



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment:	Crossroads Caring for Carers
Establishment ID No:	10966
Date of Inspection:	16 and 17 September 2014
Inspector's Name:	Caroline Rix
Inspection No:	16569

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Crossroads Caring for Carers
Address:	Kincade Martin House 432 Upper Newtownards Road Belfast BT4 3GY
Telephone Number:	028 90653080
E mail Address:	mail@crossroadscare.co.uk
Registered Organisation / Registered Provider:	Crossroads Caring for Carers (NI) Ltd / Mrs Christine Best
Registered Manager:	Ms Sarah Louise Robinson (registering acting manager)
Person in Charge of the agency at the time of inspection:	Ms Sarah Louise Robinson (registering acting manager)
Number of service users:	953
Date and type of previous inspection:	5 and 6 December 2013, Primary announced
Date and time of inspection:	16 September 2014 from 9.30am to 11.25am (Review of HR staff recruitment files) 17 September 2014 from 9.30am to 5.15pm Primary unannounced inspection.
Name of inspector:	Caroline Rix

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	5
Staff	0
Relatives	8
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	40	14 plus one after closure date

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

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 organisation operates out of one office located at 432 Upper Newtownards Road, Belfast.

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 275 staff to 953 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 their services commissioned by the Northern HSC Trust/Belfast HSC Trust and the South Eastern HSC Trust.

Review of action plans/progress to address outcomes from the previous inspection

Crossroads Caring for Carers had seven recommendations made during the agency's previous inspection on 5 and 6 December 2013. Six of the seven recommendations were found to be 'compliant' with one recommendation 'moving towards compliance'. The outstanding recommendation has been carried forward and included within the attached quality improvement plan (QIP).

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Crossroads Caring for Carers was carried out on 16 September 2014 between the hours of 09.30 and 11.25 to review staff files and 17 September 2014 from 09.30 to 17.15hours. The agency has made good progress in respect of the identified areas discussed in the body of this report. The Human Resources manager Alison Heaney provided assistance at their human resources office and the registering acting manager Louise Robinson provided assistance to the inspector throughout the second inspection day.

Visits to service users were carried out by the UCO prior to the inspection on 11 and 13 September 2014 and a summary of feedback is contained within this report. Findings following these home visits were discussed with the registering acting manager.

Two requirements and six recommendations (one restated from December 2013) have been made in respect of the outcomes of this inspection.

Staff survey comments

Forty staff surveys were issued and fourteen, plus one after the closure date, received which was a disappointing response.

Staff comments were included on some of the returned surveys as follow;

'I am very pleased with the service Crossroads provide and enjoy working for them'.

'Quick at responding to issues when myself as a carer phones about equipment, comments etc. Always have aprons, gloves and hand wash when required. I find managers are able to help, are fair and polite'.

'My manager XXX is very good at her job. However recently Crossroads introduced a new rota system which does not work the way it is supposed to. I am unsure who is responsible for this but from my perspective, they are not dealing with this issue well. My immediate manager is very good, but those above her, who created this new system, have not done a good job on it'.

'I feel overall that it is run good and our manager is responsible, approachable and organised but at times I feel it could be better with rotas. Doing 7am until 10pm at night most days can be hard work'.

'As having worked in a large nursing home before, the level of care here is beyond what I expected, great company to work for, very caring and professional'.

'I have been a carer with Crossroads since 1995 and I have thoroughly enjoyed and still enjoy working for this company'.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five service users and eight relatives between 11 and 13 September 2014 to obtain their views of the service being provided by Crossroads Caring for Carers. The service users interviewed live in Donaghadee and the surroundings areas, have been using the agency for a period of time ranging from six months to twenty years, receive at least one call per day and the following assistance:

- Management of medication
- Personal care
- Meals
- Security checks

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was concerning to note that service users or their representatives are not usually introduced to new members of staff by a regular carer; it would be good practice for the agency to do so when possible.

There were no concerns regarding timekeeping or the quality of care being provided by the staff from Crossroads. The UCO was advised that no complaints had been made recently to the agency, and any issues that had been raised with the service had been addressed to the satisfaction of the complainant. All of the people interviewed were aware of whom they should contact if they have any issues regarding the service.

It was good to note that the majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service, however none were able to confirm that observation of staff practice had taken place in their home. The above matter was discussed with the registered manager as part of the inspection. Examples of some of the comments made by service users or their relatives are listed below:

- “Great bunch of girls.”
- “All very nice girls; very friendly.”
- “Couldn’t get better.”
- “Everything running smooth.”
- “Would recommend them highly.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of five service users. During the home visits, the UCO noted that none of the service users were experiencing restraint in the form of bed rails, lap bands or locked doors or receiving financial assistance from the agency for example shopping.

During the home visits, the UCO was advised that one of the service users is receiving assistance with medication by the carers from Crossroads. The medication log was being completed appropriately by the carers and the need for assistance with medication was included on the care plan and risk assessment.

All visits by carers are to be recorded on log sheets which are held in the service user’s home, as well as copies of the service user’s care plan and risk assessment. On review of the agency’s files, all files contained the appropriate documentation and no issues were identified for the agency to address which is commendable.

Summary

Theme one - Management and control of operations

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

The agency has achieved a level of **moving towards compliance** in relation to this theme.

The agency’s ‘Statement of Purpose’ reviewed contained details of the organisational structure, the qualifications and experience of senior staff, however it is recommended that this document be expanded to include the roles and responsibilities of each grade of senior staff.

Discussions with the registering acting manager during inspection and review of records for the senior staff/managers supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and is operational for all grades of staff.

Review of the appraisal processes for senior staff/managers was not confirmed during inspection, along with supervision records not in place, and has been requested for implementation.

Monthly monitoring reports viewed were found to be brief and are recommended to be reviewed by the responsible person.

Records regarding medication and vulnerable adult incidents were reviewed and found to have been appropriately recorded; however the records could not confirm that these had been reported within RQIA timeframes and this has been recommended for review.

One requirement and five recommendations (one restated) have been made in relation to this theme.

The registering acting manager is required to complete all areas of mandatory training updates.

The registering acting manager is recommended to expand their Statement of Purpose to include the roles and responsibilities of each grade of senior staff.

The registered person and registering acting manager are recommended to ensure all senior staff/managers receive appraisals and supervisions in line with their procedure timeframes.

The registering acting manager is recommended to review their reporting procedure and senior staff training to provide clear direction on roles and responsibilities within this process.

The registering acting manager is recommended to review the senior staff/managers training programme and competency assessments and provide any additional training deemed appropriate for these managers.

The responsible person is recommended to complete and sign all future monthly monitoring reports and include full details under each section. (Restated from 5 & 6 December 2013)

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Management of Records, Recording Practice and Data Protection' which was found to be satisfactory and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported full compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' which was reviewed as partially compliant. This procedure is recommended to be expanded to include the review process for those service users in receipt of some form of restraint.

The agency currently provides care to a number of service users that require some form of restraint. The care plans and risk assessments in relation to this area of care were found to be fully detailed.

The agency has a policy and procedure on 'Handling Service Users Monies' which was reviewed as compliant. Records relating to one service user receiving assistance with shopping were found to be appropriately detailed.

One recommendation has been made in relation to this theme.

The registering acting manager is recommended to expand their 'Restraint' procedure to include the process of reviews where bedrails and/ or lap belts are required.

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed partial compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. The procedure is to be reviewed and expanded as detailed within theme three of this report. A sample of staff recruitment records reviewed contained all the required information and documents.

One requirement has been made in respect of this theme.

The registering acting manager is required to expand their staff 'Recruitment and Selection' procedure to include each of the elements listed within schedule 3.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 4.1 & 4.2	<p>The registered manager is recommended to ensure all service users are provided with a written individual service agreement.</p> <p>(Restated from 10 & 11 January 2013)</p>	Records viewed on computerised system indicated that all service users had been provided with an individual service agreement.	Twice	Compliant
2	Minimum Standard 15.3	<p>The registered manager is recommended to ensure all service users have received a copy of their updated complaints procedure.</p> <p>(Restated from 10 & 11 January 2013)</p>	Records evidenced that all service users had received a copy of their updated complaints procedure as part of their service user information packs.	Twice	Compliant
3	Minimum Standard 12.1	The registered manager is recommended to expand their staff induction training records to include a statement by the registered manager/training manager confirming competency of each new staff member.	Records viewed in six staff files confirmed that the training manager had assessed each person as competent on completion of their induction training.	Once	Compliant

4	Minimum Standard 14.4	The registered manager is recommended to expand their staff competency assessments following protection of vulnerable adults training.	Records viewed in four staff files included competency assessments completed following their protection of vulnerable adults training.	Once	Compliant
5	Minimum Standard 13.3	The registered manager is recommended to ensure all staff receives supervision/spot checks as detailed within their procedures.	Records viewed confirmed that care staff receives supervision/spot checks twice yearly in line with their procedure.	Once	Compliant
6	Minimum Standard 8.11	The responsible person is recommended to complete and sign all future monthly monitoring reports and include full details under each section.	Monthly monitoring reports viewed for June-August 2014 were found to be brief and need expanded to include full details under each section and the signature of the responsible person.	Once	Moving towards compliance
7	Minimum Standard 8.12	The registered manager is recommended to request the views of staff and purchasers of care as part of their annual review process.	Records evidenced that care staff and referring trust care managers/social workers views are obtained as part of their quality review process.	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The Registered Manager has monthly meetings with the Chief Executive to ensure that she is kept updated on all relevant activities.</p> <p>As one of the Organisations Director of Operations the Registered Manager has daily input into the care packages provided by the organisation and an overview of all clients and staff within the organisation. Working closely with the HR department the Registered Manager is fully aware of all policies and procedures relating to staff conduct and competence. These policies are explained to staff at induction and are also contained within their staff handbooks. Where any care staff have queries or concerns they can liaise with their line manager, HR or the Registered Manager.</p> <p>Where appropriate the Registered Manager will attend RQIA update meetings and seminars. She also receives e-mail and postal updates from such organisations as NISCC and HSSPS NI to ensure updates on legislation are received and understand.</p> <p>The Registered Manager undertakes all mandatory training in accordance with RQIA guidance and this is fully updated.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated September 2014 was reviewed as compliant reflecting a structure regarding management within the agency. However the structure included all branches of the wider organisation and it is recommended that a separate domiciliary care section be represented, and expanded to include the role of each grade of senior staff.</p> <p>Training records for the registering acting manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). A few of the mandatory training areas were also reviewed as out of date in the past year and have been recommended for renewal. The registering acting manager is scheduled to complete the outstanding areas of mandatory training by the end of September 2014, as viewed on their training plan.</p> <p>Each of the areas of training reviewed included a competency assessment element that had been signed off by the assessor. The registering acting manager has also completed training in the areas of supervision and appraisal as part of her HND Health and Social Care course in 2009 and this is to be commended.</p> <p>The registering acting manager is currently in the process of completing an Open University degree course in Health and Social Care, with expected completion in 2016 and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registering acting manager is not currently registered with NISCC, but has applied to be registered.</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All medication errors are reported to the relevant bodies (RQIA, Trust and where appropriate GPs) and follow up action is taken where appropriate. The manager will contact the care staff involved in any medication error and they will be invited to meet with their line manager in person. This meeting will act as informal counselling where the care staff is reminded of the importance of accurate medication administration. The care staff will then go through their mandatory medication training again. Where one care attendant makes several medication errors further disciplinary action may be taken to ensure the safeguarding and well being of our clients.</p> <p>Care Attendants are required to complete multiple choice tests at the end of each training session to ensure that the information has been understood and retained. Any care attendants who report any concerns to their line manager or who appear to lack confidence will be offered retraining as appropriate.</p> <p>Staff appraisals are sent to care staff and managers collate results and create development plans where necessary.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency 'Supervision' policy and procedure dated 2014 was clearly referenced regarding practices for all staff including the processes for management staff supervision which is detailed to take place quarterly.</p>	<p>Moving towards compliance</p>

The agency 'Appraisal' procedure dated 2014 referenced management staff appraisal and timeframe of once annually.

Appraisal for the registering acting manager has not taken place to date as her current post only commenced in July 2014. However there were no records of annual appraisals having been completed for the registering acting manager while employed in her previous role of administration manager since 2011.

Supervision records for the registering acting manager were not available for review during inspection as the registering acting manager confirmed these meetings had not taken place. The registered person is recommended to complete annual appraisals of the manager. The registered person is recommended to complete regular manager supervisions in line with their procedure timeframes.

The inspector reviewed the agency log of incidents reported through to RQIA over the past year, including three vulnerable adult incidents. Review of records relating to a sample of incidents confirmed appropriate recording and reporting to RQIA and other organisations regarding the medication and vulnerable adult matters. However the records could not confirm that the reporting had been completed within the specified timeframes. The records of two incident reports received since the registering acting manager was appointed did verify that reporting had been completed within the appropriate timeframes.

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.

Monthly monitoring reports viewed for June to August 2014 were found to be brief and need expanded to include full details under each section and the signature of the responsible person as detailed within the follow up section of this report above, and restated.

The agency had completed their annual quality review for the year 2013/14 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. Their annual report had been shared with service users as confirmed on their postal log.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Where clients require specific support due to their condition special training is provided by local district nursing team. This training will be updated when necessary and follow ups can be arranged if needed.</p> <p>The Registered Manager is kept informed during the induction process and oversees the individual induction meeting with new staffs line manager. The HR department works closely with the Director of Operations to ensure that all staff supplied meet all regulations set out both within Employment Legislation and RQIA guidelines.</p> <p>Where new care attendants raise concerns or lack confidence during the induction process specific training can be put in place for them at the request of the training manager. 20 hours paid shadowing is provided for new employees and this often allows them to gain confidence / ask questions from more experienced care staff Sometimes additional shadowing if necessary is given to the new staff member to build their confidence.</p> <p>Managers may meet with care staff on an individual basis to reiterate how to deal with scenarios and extra training can be provided where required.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency holds a 'Training and Development' policy and procedure dated 2014 which sits alongside the rolling training programme for mandatory training coordinated by the organisations training manager. Review of this policy was found to be in line with RQIA mandatory training guidelines and confirmed as compliant.</p> <p>Training records from a sample of two scheme managers, the monitoring manager and one monitoring officer were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>One of the managers had evidence of supervision and appraisal training whilst the remaining eleven senior staff had not completed staff supervision training. Most areas of training reviewed included a competency assessment element however these had not been consistently signed off by the assessor.</p> <p>The registering acting manager is recommended to review the senior staff/managers training programme and competency assessments and provide any additional training deemed appropriate for these managers.</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All working practices are systematically audited in the company.</p> <p>All medication errors are reported to the relevant bodies (RQIA, Trust and where appropriate GPs) and follow up action is taken where appropriate. The manager will contact the care staff involved in any medication error and they will be invited to meet with their line manager in person. This meeting will act as informal counselling where the care staff is reminded of the importance of accurate medication administration. The care staff will then go through their mandatory medication training again. Where one care attendant makes several medication errors further disciplinary action may be taken to ensure the safeguarding and well being of our clients.</p> <p>Care Attendants are required to complete multiple choice tests at the end of each training session to ensure that the information has been understood and retained. Any care attendants who report any concerns to their line manager or who appear to lack confidence will be offered retraining as appropriate. Staff appraisals are sent to care staff and managers collate results and create development plans where necessary.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Records reviewed within four senior staff/managers files found that one had received an annual appraisal in July 2013; one had received an appraisal most recently in June 2011 and the remaining two files contained no appraisal records. The registering acting manager is recommended to ensure all senior staff/managers receive appraisals and supervisions in line with their procedure timeframes.</p> <p>It was discussed and reviewed during inspection that no domiciliary care senior staff/managers are currently registered with NISCC; however one manager confirmed that she had received correspondence from NISCC to inform her that her registration application of May 2014 had been delayed due to a backlog of applications. The inspector discussed with the registering acting manager the development of a system to verify the registration status of senior staff/managers with NISCC as best practise.</p>	<p>Moving towards compliance</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

COMPLIANCE LEVEL

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

<p>Provider's Self-Assessment:</p>	
<p>The Registered Person oversees the collation and secure keeping of all client files in the organisation. In addition the Monitoring Manager for the organisation reports directly to the Registered Person and provides a report directly to the Registered Person every month.</p> <p>Crossroads electronic system (Care Free) allows all managers access to specific client information so that relevant personnel may be given vital data when contacting the office for support. All relevant details of their care plan are stored in this system.</p> <p>The monitoring manager and her officers ensure that all care plans within clients homes are reviewed and updated yearly or as required when changes occur.</p> <p>Crossroads care plans are written in accordance with best practice and detail all relevant information.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies and procedures on 'Management of Records, Recording Practice and Data Protection' dated 2014 and the 'Handling Service User's Monies' dated 2014 were reviewed during inspection as compliant.</p> <p>The 'Restraint' policy (included within the policy on 'Managing Aggression') dated 2014 was reviewed and is recommended to be expanded to include the process of care reviews where bedrails and/ or lap belts are required and detailed on service user care plans and risk assessments.</p> <p>The staff handbook details all of the above areas within the induction training which forms part of the overall staff handbook.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on a separate recording template. • The agency hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff spot checking template which includes a section on recording. 	<p>Substantially compliant</p>

- Staff group supervision template includes records management (recording and reporting).

All templates were reviewed as appropriate for their purpose.

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.

Three staff training records for medication, recording and reporting, restraint and managing service users' monies were reviewed during inspection and confirmed as compliant.

The registering acting manager and senior staff/managers discussed records management as a regular topic during staff meetings/group supervision, review of recent staff meeting minutes dated January, April and three dates in May 2014 evidenced this topic. A number of memos were also viewed that had been issued to all staff in June and August 2014 relating to their procedures on acceptance of gifts, adherence to care plans, shopping and handling service users monies.

Review of four service user files held in the agency office confirmed appropriate recording in the general notes and medication records. Two records confirmed that restraint is in place for these service users in respect of bedrails and care plans and risk assessments were in place relating to these areas.

Review of five service user records during the UCO visits evidenced all files contained the appropriate documentation and no issues were identified for the agency to address which is commendable.

<p>Criteria Assessed 2: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user's agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>All care attendants are trained in how to manage clients finances. Crossroads staff are only permitted to handle cash and are never authorised to use a clients bank card under any circumstances. Finance training is given which includes details of appropriate spending, recording and reporting of all cash transactions.</p> <p>Cash receipt forms are posted to the managerial office on a monthly basis and are securely stored in the client files at the office as proof of purchase / spending on behalf of that client.</p> <p>The Registered Person works closely with the Finance Department to ensure that all monies owed to the organisation in relation to agreed services are paid in an accurate and timely manner. Where any queries, concerns or missed payments are highlighted the Registered Person will liaise closely with all parties to ensure a swift and accurate outcome.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO.</p> <p>The inspector reviewed the office held records relating to one service user in receipt of financial assistance in the form of shopping from the agency. These records had been detailed within the care plan and the records confirmed an appropriate monitoring process in place.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
<p>Criteria Assessed 1: Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment:	
<p>To ensure full compliance with Regulation 13 Crossroads ask all applicants to complete a full and comprehensive application form, this asks for information relating to their work history, employment status, visa / eligibility to work status and their membership of any regulatory bodies. We also then interview all applicants where all gaps in employment are explored and are noted on the application form for future reference.</p> <p>Applicants are required to bring 3 forms of identity to their interview in accordance with the Access NI checklist.</p> <p>Before a candidate can begin employment there must be two references on file, one being the most recent employer and one being a personal character reference. It is also necessary that an up to date Enhanced Disclosure certificate has been obtained and that all of these checks are satisfactory to the organisation. These are checked by the HR department on receipt and where any queries exist the HR Manager will become involved and where necessary the Director of Operations may be consulted. The candidate's recruitment file contains a checklist which monitors documents received and indicates whether they are satisfactory, this ensures that no candidates are passed to induction stage without all paperwork being received and checked for suitability.</p> <p>No candidates are allowed to begin working with Crossroads until they have provided evidence of business insurance and both parts of their driving license. This is confirmed with them when they are invited to induction and they are asked to bring this documentation with them to their induction days along with evidence that their car is roadworthy and that they have both MOT and Tax. Where this can not be provided at induction the applicant is asked to send it as soon as possible and they are not started until it has been seen and checked by the HR department.</p>	Compliant
Inspection Findings:	
<p>Review of the staff 'Recruitment and Selection' policy and procedure dated 2014 confirmed partial compliance with regulation 13 and schedule 3. The procedure needs expanded to include each of the areas listed within schedule 3, i.e. next of kin details, proof of identity including a recent photograph, evidence of satisfactory knowledge of the English language (where applicable), and a statement by the registered person/manager that the person is physically and mentally fit for the purposes of the work he is to perform.</p> <p>Six staff recruitment files for those employed since March 2014 were reviewed during inspection and confirmed full compliance with Regulation 13, Schedule 3 and standard 11. All the pre-employment information and documentation required for each staff member had been obtained despite their procedure not containing full details. Staff contracts signed following employment and job descriptions issued during the recruitment process</p>	Substantially compliant

<p>were also confirmed during inspection.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three of the twenty seven 2013 complaints during the agency's inspection and confirmed all records to be compliant. The inspector reviewed three records relating to complaints received during 2014, to date, these were found to be detailed, complaints appropriately managed and each had been resolved.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with registering acting manager Louise Robinson, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Caroline Rix
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Crossroads Caring for Carers

16 and 17 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Louise Robinson, registering acting manager, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11 (3)	The registering acting manager is required to complete all areas of mandatory update training.	Once	Specified mandatory training has been scheduled and will be fully completed within the timescale. Additional supplementary training has been scheduled to further develop knowledge base	Within three months of inspection date.
2	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.	Once	Recruitment and Selection procedure has been expanded to include the elements listed within schedule 3	Within two months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 8.11	The registered person is recommended to complete and sign all future monthly monitoring reports and include full details under each section. (Restated from 5 and 6 December 2013)	Twice	Monthly reports are signed by the responsible person. Reports were expanded following previous visit to include required sections and details/comments	.Within two months of inspection date.
2	Minimum 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.	Once	Statement of purpose will be expanded as per recommendation. Recent restructuring within the organisation has impacted on individual roles and responsibilities leading to change.	Within three months of inspection date.
3	Minimum Standard 13.3 & 13.5	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.	Once	Develop generic reports which can be utilised to document and record supervisions with the scheme managers and senior staff. Expand Development policy to further detail office based staff.	Within three months of inspection date.
4	Minimum Standard 8.16	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.	Once	Action plan has been developed and training scheduled to provide clarity on individual roles and responsibilities for incident reporting. Clear processes	Within three months of inspection date.

				have been written and training will clarify policies and procedures.	
5	Minimum Standard 12.4	The registering acting manager is recommended to review the senior staff/managers training programme and competency assessments and provide any additional training deemed appropriate for these managers.	Once	In line with the supervision and appraisal policy, identified training deemed necessary will be provided.	Within three months of inspection date.
6	Minimum Standard 9.1 Appendix 1	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.	Once	The use of restraint policy to be expanded to include forms of restraint as detailed on the risk assessment received from the commissioner. Care Plan to be expanded to include identification of restraint and management of identified from of restraint.	Within three months of inspection date.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sarah Louise Robinson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Christine Best

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	06/11/14
Further information requested from provider			