

Inspection Report

1 March 2022



Crossroads Care NI

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Crossroads Care NI	Registered Manager: Mrs Lyndsay Venus
Responsible Individual: Mrs Christine Best	Date registered: 25 June 2019
Person in charge at the time of inspection: Mrs Lyndsay Venus	
Brief description of the accommodation/how the service operates:	
<p>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 domestic support and respite sits. The service users are currently from the older people's programme of care, adults and children with complex physical needs, mental health care needs and learning disabilities.</p> <p>The agency provides care and support to 427 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). The care is provided by 131 carers.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 1 March 2022 between 9.55 a.m. and 2.20 p.m. by the care inspector.

This inspection focused on recruitment of staff, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to staff training, recruitment and appropriate pre-employment checks being undertaken before staff were supplied to service user's homes. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users, HSCT representatives and staff to obtain their views of the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with three service users, three relatives and two staff. No service user/relative questionnaires were returned and no staff responded to the electronic survey.

Comments received during inspection process -

Service users' comments:

- "Happy with the service."
- "xxxx (named care worker) goes above and beyond and understands my illness and pain. Lovely carer."
- "My carers are on time, never late and are very respectful."
- "I couldn't ask for better. The service is a life saver."

Service users' relatives' comments:

- "xxxx (named care worker) is wonderful. She has been a real lifeline to us. It's great to know that xxxx (service user) is safe and having fun when she is out."
- "The service is exceptionally good and we are grateful for the help."
- "The girls are brilliant. I don't know what we would do without them. They are all lovely and really kind."

Staff comments

- "Everything is fine. I find the online training tricky and I appreciate the help to navigate through it."
- "I feel supported by the manager."
- "I am enjoying my new role and I love visiting my service users."

H SCT representatives' comments

- "Staff are doing a great job."
- "Scheme manager is very good to work with."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 10 September 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 10 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 13(4), Schedule 3 Stated: Second time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to the statement of the fitness to practice, references and photographic identification being retained in the file and available on the day of inspection.	Met
	Action taken as confirmed during the inspection: Three recruitment files were reviewed and the agency was assessed as compliant this this regulation. All pre-employment checks were completed prior to the care worker being supplied to deliver direct care to service users.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that all safeguarding referrals had been managed in accordance with the agency's policy and procedures.

The manager stated that there were no service users who were subject to DoLS. Advice was given in relation to considering DoLS at each service users' care review and in relation to new service users; however it was positive to note that all staff had completed DoLS training. Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with the manager and the review of service user care records reflected the multi-disciplinary team input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and had made referrals to the multi-disciplinary team; these interventions were noted to be proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were regularly monitored by the manager by checking the agency's central electronic system; this system was reviewed and found to be in compliance with Regulations and Standards. The manager confirmed that if staff were not registered, they are removed from the rota. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the responsible individual that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lyndsay Venus, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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