



Department of Health and Social Care

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*Rheyynn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Domiciliary Care Agency**

Crossroads Care At Home

### **Announced Inspection**

4 September 2020

***Registration and Inspection Unit,  
Ground Floor, St George's Court,  
Hill Street, Douglas, Isle of Man, IM1 1EF.***

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**Part 1 - Service Information for Registered Service**

**Name of Service:**

Crossroads Care At Home

**Telephone No:**

628926

**Care Service Number:**

ROCA/P/0130C

**Conditions of Registration:**

None

**Registered company name:**

Crossroads Care

**Name of Responsible Person:**

Jackie Betteridge

**Name of Registered Manager:**

Jayne Sloane

**Manager Registration number:**

ROCA/M/0041

**Date of latest registration certificate:**

10/9/14

**Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring):**

None

**Date of previous inspection:**

4/10/19

**Person in charge at the time of the inspection:**

Jayne Sloane

**Name of Inspector(s):**

Sharon Kaighin

**Part 2 - Descriptors of Performance against Standards**

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

**Compliant**

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

**Substantially compliant**

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

**Partially compliant**

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

**Non-compliant**

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

**Not assessed**

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

**Part 3 - Inspection information**

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

**Summary from the last inspection****Number of requirements from last inspection:**

Six

**Number met:**

Five

**Number not met:**

One

**All requirements not met will be addressed within this inspection report**

**Overview of this inspection**

**Due to COVID 19 the inspection process for this year has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.**

This was the annual inspection. The inspector examined documentation, and gained feedback from staff and service users as part of this inspection. Consideration has been given to both the Care at Home and the ASK (Assistance, Support, Kindness) domiciliary service.

<b>Part 4 - Inspection Outcomes, Evidence and Requirements</b>
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<b>Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)</b> <b>Standard 2 – Assessment</b>
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The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

**Our Decision:**

Compliant

**Reasons for our decision:**

Care needs assessments were in place and had been undertaken prior to a care service being provided. Assessments had been carried out by experienced staff, and contained all required information. Staff confirmed detailed information was provided prior to supporting an individual. Initial assessments were carried out with full information in place prior to the service commencing. A file note system was in place which enabled changes to care packages to be easily noted. Care needs assessments were reviewed at the same time as care plans.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	
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**Requirements:**

None

**Recommendations:**

None

<b>Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)</b> <b>Standard 3 – Contract</b>
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Each service user must have a written individual service contract for the provision of care with the agency.

**Our Decision:**

Substantially compliant

**Reasons for our decision:**

A written contract was in place for each service user. The documentation including service users' guide, care needs assessment and service user agreement were all part of the contract, but this was not stated. Neither was it stated which service the client was receiving.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

Two

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

**Our Decision:**

Substantially compliant

**Reasons for our decision:**

Care plans were all in place. These were brief, and did not include sufficient information from the assessments which were comprehensive. Needs were identified, and identified areas of encouraging independence were included. Feedback received from service users identified that not all information was appropriately reviewed. All care plans were signed.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

Two

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 9 – Safeguarding**

Service users are protected from abuse, exploitation, neglect and self-harm.

**Our Decision:**

Compliant

**Reasons for our decision:**

Safeguarding policies and procedures were in place. They included all relevant information. A whistleblowing policy was also in place. Safeguarding training had been undertaken by all staff, with refresher training completed. Feedback confirmed staff were clear on the correct procedures to follow in the event of any safeguarding concern.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 11 – Records kept in the home**

The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of support and care.

**Our Decision:**

Compliant

**Reasons for our decision:**

Feedback confirmed that records were kept in the home, with these being completed appropriately. All service users had records kept in the home. Any refusal to have records in the home would be stated on file as appropriate. Access to records was available upon request.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 12 – Recruitment and selection of staff**

The well-being, health and security of service users is protected by the agency's policies and procedures on recruitment and selection of staff.

**12.2, 12.3****Our Decision:**

Compliant

**Reasons for our decision:**

Staff files were seen and these contained all required information.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 13 – Development and training**

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

**Our Decision:**

Compliant

**Reasons for our decision:**

Staff had received mandatory and refresher training. Feedback confirmed that the induction process was thorough, with a structured induction plan in place. Specialist advice and information was sought as necessary. Training had been discussed in staff supervision sessions, with feedback confirming specialist advice was sought where required for client care.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 16 – Management, quality and improvement**

Service users receive a consistent, well managed, planned and audited service.  
**16.6**

**Our Decision:**

Compliant

**Reasons for our decision:**

Valid insurances were all in place.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 18 – Policies and procedures**

The service users' rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.

**18.4****Our Decision:**

Compliant

**Reasons for our decision:**

Systems were in place to ensure that staff were familiar with policy documents. These were cascaded down through line managers. A mobile phone policy was in place, and each staff member had signed this once read. Staff confirmed that they were aware of the appropriate use of mobile phones whilst on duty.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 19 – Complaints and compliments**

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

**Our Decision:**

Compliant

**Reasons for our decision:**

The complaints policy and procedure were in place. These were available in an easy to read format. All required information, together with timescales, were in place. The Statement of Purpose contained information about making a complaint and service user feedback confirmed clients would feel comfortable making a complaint if necessary.

**Evidence Source:**

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Other areas identified during this inspection /or previous requirements which have not been met.**

An annual report was not in place which contained a development plan based on outcomes of the quality assurance information.

**The inspector would like to thank the management, staff and service users for their co-operation with this inspection.**

**If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Unit.**

**Inspector:** Sharon Kaighin

**Date:** 7 October 2020

**Provider's Response**

**From:** Crossroads Care at Home

I / we have read the inspection report for the inspection carried out on 4 September 2020 at the establishment known as Crossroads Care at Home, and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

**Or**

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

**Signed Responsible Person** Jackie Bettridge  
**Date** 08/10/2020

**Signed Registered Manager** Jayne Sloane  
**Date** 08/10/2020