

# Inspection Report

**Name of Service:** Crossroads Care NI  
**Provider:** Crossroads Care NI  
**Date of Inspection:** 4 March 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Crossroads Care NI
<b>Responsible Individual:</b>	Mrs Christine Best
<b>Registered Manager:</b>	Miss Lyndsay Venus
<p><b>Service Profile –</b> Crossroads Care NI is a domiciliary care agency 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 446 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 140 carers, 90 of which are currently active.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 4 March 2025, from 9.05 am to 3.30 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

It was established that staff treated service users with dignity and respect, effective and compassionate care was delivered to service users receiving support from the agency and care records were person centred and provided evidence of service user involvement.

There were good governance and oversight arrangements in place, which included the maintenance of a training matrix, checking of professional registrations, oversight of service users with Speech and Language Therapist (SALT) recommendations and monthly quality monitoring.

From the findings of this inspection, a meeting was convened with the registered manager on 26 March 2025 to discuss the operation of an activity room for children within the registered domiciliary care agency building as well as using an unregistered recruitment agency for the supply of staff.

An area for improvement was identified in relation to the use of staff provided by a non-registered recruitment agency.

The last care inspection of the agency was undertaken on 2 October 2023 by a care Inspector. No areas for improvement were identified.

### **3.0 The inspection**

#### **3.1 How we inspect**

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

#### **3.2 What people told us about the service and their quality of life**

Throughout the inspection the RQIA inspector will seek to engage with service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of working in this agency.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Staff comments were very positive and indicated they enjoyed working for the agency.

The information provided by service users and/or their representatives indicated that there were no concerns in relation to the service. They commented that staff were knowledgeable, very reliable and treated them with dignity and respect.

Trust representatives stated they had no concerns in relation to the agency and communication was good.

### 3.3 Inspection findings

#### 3.3.1 Governance and Managerial Oversight

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed. This report is a combined report containing information relating to a number of Crossroads services. It was good to note it contained information relating to the views of service users, staff and stakeholders. The report would benefit from the inclusion of an evaluation of other quality indicators such as incidents/accidents, training, complaints and any follow-up actions taken to address these matter. This was discussed with the manager following the inspection, given this is a corporate document they agreed to discuss the matter with the senior management team in order to progress. This will be followed up at the next inspection.

The agency's Statement of Purpose (SOP) required updating to ensure it contained all the information as outlined in the minimum standards. The manager confirmed the necessary changes had been made and the updated version was shared following the inspection. This document was discussed further with the manager on 26 March 2025, at a meeting held as part of the inspection process and additional changes requested in relation to the activity room. The SOP will be reviewed at the next inspection.

Staff had managed incidents appropriately and reported to RQIA within appropriate timeframes in keeping with the regulations.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. A register of complaints was retained by the service. Details relating to the complaints process was included in the statement of purpose and service users guide. There was evidence of a system to ensure oversight of complaints, this included a review of complaints during the monthly quality monitoring visits

#### 3.3.2 Staffing (recruitment and selection, induction and training).

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction

Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with NISCC and there was a system in place for professional registrations to be monitored by the manager.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff received an opportunity to discuss their post registration training requirements during supervision and appraisal meetings.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge during supervisions and appraisals.

Review of the monthly monitoring reports noted that the agency was being supplied with staff from Crossroads Recruitment Agency which is an unregistered service. RQIA was concerned that this arrangement fell outside the regulatory remit of the agency. Whilst there was reference in these reports that the recruitment agency complied with the domiciliary care agency regulations, there was no evidence that the manager had oversight of the recruitment and training of these staff. The manager was advised at the meeting on 26 March 2025, of the need to cease using this recruitment agency however had to ensure that this would not have any impact on the safety or the delivery of care to service users. The manager was informed that failure to do so would result in enforcement action.

There were no volunteers deployed within the agency.

### 3.3.3 Care Records

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis or when changes occur.

The manager reported that a number of the service user currently required the use of specialised equipment. Staff had received training in the use of the various pieces of equipment currently in use.

The manager advised that no service users required their oral medicine to be administered with a syringe. They were aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff implemented the specific recommendations of the SALT to ensure the care received was safe and effective. Care records included a copy of the SALT recommendations and manager had a system in place to ensure good governance and oversight of these.

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

### 3.3.4 Safeguarding

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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

Staff were required to complete adult and children's safeguarding training during induction and every two years thereafter. Review of training records evidenced good compliance.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

### 3.3.5 Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS, however some restrictive practices were in place and these were reviewed annually. The manager was advised the maintenance of a restrictive practices register would strengthen their oversight arrangements. Following the inspection, the manager confirmed that they had compiled a restrictive practices



register and going forward these details will be included on the monthly monitoring report. They also confirmed they are completing an audit of all service users' files to ensure that all restrictive practices are logged. This will be assessed at the next inspection.

### 3.3.5 Provision of Activity Room Services

The Inspector observed an activity room based in the office of the agency. This was discussed with the manager who advised that the activity room was used by approximately 10 service users ranging in age from 4 to 17 years old. It operates Monday to Friday between 4pm and 7pm and Saturday 10.00 am to 5.00 pm. It is utilised by a maximum of four service users at any one time. Activities provided include arts and crafts; playing board games; and use of a sensory room. Staff provide personal care to service users. The manager confirmed that the bathroom facilities for service users are separate from those for staff members.

The domiciliary care agency recruit and supply the staff to this activity room. These staff do not provide any care services for the domiciliary care agency. Staffing arrangements consists of two supervisors and four activity room support workers. Staff complete mandatory training similar to care staff and additional training specific to the service users' needs, which includes stoma care, autism awareness and challenging behaviour awareness.

The activity room was considered to be potentially operating as a day care setting and as such may require registration with the BHSCT Early Years Team. The information relating to the activity room was shared with RQIA Children's Team. The manager of Crossroads Care NI was advised to contact the Early Years Team in the BHSCT to seek guidance on this matter. Following the inspection, the manager has confirmed they had contacted the BHSCT as requested and are working collaboratively with the BHSCT towards addressing the matter in line with relevant legislation and guidance. This was discussed further with the manager at the meeting held on 26 March 2025. They were advised to submit a variation outlining the use of the registered premises. The manager was advised to separate the staff working in the activity room from the agency staff group list and update all relevant agency documents, removing reference to the activity room as it does not fall within the agency's RQIA registration.

## 4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Lyndsay Venus, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 11 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2025	<p>The Registered Person shall ensure they have full managerial oversight of all staff provided by the agency to deliver care and support to service users. They must review the use of staff provided from non-registered recruitment agencies and progress work to cease their use. This process should be managed in a manner so to not impact negatively on service users.</p> <p>Ref: 3.3.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>  I can confirm that Crossroads Domiciliary have ceased using Crossroads Recruitment Agency to supply care staff for ad hoc cover. Crossroads Domiciliary will not use any staff from non-registered recruitment agencies in future.</p> <p>This has not negatively impacted any of our service users and will not do so in the future.</p> <p>Our statement of purpose, service user guide and contingency plans have all been checked to ensure there is no mention of using an unregulated service to deliver care.</p> <p>Contingency arrangements are as follows: -</p> <p>After utilising all available staff within the affected scheme area Crossroads contingencies include: -</p> <ul style="list-style-type: none"> <li>• transferring of staff from other scheme areas</li> <li>• scheme office staff who are trained to provide care will cover during these times</li> </ul> <p>Full Statement of Purpose, Service Users Guide and Contingency Plan can be reviewed on request.</p>

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





The Regulation and  
Quality Improvement  
Authority

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