

Announced Care Inspection Report 9 January 2018



Crossroads Caring for Carers

Domiciliary Care Agency
Kincade Martin House, 432 Upper Newtownards Road,
Belfast, BT4 3GY
Tel no: 028 9065 3080
Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Caring for Carers is a domiciliary care agency based on the Upper Newtownards Road, Belfast and provides services in the Belfast Health and Social Care Trust (BHSCT) area, as well as areas within the South Eastern Health and Social Care Trust (SEHSCT) and the Northern Health and Social Care Trust (NHSCT). Under the direction of the manager, (application for registration not

submitted) Lyndsay Venus and a staff team of 166, the service provides domiciliary care to 542 adults and 40 children in their own homes.

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.

3.0 Service details

Organisation/Registered Provider: Crossroads Caring for Carers/Christine Best	Registered Manager: Lyndsay Venus (Acting)
Person in charge at the time of inspection: Lyndsay Venus	Date manager registered: Lyndsay Venus– application not yet submitted

4.0 Inspection summary

An announced inspection took place on 9 January 2018 from 10.00 to 16.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection the User Consultation Officer (UCO) spoke with six service users and seven relatives, either in their own home or by telephone, between 18 December 2017 and 11 January 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

The UCO also reviewed the agency's documentation relating to four service users.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. There is a very robust approach to gaining information about prospective employees' employment history. Feedback from service users, families and staff during the course of the inspection was positive.

Areas requiring improvement were identified and relate to ensuring the registered manager or registered person:

- Provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform.
- 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.
- Ensures the views of all stakeholders are included in the annual review.

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.

The inspector and UCO would like to thank the service users, families and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Lyndsay Venus, 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 20 December 2016

Following the most recent inspection on 20 December 2016 the registered person and representatives from Crossroads Caring for Carers attended a meeting at RQIA offices to discuss the legislative and policy context in which the agency operates. RQIA were satisfied with the outcome of the meeting.

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 report.
- record of notifiable events for 2016/2017
- record of complaints notified to the agency

Following the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA at the time of writing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting
- Four new staff members' recruitment and induction records
- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Two new service users' records regarding introduction to the service
- Two long term service users' records regarding ongoing review, and quality monitoring
- Two service users' home records
- Two monthly monitoring reports
- Annual quality process
- Communication records with HSCT professionals
- Complaints log
- Incident records

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

During the inspection the inspector met with three staff and following the inspection and had communications from a trust professional.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 December 2016

The most recent inspection of the agency was an announced care inspection. There were no areas of improvement made as a result of the last care inspection.

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.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Crossroads. New carers are

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

One issue regarding the carers' training was raised with the UCO in relation to the application of medical stockings. No other concerns regarding staff training were noted. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't find a fault with them."
- "Most are really good."
- "No problems."

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspectors found these policies to be up to date and compliant with related regulations and standards.

Four files were reviewed relating to recently appointed staff. The recruitment manager attended for part of the inspection and verified all the pre-employment information and documents had been obtained as required. However the inspector noted in four files reviewed that the registered manager or registered person does not provide a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform. This area for improvement was discussed with the manager and recruitment manager.

The inspector also noted that very vigilant checks were made in respect of employment history and gaps in employment.

An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. Review of three staff files supported an induction process lasting more than three days and compliant with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a comprehensive induction and probation programme. Records reviewed evidenced staff members' registration with NISCC and the manager described an electronic system in place to review staff renewal of registration. The manager confirmed all staff are registered with NISCC within six months of starting work.

Staff members described their recruitment and induction training processes in line with those found within the agency's procedures and records.

The agency's policies and procedures in relation to safeguarding adults were reviewed. The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').

The inspector was advised of safeguarding matters since the previous inspection; discussion with the manager supported appropriate knowledge in addressing matters when they arise. Records reviewed evidenced appropriate referral and actions. Staff spoken with during inspection also presented an understanding of their role in safeguarding and

whistleblowing. Lyndsay Venus is the safeguarding champion appointed within the agency. The manager discussed two issues currently being investigated; the inspector was satisfied that the agency had taken appropriate steps following the reporting of both incidents including the use of a tool to assist agency management to consider the most appropriate actions to be taken to address poor staff performance’.

The inspector reviewed staff meeting minutes for October 2017 and discussed how whilst the minutes reflected concerns about falling standards of care in respect of some care workers, spot checks on staff concerned had not taken place since this had been noted. The inspector advised that this was an area for improvement and that spot checks on performance should be scheduled immediately and the manager agreed to action this.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. Training is facilitated through the agency’s own training team. Staff are assessed during the training and within service users’ homes on an ongoing basis, and evidence of these assessments were contained within staff files reviewed during inspection. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal. The inspector discussed gaps in appraisal for some staff; the manager confirmed difficulties in getting staff to return self-appraisal documentation which is part of the process. The inspector advised that opportunities during mandatory training to prompt and facilitate staff to complete self-appraisal could be utilised. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and quality monitoring within service users own homes.

The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Service users and relatives spoken with by the UCO, discussions with the manager and some staff suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. One member of staff believed staffing levels were not adequate; the manager confirmed that recruitment is ongoing and that there were recent changes to rotas in line with family friendly initiatives to improve overall staffing levels.

Areas of good practice

- Very vigilant checks were made in respect of employment history and gaps in employment.

Areas for improvement

- The registered manager or registered person provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform.
- 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.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had only experienced missed calls during extremely bad weather. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Crossroads were raised with the UCO. There were mixed results regarding home visits and phone calls taking place to ensure satisfaction with the service. No one was 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:

- "The girls are all very helpful."
- "Very happy with the service."
- "Everything's all right."

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users and it was noted that one care plan was out of date. Service user records viewed during inspection included referral information received from the appropriate referring professionals. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The reviews completed by the agency evidenced that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. Review of service user's guides and agreements during inspection and discussion with the manager confirmed service users receive this information with an appropriate timeframe compliant with regulations and standards. Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended care plans. Ongoing communications with trust professionals forms an integral part of this review process and this was evident during inspection.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff also confirmed ongoing quality monitoring of service users and staff practice is completed by their seniors to ensure effective service delivery.

Staff interviewed during inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

Questionnaires are provided for service users to give feedback on a rolling annual basis. Evidence of this process was discussed with the manager during the inspection in terms of the annual quality report completed for 2016. Review of the 2016 annual report confirmed service user satisfaction with the service being provided, however this document did not include views from stakeholders and this is identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

One area for improvement involved ensuring the views of all stakeholders are included in the annual review.

	Regulations	Standards
Total number of areas for improvement	0	1

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 majority of the service users and relatives interviewed by the UCO felt that care was compassionate, and care has not been rushed. The service users and relatives advised that carers treat them with dignity and respect. Service users, as far as possible, are given their choice in regards to meals and personal care.

There were mixed results regarding home visits and phone calls taking place to ensure satisfaction with the service. No one was 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:

- “Know them all personally.”
- “Have a good joke.”
- “All very friendly. We look forward to them coming.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through the rolling annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. The inspector noted that staff respond sensitively to representative and service user requests for very specific attention to favourite foods and activities when on outings. Staff interviewed also discussed examples of compassionate interventions when working with service users.

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff and manager. A record reviewed by the inspector highlighted matters raised regarding staff practice during spot checks/monitoring visits. In these instances appropriate follow up measures had been implemented to review staff competence in the required areas. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising. Review of incidents and one complaint during inspection supported appropriate procedures in place.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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.

Areas for improvement

No areas for improvement were identified 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 interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One service user had recently terminated the service due to timekeeping.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the new manager, Lyndsay Venus, the agency provides domiciliary care to 582 service users living in their own homes. The manager indicated she is undertaking studies to enable her to apply to be registered manager of a regulated service.

Review of the statement of purpose and discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The policy and procedures which are maintained electronically and in paper format were reviewed and contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency and updated accordingly on an ongoing basis.

The complaints log was viewed for 2016-2017 to date. Review of complaints during the inspection supported appropriate processes in place for complaints review and resolution. Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Two incidents had occurred since the previous inspection and were appropriately reported to RQIA.

The inspector reviewed the monthly monitoring reports from October to December 2017. The reports evidenced that the monthly monitoring was found to be in accordance with minimum standards with feedback from service users, relatives, staff members and commissioners.

Three care staff spoken with during inspection indicated that they felt supported by their manager and senior team. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with commissioners of the service was evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users' needs.

Staff feedback during inspection discussions:

- "Some people are lonely and you take extra minutes".
- "I really like the job; I am supported by my manager".
- "Training and induction prepared me for my role, week of shadowing was great".
- "Management are supportive for the most part, shifts are long".

Areas for improvement

No areas for improvement were identified 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, 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 Regulations (Northern Ireland) 2007 and 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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(c)he is physically and mentally fit for the purposes of the work which he is to perform;</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Crossroads recruitment and selection process is extensive and complies with all regulations. Recruitment and selection is managed by trained HR personel and a training manager who ensures that new recruits are physically and mentally fit for the purpose of the work which they are to perform. As the registered manager I oversee the work completed by the training manager and ensure that she signs off individuals when assessing their suitability for the role. We have not changed our processes with regards to recruitment and selection and having looked at our previous inspection reports we have always been compliant in this area. Going forward our recruitment and selection procedure has been enhanced to include random checks by the registered manager during our annual audit. Unless an actual template is provided by the RQIA of what exactly is to be recorded and signed then we believe that we are adhering to minimum standards in this respect.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Unsatisfactory performance continues to be monitored via informal counselling, supervisory meetings and group team meetings. Where unsatisfactory performance has been identified staff continue to be monitored via regular spot checks. We increase the frequency of these spot checks from bi-annually to quartly in response to those individuals who are under review. With regards to this inspection those care staff who were outlined to need further supervision had been scheduled for extra spot checks and these have been completed in line with the inspectors recommendation.</p>
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: First time</p> <p>To be completed by: 31 March 2018</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). Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Key stakeholders views are taken into consideration via our annual quality monitoring survey, our annual audit and during our monthly monitoring report. Feedback from clients and their next of kin are both welcomed and actively sought. Crossroads also publish client/next of kin comments in our yearly annual report and will continue to do so, making sure we get as much stakeholder involvement as possible. Staff feedback is gained via yearly audits, monthly monitoring reports and quarterly team meetings. Crossroads participates in all Trust reviews we are invited to and gain feedback from commissioners of the service via annual contract meetings. Going forward this commissioner feedback will be recorded in a format which is more easily accessible for inspectors. We believe that we are adhering to minimum standards in this respect and I am willing to provide further evidence as required to support this claim.</p>



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