

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Crossover Care Limited is a domiciliary care service providing care to people living in their own homes so they can live as independently as possible. The service provides support with personal care to people living with dementia, people with a learning disability, autistic people, people with mental health support needs, older people, people living with a physical disability and sensory impairment.

At the time of our inspection there were 37 people using the service who all received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider worked effectively with people, their family and external professionals to ensure they received appropriate and timely care.

Trained staff provided people with consistent care that met their individual needs. People were supported with medicines to help them to maintain their health.

### Right Care:

Care plans were person centred and this was also reflected in the support staff provided.

People's holistic care needs were considered so that people received care that achieved positive outcomes.

### Right Culture:

The management team were passionate about their roles and ensuring people received the best possible

care. These values were embedded within the staff team who felt proud to do their job.

The management team worked in partnership with key organisations, including the local authority, safeguarding teams and integrated care boards. This supported positive outcomes for people.

Regular team meetings gave staff the opportunity to share experiences and learning so the service could improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was good (published 12 October 2017).

#### Why we inspected

We received concerns in relation to staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crossover Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Crossover Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 February 2023 and ended on 1 March 2023. We visited the location's office on 21 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback

from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection We spoke with 6 people and 1 relative about their experience of the care provided. We spoke with 5 staff members. This included 3 care staff, the care coordinator and the registered manager.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, and policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse which was supported by a policy and procedures.
- One person told us, "I have confidence in them [staff] I feel safe."
- We spoke with staff who confirmed they had received safeguarding training and were able to tell us the steps they would take to safeguard people from abuse if they had any concerns.

Assessing risk, safety monitoring and management

- The provider assessed, managed and monitored risk.
- A full assessment of people's care and support needs was made before people started using the service and risks, including environmental risks, were assessed.
- We reviewed records of assessments made by the Fire and Rescue Service further to the provider making a referral. The registered manager told us they routinely made referrals to the Fire and Rescue Service if they identified any risks, for example if the person smoked.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA. Consideration was given to people's capacity during the assessment process and care plans contained details on this. People's consent to care was sought where people had capacity to do this.

Staffing and recruitment

- Staff were recruited safely. The provider secured appropriate references, right to work documents where required, and carried out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough staff to provide people's care. The coordinator told us they always considered staffing capacity before taking on additional people's care to ensure existing service users received the care they needed.
- People received care from a consistent team of staff at the time they expected. One person told us, "We get a text from [registered manager] if there's been a delay so we always know. We've never had a time they've not turned up."
- Staff told us they received an induction, training and shadowed experienced staff before working on their own. One person told us, "They [staff] all train when they first come, they are trained by a nurse."

#### Using medicines safely

- Staff were trained in the safe administration of medicines and provided effective care to people who required support with their medicines.
- One staff member told us, "I do support people with medication, our coordinator is very keen that we are trained, spot checked and supported to do this properly."
- We reviewed medication administration recording (MAR) sheets. We noted there were no gaps in recording, and the MAR sheets had been reviewed by the management team.

#### Preventing and controlling infection

- The provider worked in line with current government legislation and had an up-to-date policy and procedure on infection prevention and control.
- Staff told us they had received infection prevention and control training and the provider ensured they had enough personal protective equipment (PPE). The provider confirmed they had adequate stocks of PPE and they remind staff to make sure they had plenty of PPE.
- We reviewed team meeting minutes which evidenced discussion about appropriate use of PPE, infection prevention and control, and Covid 19.

#### Learning lessons when things go wrong

- The provider adopted a learning culture which was understood by the staff.
- Staff told us "Management talk to us at team meetings when they find any shortfalls. It supports our learning, so we are all working in the same way."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a culture within the service that was person-centred, inclusive, empowering and achieved positive outcomes for people. This approach was promoted within the team and fostered by all staff.
- One person told us they had been supported by several other care providers before Crossover Care Ltd. They said, "I would hate to lose them; the staff are so person-centred."
- One staff member told us, "Care is person-centred, people have to be cared for in a way they want. When they are happy with the care we provide I feel that's special."
- Care plans were person-centred and included people's desired outcomes. People told us they had been involved in developing and reviewing their care plan to ensure it continued to support them with positive outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibilities in relation to the duty of candour. This open and honest approach was part of the services culture and discussion with staff reflected this.
- The registered manager told us, "We make sure that when something happens, for example an error of some sort, the relatives and client are told, they are given the details of what's happened so they are not kept in the dark."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles, understood quality performance, risk management and regulatory requirements.
- The registered manager told us, "Actions for quality improvements for the service are identified and captured at management meetings and a quality development plan created, which we regularly review and update."
- Risks were identified and actions to reduce risk were recorded in people's care plans. Managers and staff were clear about these risks and incidents that required to be reported to the Local Authority, as well as making statutory notifications to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- The provider engaged with people using the service, their families, public and staff considering equality characteristics.
- People and relatives were happy with the service they received and that the provider engaged with them effectively.
- Feedback from care staff was positive when asked about their experiences of working for the company, including training, management and support. One staff member told us, "I really appreciated the way they conducted the induction. [Care coordinator] told us everything we needed to know to support people and if you have problems you just ring them, they are always there."
- People's equality characteristics were considered and responded to. One person told us the provider listened to, and understood their specific needs and wishes, and met them through the way they provided care and support.

#### Continuous learning and improving care

- The provider worked in a way that promoted continuous learning and improvement of care. The management team and staff told us that they took every opportunity to learn and improve.
- The registered manager told us they encouraged staff to take all feedback as an opportunity to improve and to respect the person's views and choice.
- The care coordinator told us, "During supervision and appraisal we talk to staff about any challenges and take it as an opportunity to learn and improve the service. We promote that culture; we will try to do things better next time."

#### Working in partnership with others

- The provider worked in partnership with others, people we spoke with confirmed this. We observed evidence in people's care plans which demonstrated that the provider worked with other professionals to provide effective care for people.
- We reviewed information that evidenced the provider had worked with a person and their family to reach a solution to a highlighted concern.
- We observed there were records of communication with other professionals which included a district nurse, care navigator, social workers and attendance of a multi-disciplinary meeting for a specific person.
- This collaborative approach improved the care people received.