

Inspection Report

Name of Service: Crossroads Care NI
Provider: Crossroads Care NI
Date of Inspection: 27 July 2026

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1.0 Service information

Organisation/Registered Provider:	Crossroads Care NI
Responsible Individual:	Mrs Christine Best
Registered Manager:	Miss Lyndsay Venus
Service Profile – Crossroads Care NI is a domiciliary care agency based on the Upper Newtownards Road, Belfast. The services provided include personal care and social support along with domestic support and respite sits. The service users are currently from the older people's programme of care, adults with physical needs, mental health care needs and learning disabilities. The agency provides care and support to 446 individuals living in their own homes whose care and services are commissioned by the Belfast Health and Social Care Trust (BHSCT), the South Eastern Health and Social Care Trust (SEHSCT) and the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 27 July 2026, between 10.00 am and 3.00 pm. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 4 March 2025; and to determine if Crossroads is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. The Inspector identified good practice in monthly quality monitoring. There were good governance and management arrangements in place.

As a result of this inspection, the previous area for improvement identified at the last care inspection on 4 March 2025 was assessed as having been addressed by the provider. No new areas for improvement were identified. Details can be found in the main body of this report.

3.0 The inspection

3.1 How we Inspect

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users who spoke with the Inspector gave very positive feedback. One service user commented, "I never feel rushed and the care and attention help me feel safe and care for". Others said they were very satisfied and praised the staff for being very helpful.

Staff who spoke with the Inspector stated that they enjoyed working with the agency; they described the training as "exceptional". All staff stated that the manager is supportive and that they believed service users get very good care.

Relatives told the Inspector that they were happy with the care that their relatives receive. The staff are great and they keep me well informed'. Another commented that their relative was treated well.

3.3 Inspection findings

3.3.1 Staffing Arrangements and Recruitment.

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of effective systems in place to manage staffing. Consultation with staff, service users and their representatives established that there were no concerns regarding staffing levels.

A review of a sample of recruitment records indicated that the agency had completed pre-employment checks before staff commenced employment and had direct contact with service users.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme, which also included shadowing of a more experienced staff member.

The agency retained records of all staff training and the Inspector noted that these were up to date. Staff confirmed that they received comprehensive training for their roles.

The Inspector noted that the agency had procedures in place for appraising staff performance and senior staff completed a robust programme of regular supervision in keeping with the agency's policy and procedures.

3.3.2 Care Delivery and Care Records

Review of care records and discussions with service users indicated that individuals had an input into the development of their care plans. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These remained recorded within care plans along with associated dietary requirements.

Care and support plans were kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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

3.3.3 What are the systems in place for identifying and addressing risks?

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

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also

describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed training appropriate to their roles in Deprivation of Liberty Safeguards (DoLS) as part of the MCA framework. This supports staff to make informed decisions in line with best practice and uphold service users' rights. The manager confirmed that no service users were subject to DoLS or restrictive practices at the time of inspection.

3.3.4 Quality of Management Systems

The Inspector reviewed a sample of monthly quality monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. The reports confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters and staff recruitment and training. The inspector discussed the value of having an independent monitoring officer conduct monitoring visits and the manager appreciated the advice given.

The Inspector reviewed the agency's process for the management of complaints and noted that the agency had received complaints since the last inspection. One complaint is currently unresolved but robust records confirmed the appropriate steps had been taken. This matter will be reviewed at a future inspection. The manager had undertaken further complaints training.

Review of incident records identified that the manager had managed these appropriately. The agency also reviewed incidents as part of the monthly quality monitoring process.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Inspector viewed the agency's annual quality report, which included stakeholder feedback. There was evidence that the agency responded to issues raised with them and implemented measures to enhance both the practice and the quality of service provided.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Lyndsay Venus (Registered Manager) as part of the inspection process. These can be found in the main body of the report.



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