

Unannounced Care Inspection Report 11 November 2019



Crossroads Care NI

Type of Service: Domiciliary Care Agency

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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 559 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 139 carers.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 11 November 2019 from 10.00 to 17.20 hours.

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.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified 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.

Areas for improvement related to missed calls, monthly quality monitoring, employment references, spot checks on staff practice and the availability of completed daily records. Areas for improvement were also made in relation to staff training on record keeping standards; and the need for the agency to develop and implement a policy and procedure relating to the administration of anticoagulant medication.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the intention to issue two notices of failure to comply with regulations. A meeting was held at RQIA offices on 25 November 2019 to discuss these matters. At this meeting, the responsible person and the management team provided clarity and satisfactory assurances that the actions and arrangements made and planned will ensure compliance with the required regulations.

On this basis RQIA were assured that Crossroads Care NI were taking appropriate action in respect of Regulation 14(a) and (b) and Regulation 23 (1)(4) and (5). RQIA have advised the registered person of their responsibility to maintain compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

RQIA will continue to monitor and review the quality of service provided by Crossroads Care NI and may carry out an inspection to assess compliance with these regulations.

Evidence of good practice was found in relation to adult safeguarding, training and an annual report being available to obtain the services users' views of the service.

Service users said:

- "the girls are good."
- "they are always on time."
- "nothing to complain about."
- "very respectful."
- "my lifeline."
- "I love to see ***** and ***** coming (two care attendants) as they do a really good job with my shopping and find all the bargains."

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	5	3

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 result from the findings of this inspection. Intention meeting took place on 25 November 2019 and it was decided that due to the evidence given to RQIA by the agency to meet compliance, the notices were not served.

4.2 Action/enforcement taken following the most recent care inspection dated 28 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 2019.

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 inspection
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- two staff recruitment records
- induction policy
- staff supervision, appraisal and training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- accident/incident records
- six service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from four service users' homes
- registration certificate
- complaints records
- accident/incident and adult safeguarding records
- monthly quality monitoring reports
- annual quality assurance report 2018/19
- policies and procedures

Following the inspection the inspectors spoke with three service users, five staff members, four service users' relatives and two professionals.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; 20 responses were received.

The inspectors 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.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 28 February 2019

Areas for improvement from the last care inspection		
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: Second 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). The completed Annual Report should be submitted to RQIA when completed.	Met
	Action taken as confirmed during the inspection: The review of the annual report confirmed that staff and commissioner feedback had been included.	
Area for improvement 2 Ref: Standard 12.7 Stated: First time	The registered person shall ensure that the induction records are fully completed, for each member of staff.	Met
	Action taken as confirmed during the inspection: The induction records were available and up to date at the time of inspection.	
Area for improvement 3 Ref: Standard 13.5 Stated: First time	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.	Met

	<p>Action taken as confirmed during the inspection: It was noted during the inspection that staff appraisals were up to date.</p>	
<p>Area for improvement 4 Ref: Standard 3.4 Stated: First time</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>Action taken as confirmed during the inspection: Assessments were available and up to date at the time of inspection.</p> <p>The manager advised that the agency no longer provides personal care to private service users.</p>	Met
<p>Area for improvement 5 Ref: Standard 5.7 Stated: First 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> <p>Action taken as confirmed during the inspection: Although improvement was noted in relation to the availability of the returned records, there was no evidence of a robust system in place to ensure that records are returned in a timely manner in line with the agency procedure.</p> <p>This area for improvement was not met. This area for improvement has been re-stated but also made under the regulations.</p>	Not met

Area for improvement 6 Ref: Standard 8.10 Stated: First time	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. This relates specifically to the auditing of daily log records, in light of poor record keeping standards.	Not met
	Action taken as confirmed during the inspection: There was no evidence during the inspection that the daily logs had been audited.	
	This area for improvement was not met and has been re-stated for the second time.	

6.2 Inspection findings

6.3 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 inspection, the agency had a registered manager and one operational manager in post who managed the agency with the support of four scheme managers, six senior care staff and a team of 133 care staff. The agency’s staffing arrangements were discussed and the manager advised that she felt that there was sufficient staff employed to meet the current level of service provision. The inspectors were 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 NI. Further detail in relation to care provision is detailed in section 6.4.

Examples of some of the comments made by the services users and their relatives are listed below:

- “The girls are good.”
- “They are my lifeline.”
- “They are always on time.”
- “(Name of the carer) is terrific.”

From the online survey completed by staff, it was noted that the majority of the respondents were of the opinion that the service users are safe and protected from harm. This is in relation to staff training/induction and staffing levels. One member of staff was ‘very unsatisfied’ in this area. Given that the inspectors identified no concerns in relation to these areas, the staff member’s feedback was relayed to the manager, for review and action as appropriate.

During the inspection two staff recruitment records were reviewed. Although both staff records contained two references, in one recruitment record, it was noted that the references did not include one from the staff member's previous employer. In addition, the inspectors identified concerns in relation to the appropriateness of the references received. This was discussed with the manager who advised that this would be discussed further with Human Resources, who have responsibility for ensuring appropriate pre-employment checks are undertaken prior to the staff commencing in post. It was also discussed with the registered manager that despite the role of Human Resources internally the registered manager remains responsible and accountable to RQIA in relation to the recruitment process. An area for improvement has been re-stated in this regard.

The training records were viewed and it was noted that the training for all staff was up to date and there was a system to monitor when training was due to be renewed.

The inspectors identified that the agency has a system in place to ensure that all staff are registered with the Northern Ireland Social Care Council (NISCC) and to identify when staff are due to renew their registrations.

Staff supervision and appraisals were also reviewed during the inspection and it was identified that spot checks on staff practice were behind schedule. The review of the spot check matrix identified that whilst the majority of staff had spot checks undertaken, there were a small number who had missed two opportunities to have their spot checks completed in line with the agency's policy and procedures. This matter had also been brought to the provider's attention during the annual contracts meeting with the BHSCT. The registered manager advised the inspectors of this matter during discussion. An area for improvement has been made in this regard.

Discussion with the manager and 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 inspectors were 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 and incidents were managed in accordance with local protocols.

The inspectors 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.

Comments from discussions with staff included:

- "I love my job."
- "the company work around me."
- "not enough staff but the calls are covered."
- "good induction and brilliant induction for seniors."
- "training is very good."

The staff consulted with following the inspection were aware of how to raise a concern/complaint, felt that their induction and training was beneficial and found the management team supportive of them as individuals.

Comment from online staff survey:

- “I would like to see more time allocated to clients as jobs at times have to be done in a rush.”
- “I am extremely happy with the job.”

The comments received from the staff in bullet points three and one have been discussed with the manager who advised this will be addressed with the staff during team meetings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, staff inductions and training. Staff appraisals were up to date. There was a system in place to ensure that adult safeguarding concerns were managed appropriately.

Areas for improvement

Areas for improvement related to recruitment and spot checks on staff practice.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 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 which is contained in the service users' files as well as in the Staff Handbook.

During the inspection four care records were reviewed. Of the four records reviewed, there was evidence of missed calls in three of the records. In one service user record there was two missed calls within a two week period. In a second care record, there were also three missed calls, within a two-week period. In a third care record there was one missed call. In a fourth service user's care record calls were noted to be provided consistently earlier than planned. This was noted frequently to be up to one hour and twenty minutes earlier than planned. This resulted in the service user's care needs not being met. The review of the staff rota also identified that travel time had not been included, therefore the inspectors were unable to assess whether or not sufficient call time had been planned for each service user.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the intention to issue a failure to comply notice in respect of Regulation 14 (a) and (b). A meeting was held at RQIA offices on 25 November 2019 to discuss these matters. At this meeting, the responsible person provided clarity and satisfactory assurances that the actions and arrangements made and planned will ensure compliance with the required regulations. On this basis RQIA were assured that Crossroads Care NI were taking appropriate action in respect of ensuring calls were provided in keeping with the care plan. An area for improvement has been made in this regard.

During the inspection completed daily records had not been consistently returned to the agency, in keeping with the agency's policy and procedures. Whilst the inspectors acknowledged improvements in the return of the completed daily records, it was also noted that this had also been raised by the commissioning trust in July 2019. The manager reported that new office systems had been put in place to ensure full compliance with report sheet submissions and a new operational tick sheet was introduced which would allow Scheme Managers to easily record which records have not been returned. However, there was no evidence of this provided to the inspectors. An area for improvement had previously been made under the care standards in this regard. A new area for improvement has now been made under the regulations.

Concerns were also noted in relation to the quality of the daily logs. The returned logs were not written in a succinct manner. Some entries were illegible and the signatures were not clear. The manager advised that the records had been audited on return to the office; however there was no evidence of any formal auditing process and there was no evidence that poor record keeping standards had been addressed with identified staff members. This was disappointing as this issue had been previously addressed with the manager and assurances provided. The manager reported that staff had been made aware of this issues however no changes had been made. An area for improvement has been made in relation to record keeping and a further area for improvement has been made in relation to management and governance in relation to Regulation 23.

The inspectors undertook a number of consultations with service users and relatives and no concerns were raised in relation to missed or late calls. A number of those spoken with stated that they either required additional calls or changes to their call time; these matters had been raised through meetings with the relevant Trust and Crossroads. The relatives spoken with were aware that any changes to the service users care plan can take some time to be agreed and signed off by the HSC.

Care is usually provided by a consistent team of care workers which was felt to be beneficial as it allows a relationship to develop between the carers, service users and their relatives. No concerns were raised in respect of this matter and it was discussed that if the worker is sick or on leave, they are made aware of who will cover the call.

From the consultations with relative and service users, it was evident that meetings were held to review the service being provided and it was positive to note that one service user's representative highlighted that their relative had been encouraged by Crossroads to speak up if they wanted a certain aspect of their personal care needs changed. This had been taken on board by the provider and the service user was content that they had been listened to.

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

- "I am grateful for them coming."
- "They are good with my daughter and know her very well. They are sensitive to her."
- "a1."
- "Well pleased with the service."

The online staff survey indicated that the majority of the respondents were satisfied that the care delivered to the service users is effective in relation to having their needs assessed and all care plans are up to date. Two respondents were 'unsatisfied' in this regard and five were 'very

satisfied'. Given that the inspectors identified no concerns in relation to these areas, the staff member's feedback was relayed to the manager, for review and action as appropriate.

The agency undertakes their own mandatory reviews with service users and their relatives to assess the care being provided. Service users are aware that they can have regular reviews if required.

Service User Agreements had been provided to service users within the required timescale.

Areas of good practice

There was evidence of good practice found in relation to the agency's engagement with the service users.

Areas for improvement

Areas for improvement related to the auditing of returned daily records to ensure missed calls were being identified, the timely return of completed daily records and in relation to poor record keeping standards.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 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 undertakes checks with service users and relatives through phone calls and reviews to ensure good practice.

The Annual Report 2018-2019 was available on the day of the inspection. This report included service user, next of kin, commissioner and staff feedback. Some comments received were:

- "Words can't thank you enough."
- "Thank you for all your help and support over these past few years you gave to my dear mum, you have a good wee team."
- "You went over and above."
- "They made her comfortable and were so kind to her and friendly to my dad."
- "You are doing a great job and keep pressing on."
- "Thank you for your help and support over my year with Crossroads."
- "Thank you Crossroads, for the level of care you provide to this client."
- "Client is extremely happy and complimentary of the care workers."

There was evidence of the carers promoting the human rights of the service users by treating them with respect and dignity and enabling them to have a choice. This was confirmed through the consultation process.

The online staff survey highlighted that eight respondents were 'very satisfied' that the care being provided to the service users is compassionate in that the care is centred around the individual. It was evident during inspection that the service users' human rights are being promoted by the agency.

The inspectors discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of the equality legislation whilst recognising and responding to the diverse needs of the service users. The manager advised that no complaints had been received in this regard.

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. The feedback received from the service users and their relative as well as the comments in the Annual Review supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were made during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The review of the monthly quality monitoring records identified that they had not been undertaken since August 2019. The manager advised that these had not been undertaken due to time constraints and absences within the management team. It was noted that previously completed reports consisted of specific reports which had been run off the agency's electronic system; however, these gave insufficient information to assess the quality of service provision. In addition, it was noted that there was no follow up on RQIA's Quality Improvement Plan (QIP) during the monthly quality review process. This was concerning given that two areas for improvement made under the standards are being re-stated for the second time. Advice had previously been given to the manager in relation to the availability of the RQIA template for completing quality monitoring reports.

As discussed in section 4.4, there was no robust system in place to identify missed calls; the returned daily records were not formally audited; and the manager advised that the agency cross-referenced the timesheets with the staff roster and that she relied on the integrity of the care workers to submit timesheets for the calls they completed. This suggested that there was a lack of robust governance and management oversight of the service provided.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the intention to issue two failure to comply notices. The first failure to comply notice related to the missed calls, as detailed in section 4.5. The second failure to comply notice related to the lack of governance and management oversight of the quality of services provided.

A meeting was held at RQIA offices on 25 November 2019 to discuss these matters. At this meeting, the responsible person provided clarity and satisfactory assurances that the actions and arrangements made and planned will ensure compliance with the required regulations. On this basis RQIA were assured that Crossroads Care NI were taking appropriate action in respect of Regulation 14(a) and (b) and Regulation 23 (1)(4) and (5). RQIA have advised the registered person of their responsibility to maintain compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

RQIA will continue to monitor and review the quality of service provided in Crossroads Care NI and may carry out an inspection to assess compliance with these regulations.

All of the service users and relatives spoken with confirmed they were aware of whom they should contact if they have any concerns regarding the service. There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. The inspectors viewed monthly complaints returns which the manager submitted to the commissioning HSC Trusts, and were satisfied that they had been managed appropriately.

Nine respondents provided electronic feedback to RQIA, indicating that they were either 'very satisfied' or 'satisfied' with how the service is managed and led. This is in relation to the culture of staff empowerment, learning and upskilling and managers are approachable. Three staff members reported they were 'unsatisfied' in this regard. Given that the inspectors identified no concerns in relation to these areas, the staff member's feedback was relayed to the manager, for review and action as appropriate.

The agency has a range of policies and procedures in place that were reviewed in line with the minimum standards. It was noted that staff receive copies of relevant policies in their staff handbook. However, the inspectors noted that there was no policy in place in relation to the administration of anticoagulant medicines. This was discussed with the manager. An area for improvement has been made in this regard.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, maintaining good working relationships and consulting with service users and their relatives.

Areas for improvement

There was an area for improvement in relation to the quality monitoring processes. An area for improvement was also made in relation to the need for the agency to develop a policy and procedure relating to the administration of anticoagulant medicines.

	Regulations	Standards
Total number of areas for improvement	1	1

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 inspectors.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations, 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13(d)</p> <p>Stated: first time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that the recruitment practices adhere to the requirements specified in Schedule 3.</p> <p>This relates particularly, but not limited to, references being obtained from the previous employer.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Findings were discussed with Crossroads HR department who are responsible for ensuring that all pre-employment checks are complete. Discussion included the RQIA findings with regards to the appropriateness of references. Amendments to our recruitment checklist have been made to include a section which must be filled in when references are not obtained by the last employer; including information on attempts made to obtain the reference and reasons why the last employer reference was unable to be sourced. The registered manager has overall responsibility in ensuring that all pre-employment checks are complete and appropriate; therefore, a section has been added to the managers checklist which requires the registered manager to check and sign that references have been obtained and that they are appropriate. Checks have been added to Crossroads monthly quality monitoring report which include a random sample of personnel files being checked; and these checks include the appropriateness of references.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16(4)</p> <p>Stated: first time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that spot checks are undertaken on staff practice, in keeping with the agency's policies and procedures.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Crossroads undertake spot checks twice per year on all care staff whilst they are carrying out their duties as a Care Attendant. These are arranged by Monitoring admin staff and are conducted by a Monitoring Officer or in their absence another appropriately trained member of staff. Due to low levels of staff in the Monitoring Officer role we introduced a new senior care attendant position in September 2019 which included additional duties such as quality monitoring reviews with service users and care staff spot checks. These positions have mostly been filled; with further employees in post since the most recent RQIA inspection. Due to these additional roles being introduced any spot checks which were missed prior to the RQIA inspection have now been complete and a matrix is in place to ensure spot checks remain a priority going forward. The matrix is managed by monitoring admin staff but is now checked regularly by the registered manager</p>

	and full details will be included on Crossroads monthly quality monitoring report.
<p>Area for improvement 3</p> <p>Ref: Regulation 14(a) and (b)</p> <p>Stated: first time</p> <p>To be completed by: Immediate from the date of the inspection</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>This relates to the implementation of a robust system to identify missed calls.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Missed calls are primarily identified at the time by service users or their next of kin reporting these to scheme management. Where this is not the case it is important to have systems in place to identify missed calls and to report these to the relevant stakeholders. In December 2019 care staff were trained during team meetings about the importance of reporting missed calls when they are noticed on the service user daily record sheet in the form of a missing entry. This training has been included in the minutes of the December team meetings. Since the inspection we have introduced a new daily record sheet booklet which has been implemented in all service users' homes from January 2020; one report sheet booklet per month. Each sheet of the booklet states a further reminder to care staff that any missing entries must be reported immediately. These new daily record sheet booklets were discussed and distributed during December Team Meetings. This has been re-iterated to care staff in the form of a memo and has been included in the minutes from December team meetings. Reporting missing entries forms a part of our "good record keeping" training; which is now included in induction training for new staff and during refresher training, which is held every 18 months for existing staff. Each front cover of the daily record booklet has a section to be completed by office staff when returned. Within this section scheme managers must audit each recorded visit to determine if a missed call has taken place. If a missed call is identified, appropriate action will be taken, and the daily record sheet booklet will be signed off. Checks have been added to Crossroads monthly quality monitoring return which include a random sample of daily record booklets which are re-checked and signed off by the registered manager to ensure scheme managers are checking and recording appropriately.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (1)(c) and (2) Schedule 4 (11)</p> <p>Stated: first time</p> <p>To be completed by:</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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Since the inspection we have introduced a new daily record booklet</p>

<p>Immediate from the date of the inspection</p>	<p>which has been placed into all service users' homes from January 2020; one daily record booklet per month. These new daily record booklets were discussed and distributed during the December Team meetings. "Good record keeping" training is now included in induction training for new staff and during refresher training which is held every 18 months for existing staff. A Service User Daily Record Process was introduced to all office staff in December 2019. This process outlines the responsibility of office staff to ensure that daily records are completed appropriately and returned in a timely manner for checks and safe keeping. Record sheets are completed at each visit with as much information as possible including date, tasks carried out, tasks refused, times in/out, level of medication assistance, service user health deterioration and any other information deemed relevant. The daily log is then signed. Scheme Managers are responsible for arranging the collection of Daily Record Sheets for their areas in accordance with a specific timetable; currently to be collected every two months. Scheme Managers will ensure that any collected Daily Record Sheets are replaced with new ones for completion for the following months. Scheme Managers will record in the checklist section on the care planner system which Daily Record Sheets have been returned in a month by month format. This will allow Scheme Managers to determine if any Daily Record Sheets have not been returned and allow them to plan for them to be returned immediately. Care Staff have been encouraged to collect and return Daily Record Sheets if they are due to attend the Scheme Office for Team Meetings, training or any other business. In addition, Monitoring and Senior staff are trained to collect and replace Daily Record Sheets during annual monitoring visits. Scheme Managers will audit all record sheets using a new front cover audit template. Scheme Managers must ensure calls are being provided in accordance with the trust care plan, that there are no missing entries and that comments are logged in legible writing and with black ink. A brief summary is recorded on the front cover audit template and this is backed up by a more thorough contact log on our Care Planner system. Any issues identified will be investigated and reported to the Trust Key Worker or Governance Teams in line with reporting protocols. Any discrepancies will be dealt with in accordance with Crossroads disciplinary policy. The Registered Manager will co-ordinate this process and will provide an outline to Managers of what is to be achieved for the month ahead. In addition, the Registered Manager will select a random sample of Daily Record Booklets, that have been audited, and will check these as part of RQIA monthly quality requirements.</p>
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<p>Area for improvement 5</p> <p>Ref: Regulation 23 (1)(4)(5)</p> <p>Stated: first time</p> <p>To be completed by: Immediate from the date of the inspection</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>The agency is required to submit the monthly quality monitoring reports to RQIA from December 2019 until further notice.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Monthly quality monitoring reports are now up to date. The report is now completed in line with the template provided by the RQIA. Since November 2019 the report is being completed in much more detail and using feedback from the RQIA it incorporates all the information necessary to improve the quality and delivery of our services. As requested, monthly quality monitoring reports are forwarded to the RQIA by the 5th working day of each month and any feedback has been taken into consideration and changes have been made where appropriate.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 9</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 a policy and procedure is developed and implemented in relation to the administration of anticoagulant medicines.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Management of medication policy has been amended to include information on the Administration of Anticoagulant Medicines. A memo has been sent to care staff and medication training programme has been updated to include information on these types of medicines. Where Crossroads are made aware that a service user is receiving anticoagulant medication; this will be communicated with care staff and will be recorded on the service users care plan. Where applicable it will be recorded on the service users care plan who is responsible for the administration of any anticoagulant medication. Staff will receive appropriate training which will help them to support a service user who is receiving this type of treatment. If a member of care staff has any concerns about a service user in relation to their anticoagulant medicines this will be reported to scheme management immediately or in extreme circumstances the relevant emergency services.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 9</p> <p>Stated: second time</p> <p>To be completed by: Immediate from the date of the inspection</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> <p>Ref 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Care staff were trained on the importance of good record keeping during December team meetings and this was included within a memo and minutes to all staff. Those not in attendance are being scheduled to attend additional sessions. "Good record keeping" training is now included in induction for new staff and during refresher sessions which are held every 18 months for existing staff. Once training is complete this is recorded on our care planner system and refresh dates are automatically generated. This process is managed by the registered manager in conjunction with the training manager and evidence is retained within personnel files. Analysis of the training completed and required is recorded on our monthly quality monitoring report.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.7</p> <p>Stated: second time</p> <p>To be completed by: Immediate from the date of the inspection</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> <p>Ref 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been reminded via memo that if they are the last to visit a discharged service users home that they are to collect the service users care plan, along with any daily record sheets and return these to the scheme office for safe keeping. In addition, this process has been included in updated "good record keeping" training which all staff will receive during initial induction and refresher sessions. Conclusion of a service to client process has been updated to include a step by step process which is to be followed going forward. Our Care Planner system has been amended to include a section which can be printed in report form each month to determine which care plans have been returned and which have not. This will be the responsibility of the registered manager to ensure all of crossroads paperwork is returned at the end of service for safe keeping in line with GDPR requirements.</p>

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



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