. The agency promotes the safety of both its staff and the people that it is providing care for.

Quality Of Staffing

Staff feel valued, and have the appropriate skills, training and qualifications to make a positive difference to the lives of people accessing the service. Staff feel supported and have opportunities to attend training relevant to the role they perform.

The manager ensures staff are recruited appropriately within regulatory requirements. Five recruitment files were seen. At the last inspection, not all staff records had photographs. At this inspection, all staff files seen had photographs in place. Disclosure barring service (DBS) checks were evident and gaps in employment were explored and seen within interview notes. Three files had two references as required; however, the other two had one reference in place. The manager was aware of this and showed us recordings that had been made to evidence attempts to get second references. They intended to seek alternative references in the interim. Therefore, the well-being of people accessing the service is ensured through safe systems of work in relation to the recruitment of staff.

People can be assured that care workers receive appropriate training to deliver care effectively. The agency had a training and induction programme in place that provided face-to-face training held at their offices with Crossroad's own trainers and independent trainers. On-line training was arranged when appropriate. The induction consisted of a minimum of three days that included Infection Control; Health and Safety; Food Hygiene; Safeguarding for Adults and Children and Manual Handling training. This training was in line with the All Wales Induction Framework for Health and Social Care (Social Care Wales). As part of the induction care workers also shadowed experienced workers for a period, depending on their experience and confidence levels. We saw induction checklists in staff files. Care workers were being supported with their registration process with Social Care Wales and guidance was being provided to ensure care workers were able to meet post registration training and learning (PTRL) requirements. Comments from care workers included; *"the training is good"* and *"we have good training updates"*. Individual training records were seen and certificates were in staff files. We saw one care worker's manual handling training had expired over 12 months ago. The manager told us the training records were manually checked during individual supervision sessions; however, there was not an electronic alert system in place to notify of upcoming training due. This demonstrates that the comprehensive training programme helps to support best practice within the service. However, we would recommend a more robust method of checking training to ensure updates are completed as required.

The manager strives to work with staff strengths and potential to achieve the level of care required to benefit the people accessing the service. Care workers and co-ordinators were identified to deliver training in areas that they wished to develop. Specialist training was arranged for care workers to enable them to competently and confidently deliver

care and support. One care worker told us *“what’s great about them is, if you get a new client you can request specialist training such as epilepsy, Parkinson’s or dementia”*. Therefore, staff are appropriately supported to carry out their role and reach their potential.

The well-being of staff is important. We were told of a buddy system that was in place for new care workers. The manager valued the importance of open communication and told us about an employment link for staff to access confidential advice or support if required. The service prides itself on low staff turnover. To ensure this was maintained, staff exit interviews were completed. This enabled the manager to evaluate the reasons why staff left and how, as an employer, the service could improve. All care workers and care co-ordinators were very positive about working for the service and feedback included; *“they are a good company to work for, the work is varied and they look after you”* and *“the work is varied and interesting”*. All care workers spoken to were happy with the length of the days they worked and how their rota fitted in with their other commitments. One care worker told us, *“They are really good – fit in with what I have on”*. We saw individual supervision records completed as required and regular team meetings were arranged. This included bi-monthly meetings for care managers, monthly office meetings and quarterly meetings for care workers. We conclude, staff are valued and their contribution encouraged.

Quality Of Leadership and Management

People see visible accountability and a team with shared values who want to enhance the lives of people. The leadership and management ensure continuous improvement and a strong set of values are at the heart of the service.

People have access to information about what they can expect from the service. People told us they could contact the service easily with the phone numbers available in their files and felt happy to speak to any member of the team. A service user guide was in place in each home we visited; however, they were dated 2015. We recommended the latest copy (reviewed in January of this year) was available to people. The statement of purpose, reviewed in August 2018 was available for people to access. The service aims to have all literature in Welsh, including a bilingual promotion leaflet. People have sufficient information to, where possible, make an informed choice about the service; however, this could be improved by ensuring the most up to date information is accessed and that it is available in Welsh to meet the Welsh Language Active offer.

There are systems in place to ensure that people experience a quality service that is developing and improving. The manager told us of meetings that took place. These included regular senior management team meetings, care managers bi-monthly meetings, monthly office meetings and care workers' quarterly meetings. Up to six meeting dates were arranged for care workers to ensure they could access a meeting that was convenient for them. Minutes were seen with attendance sheets. On the day of the inspection a quarterly policy group meeting was held. This allowed an opportunity for the trustees and managers to view policy amendments and discuss application of these amendments within the organisation. These changes were then passed to team members during team meetings and in individual supervision, where a policy declaration form was completed. This ensured staff were kept up to date of policy changes and how this affected the service and their role. We saw examples of questionnaires that were given to people who accessed the service, their family members and staff members. The feedback we viewed was very positive. The staff response rate to the online survey was 97%. We saw a quality assurance report dated 2017, which summarised carer's feedback, and the impact of the care provided, but did not represent the views of staff members and professionals involved. Whilst we conclude that the provider is committed to improving the service for people accessing it and working at Crossroads Sir Gar; the quality assurance report needs to represent the feedback received from all persons involved.

People experience a consistent, reliable service that aims to deliver the best possible care. The manager and team have met the challenge of an increase in care packages and the transfer of staff from another agency that is no longer operating. The manager was confident that this process was being managed well.

Quality Of The Environment

Inspection of the quality of the environment does not form part of the domiciliary care inspections, however we saw that information was held securely in the offices on the days of our visits.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by contacting us.