

# Unannounced Care Inspection Report 10 September 2020



## Crossroads Care NI

**Type of Service: Domiciliary Care Agency**  
**Address: Kincade Martin House, 432 Upper  
Newtownards Road, Belfast, BT4 3GY**  
**Tel No: 028 9065 3080**  
**Inspector: Corrie Visser**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 provider 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 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.

The agency provides care and support to 440 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 128 carers.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Crossroads Care NI  <b>Responsible Individual:</b> Mrs Christine Best	<b>Registered Manager:</b> Mrs Lyndsay Venus
<b>Person in charge at the time of inspection:</b> Mrs Lyndsay Venus	<b>Date manager registered:</b> 25 June 2019

### 4.0 Inspection summary

An unannounced inspection took place on 10 September 2020 from 09.30 to 15.30 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Following the previous inspection on 11 November 2019, RQIA had concerns in relation to the monthly quality monitoring reports and the conduct of the agency with regards to missed calls and were intending to serve two Failure to Comply (FTC) notices. A meeting was convened on 25 November and the responsible individual and registered manager provided assurances to RQIA at the meeting and by way of an action plan on how they would improve the quality of their service. RQIA decided not to issue the notices to the service. Since this meeting, RQIA have not completed a follow up enforcement inspection due to the Covid-19 pandemic. In response to this, RQIA took a decision to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with 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.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that four incidents had taken place since the previous inspection on 11 November 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

No new areas for improvement were identified during this inspection however one area for improvement from the previous inspection has been re-stated for the second time in relation to recruitment.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports, spot checks of staff, the system in place to monitor missed calls and the timely return of daily logs. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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
<b>Total number of areas for improvement</b>	*1	0

\*One area for improvement in relation to the regulations has been stated for the second time.

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

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 11 November 2019

RQIA convened a FTC Intention Meeting on 25 November 2019 due to the findings of the inspection on 11 November 2019. Crossroads Care NI provided RQIA with an action plan and verbal assurance at the meeting on date which gave assurances the service would be brought into compliance with the regulations and standards. It was decided that no further enforcement action would be taken and a follow up inspection would be undertaken by RQIA. This inspection was delayed due to the Covid-19 pandemic.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA regarding this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives, staff and HSC professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included “Tell Us” cards, service user’s/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

Following the inspection the inspector communicated with three service users, three staff, two service users’ relatives and one professional.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

The inspector would like to thank the registered manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

Areas for improvement from the last care inspection dated 11 November 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 13(d) Stated: First time	The registered person shall ensure that the recruitment practices adhere to the requirements specified in Schedule 3.  <b>This relates particularly, but not limited to, references being obtained from the previous employer.</b>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed five staff recruitment files and it was evident that references had been obtained from the previous employer however there were no references in one file on the day of inspection. These were forwarded to the inspector following the inspection. It was also noted that there was no photograph of identification in one file and there were no statement of the workers physical and mental fitness to practice in two recruitment files. This area for improvement will be stated for the second time.	
<b>Area for improvement 2</b>	The registered person shall ensure that spot checks are undertaken on staff practice, in	<b>Met</b>

<b>Ref:</b> Regulation 16(4)  <b>Stated:</b> First time	keeping with the agency's policies and procedures.	
	<b>Action taken as confirmed during the inspection:</b> We reviewed the spot checks on the day of inspection and five were outstanding, however they had been scheduled for the forthcoming weeks.	

<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 14(a) and (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided so as to ensure the safety and well-being of service users; and to safeguard them against abuse or neglect.</p> <p><b>This relates to the implementation of a robust system to identify missed calls.</b></p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed five service users' daily logs. The service had implemented a new recording system following the previous inspection in which daily logs are audited as soon as they are returned to the office. The service has a robust system in place which records calls which are cancelled. We did not detect any missed calls during review over a two week period.</p>		
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 21 (1)(c) and (2) Schedule 4 (11)</p> <p>Stated: First time</p>	<p>The registered person shall ensure compliance with the agency's policy and procedure in relation to the completing of daily records and the return of these records to the agency's office in a timely manner.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was evident that daily logs are being returned to the office in a timely way. Daily logs were available on the day of inspection until the end of August 2020. The daily logs are audited upon receipt at the office.</p>		
<p><b>Area for improvement 5</b></p> <p>Ref: Regulation 23 (1)(4)(5)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The monthly quality monitoring report must also include details of the measures that the registered person considers necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided and sufficient consultation with service users and their representatives.</p> <p><b>The agency is required to submit the monthly quality monitoring reports to RQIA from December 2019 until further notice.</b></p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The monthly quality monitoring reports were submitted to RQIA December 2019 until March 2020 and the advice and guidance provided to improve the quality of these reports were actioned, the service is now compliant with this regulation.</p>	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards 2011</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> Ref: Standard 9 Stated: First time</p>	<p>The registered person shall ensure that a policy and procedure is developed and implemented in relation to the administration of anticoagulant medicines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> It was evidenced on the day of inspection that this policy had been updated to include the administration of anticoagulant medicines. It was stated that staff are not permitted to administer this medication however they will be aware of the side effects and training will be provided.</p>	
<p><b>Area for improvement 2</b> Ref: Standard 9 Stated: Second time</p>	<p>The registered person shall ensure that staff are trained in relation to good record keeping standards. Evidence of this training, in whatever means provided, must be retained for inspection.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> It was evidenced that staff had received training in relation to good record keeping. This was discussed with staff via supervision as well as through training sessions. Seventeen staff were outstanding the training but it was evidenced by reviewing the daily logs that record keeping had greatly improved from the previous inspection, therefore this standard has been met.</p>	
<p><b>Area for improvement 3</b> Ref: Standard 5.7 Stated: Second time</p>	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The records provided to us on the day of</p>	



	inspection were dated August 2020 therefore the service has embedded a procedure to ensure that records are returned in a timely way.	
--	---	--

## 6.1 Inspection findings

### Recruitment records

We reviewed five staff recruitment files and it was evident that all pre-employment checks including Access NI and references were completed and finalised prior to the member of staff commencing employment. References were not available in one recruitment file on the day of inspection however these were sent to us following the inspection and were compliant with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was also noted that in one recruitment file, there was no photographic identification; again this was provided to us following the inspection. As stated in Regulation 13, Schedule 3 there must be a statement by the registered provider or the registered manager that the person is physically and mentally fit for the purposes of the work which they are to perform. This was not available in two recruitment files. An area for improvement will be re-stated for the second time in this regard. These issues were discussed with the registered manager who advised that these will be acted upon to ensure compliance.

The NISCC matrix reviewed confirmed all staff are registered with NISCC. The manager advised that a reminder is sent to staff who are due to renew their registration two months before it expires. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

### Complaints

One complaint was received by the service since the previous inspection and it was noted that it was investigated robustly and all evidence of this was retained in the complaints folder. Information was subsequently sent to all care workers to ensure that this issue did not reoccur which was in relation to the use of PPE. It was positive to note that this was reviewed in the monthly quality monitoring reports and any learning taken from the complaint was included and followed up.

### Staff Monitoring

It was positive to note that every care worker has been spoken to by the manager in relation to the ongoing Covid-19 pandemic. Discussions have taken place in the office when the care worker collects their PPE. This included:

- The collection of PPE to date
- Their understanding of what PPE is to be used in every call
- When to use visors
- Were to donn and doff PPE
- Donning and doffing techniques
- Disposal of PPE
- What to do if a client, family member or the care worker is displaying symptoms

## Care Plans

We reviewed five service users' care records. These fully described the care and support required and included:

- Referral information
- Care plan
- Risk assessments
- Reviews

The daily logs were also reviewed on the day of inspection and it was noted that these were returned to the office in a timely way. We were provided with logs up until the end of August 2020. These logs were audited upon receipt at the office and any issues were identified on the auditing page and were subsequently discussed with the care workers during supervision. It was positive to note that there were no missed calls identified to any of the five individuals records reviewed resulting in them receiving their full package of care as well as ensuring their safety within their own home.

Comments from service users included:

- "I am definitely happy."
- "My carers are respectful and friendly."
- "They tell me to take my time if I'm short of breath and they will wait however long it takes for my oxygen to kick in until they continue with my care."
- "They are very good to me."
- "Crossroads with a capital C."
- "They are very respectful to me."
- "They couldn't do enough for me."
- "I am very pleased."
- "I am very happy."
- "They are very friendly."
- "I don't have any problems."

Comments from service users' relatives included:

- "I am very happy."
- "The carers are very kind."
- "They take their time with him and know his wee ways."
- "I'd be lost without them."
- "They are very helpful to my wife."
- "Most of the time it's the same person calling."
- "My wife gets on well with them and has a good wee yarn with them."

Comments from care workers included:

- "I am very happy working for Crossroads."
- "The calls are well laid out."
- "There is good support from management."
- "There has been good support through the pandemic."
- "There is always someone on the other end of the phone."
- "I really love my job."
- "Induction was beneficial."

- “I have a great rapport with my service users.”
- “I have a good understanding of my service users’ needs.”
- “It is important to promote independence.”
- “There is always a smile on my service users’ faces when I go into their homes.”
- “I always sit down and have some time with the service user.”
- “The respect and dignity of the service users is so important.”
- “Training is very good and supportive.”

Comments from professionals included:

- “I have observed the carers wearing their full PPE during a call. They were dressed appropriately.”
- “They have a good routine with my service user.”
- “No issues with Crossroads at all.”
- “The carers looked very content providing the care and my service user appeared comfortable during their call.”

Three responses to the staff questionnaire were received and two respondents reported they were very satisfied that the care being delivered was safe, effective, compassionate and well led and the third respondent reported that they were satisfied. A comment was also included in the questionnaire which stated:

- “Very good company to work for.”

## **Covid-19**

We spoke to the manager and three staff members who were knowledgeable regarding their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- used PPE storage and disposal.
- staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service.

It was positive to note that reports indicated that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

### Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), daily logs being returned in a timely manner, record keeping, monthly quality monitoring reports, management of complaints, care plans and reviews and staff induction.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

### Areas for improvement

One area for improvement has been stated for the second time in relation to staff recruitment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Mrs Lyndsay Venus, Registered 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(4), Schedule 3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>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.</p> <p>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.</p> <p>Ref: 6.0 and 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Crossroads HR department are responsible for ensuring full and satisfactory information is accessible to the Registered Manager in relation to staff files and recruitment. Due to the Covid-19 pandemic, and government guidelines to work from home, Crossroads devised a rota where minimal staff were in the Scheme Office, which ultimately caused a backlog with filing. All information not viewable in the staff recruitment files on the day of inspection was forwarded to the inspector within two working days. Inspection findings were discussed with Crossroads HR department. All filing which was postponed due to remote working was prioritised and completed immediately following the inspection. As the pandemic is ongoing, office staff continue to work remotely, however Crossroads have now adapted the office-based rota to ensure filing is completed in a timely manner.</p>

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



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)