



The **Regulation and
Quality Improvement
Authority**

**Crossroads Caring for Carers
RQIA ID: 10966
Kincade Martin House
432 Upper Newtownards Road
Belfast
BT4 3GY**

**Inspector: Jim McBride
User Consultation Officer: Clair McConnell
Inspection ID: IN023816**

**Tel: 02890653080
Email: mail@crossroadscare.co.uk**

**Unannounced Care Inspection
of
Crossroads Caring for Carers**

14 March 2016

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 14 March 2015 from 09.00 to 13.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Crossroads Caring for Carers Ltd/Christine Best	Registered Manager: Sarah Louise Robinson
Person in Charge of the Agency at the Time of Inspection: Sarah Louise Robinson	Date Manager Registered: 23 July 2014
Number of Service Users in Receipt of a Service on the Day of Inspection: 787	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous Quality Improvement Plan (QIP)
- Records of notifiable events
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection including the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Ten service user records in respect of referral, assessment, care plan and review
- Ten service user records in respect of the agency quality monitoring
- Complaints log
- Monthly monitoring reports from August 2015 to December 2015
- Staff Rotas for weeks ending 19 March 2016, 26 March 2016 and 2 April 2016
- Staff daily contact log records

Prior to the inspection the User Consultation Officer (UCO) spoke with seven relatives on 10 and 11 March 2016 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

During the inspection the inspector spoke with the registered manager and six staff. The six staff interviewed gave a comprehensive overview of the service.

Staff Comments:

- "Training is regular."
- "Induction is comprehensive."
- "We receive one to one supervision."
- "We are aware of the whistleblowing procedures."

At the request of the inspector the manager was asked to distribute a number of questionnaires to staff for return to RQIA. Four questionnaires were returned.

The questionnaire indicated that the staff member was either satisfied or very satisfied with the following:

- The training provided by the agency in safeguarding adults
- Individual care plans are appropriate to meets services users' needs
- The times allocated to meet the service users' needs
- The information provided to service users regarding delayed calls

Staff Comments:

- "Need more care time."
- "More pressures on care workers."
- "Training is always kept up to date."
- "Our training covers all our work areas."
- "Service users are always informed of any changes to their calls."

5. The Inspection

Crossroads Caring for Carers is a registered charity that provides a domiciliary care service to service users and their families in their own homes.

The services provided range from personal care and social support to people living in their own homes, to respite for their carers. The service users are from all programmes of care including older people, children, and those with learning disabilities, physically disabilities and mental health needs.

Crossroads offers a caring service over a wide area of Northern Ireland. Services are provided by a team of 233 staff to 787 service users in various areas of Co. Antrim, Co Londonderry, Co Down and Mid-Ulster. Their service also covers from Belfast to Lisburn.

The organisation has its services commissioned by the Northern HSC Trust, Belfast HSC Trust and the South Eastern HSC Trust.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 16 and 17 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11(3)	The registering acting manager is required to complete all areas of mandatory update training.	Met
	Action taken as confirmed during the inspection: The registered manager's training records were read and are up to date in line with the requirement.	
Requirement 2 Ref: Regulation 13 Schedule 3 (2)(3)(6)(10)	The registering acting manager is required to expand their staff 'Recruitment and Selection' procedure to include each of the elements listed within schedule 3.	Met
	Action taken as confirmed during the inspection: The policy and procedure in place was examined by the inspector and was updated in September 2014 to reflect the requirement.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.11	The registered person is recommended to complete and sign all future monthly monitoring reports and include full details under each section.	Met
	(Restated from 5 and 6 December 2013) Action taken as confirmed during the inspection: The inspector read a number of monthly monitoring reports. The reports in place have been signed off by the registered provider.	
Recommendation 2 Ref: Standard 8.1	The registering acting manager is recommended to expand their 'Statement of Purpose' to include the specific roles and responsibilities of each grade of senior staff.	Met
	Action taken as confirmed during the inspection: The inspector examined the statement of purpose in place which was updated in July 2015 and reflects the recommendation.	

<p>Recommendation 3</p> <p>Ref: Standard 13.3 & 13.5</p>	<p>The registered person and registering acting manager are recommended to ensure the manager and all senior staff receives appraisals and supervisions in line with their procedure timeframes.</p> <p>Action taken as confirmed during the inspection: The inspector examined the policy in place which was updated in July 2015 and reflects the recommendation.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.16</p>	<p>The registering acting manager is recommended to review their incident reporting procedure and senior staff training to provide clear direction on roles and responsibilities within this process.</p> <p>The inspector examined the procedure in place which was updated in July 2015 and reflects the recommendation.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.4</p>	<p>The registering acting manager is recommended to review the senior staff/manager's training programme and competency assessments and provide any additional training deemed appropriate for these managers.</p> <p>Action taken as confirmed during the inspection: The inspector examined the records in place which reflects the recommendation.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 9.1 Appendix 1</p>	<p>The registering acting manager is recommended to expand their 'Restraint' procedure to include the process of care reviews where bedrails and/or lap belts are required.</p> <p>Action taken as confirmed during the inspection: The inspector examined the policy in place which was updated in December 2014 and reflects the recommendation.</p>	<p>Met</p>

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users' and/or representatives' views had been obtained and incorporated.

Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding communication and training.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits and telephone calls are taking place to discuss the care being provided; however, only one person was able to confirm that observation of staff practice had taken place.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis.

No staff practice issues were identified during the spot checks which the inspector viewed. On site supervision/spot checks included the following observations:

- Time keeping
- Appearance
- Communication with clients
- Attitude of staff
- Written information
- Specific care tasks and use of equipment if applicable

The inspector discussed with the registered manager the details of the direct observations/spot checks that take place within the service users' homes. The records of observations/supervision were examined by the inspector. Service user records viewed in the agency office evidenced regular visits and feedback received had been followed up. These records evidenced that the agency carries out care reviews with service users if changes to their needs are identified. The agency maintains a communication log for each service user where details of requests for changes are noted.

The agency demonstrated how they promote service user independence, choices and respect. All of the people interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly monitoring reports reviewed evidenced that

working practices are being systematically reviewed. Some of the comments received included:

- “The service is great and the girls are great.”
- “No problems or issues.”
- “***** is great; she’s like a one of the family.”
- “Very good carers.”
- “It’s a very professional service and ***** is great at her job.”
- “The carers coming in are very nice and professional in looking after my mother.”
- “***** is a great worker.”

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Crossroads Caring for Carers. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Examples of some of the comments made by service users or their relatives are listed below:

- “Girls are great; they’re a lovely bunch.”
- “Consistency is great as my XXX doesn’t like change.”
- “No concerns with them.”
- “Everything’s great.”
- “No problems with any of the carers but communication from the office could be better.”

In the main, service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Two relatives informed the UCO that they felt that the carers would benefit from training in regards to catheter care and autism. This was discussed with a manager following the inspection, who stated that all relevant staff are aware of the care required in relation the above areas highlighted.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits by telephone or surveys for the agency.

Areas for Improvement

No areas for improvement were identified regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for the management of missed calls.

The inspector discussed on call arrangements with the registered manager who confirmed that the on call arrangements outside of office hours do cover all designated working times.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed. A number of care review records were examined by the inspector. Comments made by service users during their reviews included:

- “Very good service.”
- “Happy with the service.”
- “Everything is working fine, brilliant service.”
- “I would be lost without Crossroads.”
- “Very helpful.”
- “I’m delighted with the service.”

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. One relative also advised that they had experienced a small number of missed calls from the agency.

Staff interviewed on the day of inspection discussed staff roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

The inspector examined staff rotas for weeks ending 19 March 2016, 26 March 2016 and 2 April 2016 and was satisfied that the agency had taken appropriate steps to manage staffing resources to meet service user needs.

Is Care Compassionate?

Records examined by the inspector did show evidence of service being provided in a person centred manner and in line with individual care plans. Training records examined, including induction records, show clear evidence that staff are encouraged to promote independence and choice to service users.

Areas for Improvement

No areas for improvement were identified regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Complaints:

The agency returned to RQIA a summary of any complaints received between 1 January 2014 and 31 March 2015. The agency had received a number of complaints during this period.

5.5.2 Quality Monitoring:

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of quality monitoring and service improvement. The inspector noted comments by service users and has stated them in the body of this report.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	S L Robinson	Date Completed	18.04.16
Registered Person	C Best	Date Approved	18.04.16
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	28/4/16

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.