

Announced Care Inspection Report 28 February 2019



Crossroads Care NI

Type of Service: Domiciliary Care Agency

**Address: Kincade Martin House, 432 Upper Newtownards Road,
Belfast, BT4 3GY**

Tel No: 02890653080

Inspector: Aveen Donnelly

Observer, Service Development Officer: Gemma Murray

User Consultation Officer (UCO): Clair McConnell

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Crossroads Care NI is a domiciliary care agency which is based on the Upper Newtownards Road, Belfast. The services provided include personal care and social support along with some domestic support and respite sits. The service users are currently older people, and adults and children with complex physical needs, mental health care needs and learning disabilities.

The agency provides care and support to 600 individuals living in their own homes whose care and services are commissioned by the Belfast Health and Social Care Trust (BHSCT), the South Eastern Health and Social Care Trust (SEHSCT) and the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Crossroads Care NI Responsible Individual: Christine Best	Registered Manager: Not applicable
Person in charge at the time of inspection: Lyndsay Venus	Date manager registered: Lyndsay Venus - application received - "registration pending".

4.0 Inspection summary

An announced inspection took place on 28 February 2019 from 09.50 to 15.45.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and adult safeguarding. The care delivered was deemed to be in keeping with that outlined in the care plans. There were examples of good practice found in relation to the provision of compassionate care and the involvement of service users. Compliments reviewed supported good practice in the area of compassionate care. There were some good governance and management arrangements in place in relation to the day to day operations of the service.

Areas for improvement related to the induction records, staff appraisals, the assessment of need for self-referred service users, the availability of returned daily logs and poor record keeping standards. One area for improvement previously identified in relation to the annual quality report was not met and has been stated for the second time.

Service users and relatives consulted with, indicated that they were generally happy with the care and support provided. However there was some level of dissatisfaction in the feedback received and this was relayed to the manager for review and action as appropriate.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Lyndsay Venus, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 9 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports
- record of notifiable events submitted to RQIA since the previous care inspection
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- two staff recruitment records
- two staff induction records
- staff supervision, appraisal and training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- accident/incident records
- four service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from two service users' homes
- RQIA registration certificate
- complaints records
- accident/incident and adult safeguarding records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports
- annual quality assurance report 2017.

As part of the inspection the UCO spoke with two service users and six relatives, by telephone, on 27 February 2019 to obtain their views of the service. The service users spoken with received sitting services, assistance with personal care and shopping. One relative did not wish to be spoken with at length but confirmed that they were happy with the service provided.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff completed the survey prior to the issuing of the report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received prior to the issuing of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018

The most recent inspection of the agency was an announced care inspection. The completed QIP was returned and approved by the care inspector and will be validated by during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (c)he is physically and mentally fit for the purposes of the work which he is to perform;	Met
	Action taken as confirmed during the inspection: The inspector confirmed that this was in place for all new staff, recruited since the date of the last inspection. Following the inspection, the manager confirmed to RQIA by email on 14 March 2019, that this was also in place for all of the staff employed by the agency.	

Area for improvement 2 Ref: Regulation 16 (3) Stated: First time	The registered person shall take such steps as may be necessary to address any aspect of the performance of a domiciliary care worker which is found to be unsatisfactory.	Met
Action taken as confirmed during the inspection: Discussion with the manager and a review of records confirmed that this matter had been addressed.	Validation of compliance	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	The registered person shall ensure the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. (In relation to staff and commissioner feedback).	Not met
Action taken as confirmed during the inspection: The review of the annual quality report evidenced that this had not been addressed. This area for improvement has been stated for the second time.		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of four scheme managers, four monitoring officers, a training manager, a monitoring supervisor and a team of one hundred care staff. The agency's staffing arrangements were discussed and the manager advised that they felt there were sufficient staff employed, to meet the current level of care provision. However, there had been instances reported to the UCO where the agency had changed the dates and times of calls and the manager advised that this had occurred infrequently due to short notice sick leave and that recruitment was ongoing, to ensure that there would be enough staff to cover at all times.

The UCO was advised by all of the service users and relatives spoken with that they had no concerns regarding the safety of care being provided by Crossroads. Care is usually provided by a small team of consistent carers; this was felt to be important both in terms of the service user's security and for a good rapport to develop.

All of the service users and relatives spoken with confirmed that they knew whom to contact if they had any concerns regarding the service.

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

- "Happy with the service."
- "Everything's ok."
- "Nothing but praise for (name of carer)."

The organisation has a dedicated Human Resources (HR) department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of two recruitment checklists identified that the required checks had been undertaken in keeping with regulation. However, a small number of areas on the checklist had not been fully completed and advice was given to the manager in this regard. As discussed in section 4.2, the review of records confirmed that the agency had in place a statement by the manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

There was a system in place to ensure that all staff were registered with NISCC and to identify when staff are due to renew their registrations.

Discussion with the manager and a review of the records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. However, in the two records reviewed, the detail of the areas which had been included within the induction had not been completed. An area for improvement has been made in this regard.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. An electronic system was in place, which ensured good management oversight of when staff were due to have formal supervisions. However, the system for ensuring that all staff had received annual appraisals was not sufficiently robust. An area for improvement has been made in this regard.

No issues regarding the care workers skills were raised with the UCO by the service users or relatives; examples given included managing service user's money and manual handling. Training was monitored by the manager, to ensure all staff were compliant with the mandatory training requirements. The manager advised that additional training would be provided to relevant staff, depending on the needs of the service users.

Discussion with the manager evidenced and the review of records confirmed that any safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures.

A review of the records identified that accidents or incidents were managed in accordance with local protocols.

The inspector observed the records management arrangements within the agency, in respect of archived records, and concluded that the current arrangements were appropriate to ensure that data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and adult safeguarding.

Areas for improvement

Two areas for improvement were identified that related to staff induction records and appraisals.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

No concerns in relation to calls were raised with the UCO. The service users and relatives spoken with advised that there were some concerns regarding the agency changing times or days for the sitting service calls and that the service users and relatives were not consistently notified of these changes. These matters were relayed to the manager, for review and action, as appropriate.

Care is usually provided by a consistent team of care worker which was felt to be beneficial as it allows a relationship to develop between the carers, service users and their relatives. However one relative advised that there had been occasions when new care workers had been covering calls without having been adequately advised of the call details. This matter was relayed to the manager for review and action as appropriate.

The service users and relatives advised that home monitoring visits and phone contact had taken place to obtain their views on the service. Some of the service users and relatives spoken with were also able to confirm that they had received a questionnaire from the agency.

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

- “Communication from the office could be better.”
- “No complaints at all.”
- “Calls can be cancelled or moved at short notice which affects our plans.”

The inspector examined four service users’ care records and found these to be detailed and reflective of the service users’ needs. Care delivered was deemed to be in accordance with that

outlined in the care plans. However, the system in place for assessing the care needs of service users who were self-referred, required further development, to ensure that the assessment is in line with the Domiciliary Care Agencies Minimum Standards, 2011. An area for improvement has been made in this regard.

Two service users' daily log records were not available for inspection, as they were retained in the service users' homes. Although this is usually the case for recent care records, the system for returning completed daily records to the agency's office, needs to be reviewed to ensure that the records are transferred from the service users' homes to the agency in keeping with the agency's own policy and procedures. An area for improvement has been made in this regard.

The daily logs pertaining to two other service users were reviewed and issues were identified in relation to the standard of record keeping. This related particularly to legibility of hand writing, the use of coloured pen and two signatures not being present for double calls. This was disappointing, given that this matter had previously been raised by the Quality Monitoring Officer of the BHSCT during their quality monitoring processes. Although there was evidence that the manager had raised this matter with care staff during staff meetings, it was evident that the system for auditing returned daily logs, requires to be further developed, to ensure that action is taken with individual staff members when necessary. An area for improvement has been made in this regard.

Service User Agreements were generally provided to service users within the required timescale.

The manager advised that agency staff were not routinely invited to care reviews with the HSC Trust representatives, but that they always received updates, following the annual care review meetings. The agency undertook their own annual reviews with service users and these were generally noted to be completed in line with the agency's policy and procedures. One service user's annual review was overdue and the manager advised that she would ensure to complete this.

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users and relatives.

Minutes of staff meeting were available for those who were unable to attend.

Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency's engagement with the service users.

Areas for improvement

Three areas for improvement were identified relating to the assessment of need for self-referred service users, the availability of returned daily logs and poor record keeping standards.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and monitoring visits which specifically ascertained and included the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users’ needs.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice observed during spot checks and this was confirmed by the manager.

A review of the monthly quality monitoring reports evidenced that the staff treated service users with respect and dignity. A review of the compliments records available during the inspection included praise for the staffs’ ‘professional and friendly nature’ and their ‘lovely disposition’.

All of the service users and relatives the UCO spoke with indicated that care was compassionate. The service users and relatives advised that care workers treated them with dignity and respect, and care had not been provided in a rushed manner. Service users, as far as possible, were given their choice in regards to the activities undertaken for social outings.

Views of service users and relatives had been sought through home monitoring visits, phone contact and questionnaires to ensure satisfaction with the care that has been provided by Crossroads. Examples of some of the comments made by service users or their relatives are listed below:

- “Have become good friends.”
- “Get on well together.”
- “All very good girls.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

All of the service users and relatives spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The UCO was advised that concerns had been raised with management regarding the issues with the sitting services; some of which are ongoing. These matters were further discussed with the manager during the inspection, who advised that she would review the matters raised.

The organisational and management structure of the agency were outlined in the Statement of Purpose and Service User Guide; they detail lines of accountability.

The agency had a range of policies and procedures in place that were reviewed in line with the minimum standards. It was noted that new staff received copies of relevant policies in their staff handbook.

There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. The inspector viewed monthly complaints returns which the manager submitted to the commissioning HSC Trusts, as required.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. Advice was given to the manager in relation to the benefits of using the guidance template for completing monitoring visits, which is available on the RQIA website. This may enable her to have improved management oversight of the areas for improvement identified in previous sections and to ensure that the care is safe, effective and compassionate.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were a range of good governance and management arrangements in place in relation to the day to day operations of the service.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lyndsay Venus, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 1 April 2019</p>	<p>The registered person shall ensure the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>(In relation to staff and commissioner feedback).</p> <p>The completed Annual Report should be submitted to RQIA when completed.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: In relation to staff and commissioner feedback. Staff feedback is gained via yearly audits, monthly monitoring reports and quarterly team meetings. This feedback will now be published in our yearly annual report. Crossroads participate in Trust reviews and gain feedback from commissioners of the service via annual contracts meetings and request it periodically via telephone calls and by email. This feedback will now be published in our yearly annual report. Staff and commissioner feedback has been gained throughout the year and will appear in this year's annual report; Crossroads annual report is published at the end of June each year.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2019</p>	<p>The registered person shall ensure that the induction records are fully completed, for each member of staff.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: RQIA confirmed that all staff received a structured induction programme in line with the timescales outlined within the regulations. However, of two records reviewed, the detail of the areas which had been included within the induction had not been ticked as completed. Following our inspection and in conjunction with our HR department we have amended our induction paperwork to include all topics covered; along with a signed statement from the employee and trainer that the appropriate topics have been covered.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that 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>Ref: 6.4</p>

<p>To be completed by: 28 April 2019</p>	<p>Response by registered person detailing the actions taken: Staff appraisals are sent to all employees at the beginning of a new financial year and all appraisal forms returned completed are analysed by Scheme Managers. If issues are raised these are addressed via a one to one formal appraisal meeting with the employees line manager. In order to ensure that all staff receive an annual appraisal Crossroads HR department are currently updating the company Appraisal, Supervision and Development Policy to include appropriate timescales for completion; which will include manager guidance on the completion of supervisions and staff appraisals. Registered Manager will forward Crossroads new Appraisal, Supervision and Development Policy to the RQIA upon completion; estimated to be complete by July 2019. In March 2019 we also introduced a new Care Planner operations system which allows Scheme Managers easy access to supervision notes and reminders when staff are due or potentially out of date.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that in response to a self- referred service user, (who is not referred by a HSC Trust), an assessment of need is completed for the service user in line with standards 3.2 and 3.3, is completed by an appropriately qualified and experienced person before the service commences (or, in exceptional circumstances, within two days). The service user is involved in the assessment and care planning processes along with, where appropriate, his or her carer/representative and, with the service user's agreement, any relevant professionals and disciplines.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Crossroads policy re the needs assessment of a private service user was reviewed in May 2019 following the most recent RQIA inspection. The policy summarises the procedure within Crossroads Care for carrying out a care needs assessment for a potential service user who approaches Crossroads directly. Needs assessments are only carried out by Scheme staff who have been appropriately trained and who are specifically authorised for this task, this will normally be a Crossroads Monitoring Officer. The general expectation is that the service user themselves is able to give Crossroads the necessary information. If this is not possible, the service user should be present when the information is being gathered and recorded as an indication we are being given accurate information. The staff member carrying out the assessment interviews the service user (and carer) in the setting in which the service will be delivered. The Monitoring Officer gives the prospective service user the opportunity to demonstrate his or her abilities as well as discuss his or her needs. The Monitoring Officer uses this time to observe the service user and asks to see around the areas of the premises in which a care worker would need to operate, making particular note of anything which might be a source of risks to either the service user or the care worker. If there are health issues on which further medical or nursing details are required, the Monitoring Officer asks the service user or carer to obtain and pass to</p>

	Crossroads the necessary reports. The Monitoring Officer of Crossroads and the private service user sign the care plan.
Area for improvement 5 Ref: Standard 5.7 Stated: First time To be completed by: 28 April 2019	<p>The registered person shall ensure that records are transferred from the service user's home to the agency for safekeeping when the service is concluded or according to the agency's procedures.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Findings from RQIA inspection were discuss with staff in detail during March 2019 Team Meetings. Staff were reminded that report sheets are legal documents which must be returned to the Scheme Office for safekeeping. New office systems were put in place to ensure full compliance with report sheet submission and a new operational tick sheet was introduced which allows Scheme Managers to easily record which service user records have not been returned. Crossroads Operations staff are currently working on a new process which will ensure that report sheets are collected frequently from service users homes and returned in person to the scheme office to ensure care report sheets are returned in a timely and safe manner, in line with data protection.</p>
Area for improvement 6 Ref: Standard 8.10 Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that 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>This relates specifically to the auditing of daily log records, in light of poor record keeping standards.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Findings from RQIA inspection were discuss with staff in detail during March 2019 Team Meetings. Staff were reminded that report sheets are legal documents which must be filled in with as much information as possible. Information must include a full description of the tasks completed and any information regarding the wellbeing of the service user. Care staff should also document any tasks which were unable to be completed and explain the reasons for this. Care staff must ensure that the information detailed is legible and that it is evident from the signature who attended the call; employees found to be incorrectly recording on care sheets may be disciplined. Report sheets are audited by Scheme Managers and staff are to be informally counselled for non-compliance.</p>

****Please ensure this document is completed in full and returned via Web Portal****



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care