

# **Regulation of Care Act 2013**

## **Domiciliary Care Agency**

Crossroads Care at Home/ASK Domiciliary Care Service

### **Announced Inspection**

27 September 2021

*The provider did not return their response within the specified time scale and consequently it has been placed on the website without their comments*

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## Part 1 - Service Information for Registered Service

**Name of Service:**

Crossroads Care at Home

**Telephone No:**

(01624) 628926

**Care Service Number:**

ROCA/P/0130C

**Conditions of Registration:**

None

**Registered company name:**

Crossroads

**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 September 2020

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

Chloe Lyons

**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 Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

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:**

Five

**Number met:**

Four

**Number not met:**

One

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

**\*Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.\***

### Overview of this inspection

**Due to COVID 19 the inspection process 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.**

Crossroads Care at Home and ASK domiciliary care were inspected on 27 September 2021. This was the annual statutory inspection.

As part of the inspection process, the following were scrutinised:

- Statement of Purpose
- Six service user files
- Policies and procedures

Staff and service user feedback was also gained. Service user feedback was very positive, with all individuals spoken to happy with the service.

## Part 4 - Inspection Outcomes, Evidence and Requirements

### Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1 – Information about the service

Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.

1.1

#### Our Decision:

Substantially compliant

#### Reasons for our decision:

A Statement of Purpose was in place. This did not have a review date and did not make reference to a Service User Guide. The age range covered by the service was also not specified.

#### Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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#### Requirements:

One

#### Recommendations:

None

### Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 – Assessment

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:

Substantially compliant

#### Reasons for our decision:

A care needs assessment had been undertaken by the care co-ordinators, both holding QCF level 5, and was in place for all service user files examined. These contained detailed information as to care needs of service users. However, more clarity was required as to certain information, for example, whether staff were responsible for medication prompts. The care needs assessment was stated to be part of the contract; however, with regard to charges payable, in some files, these amounts were not specified. A requirement has been made concerning this.

The care co-ordinator stated that information from care needs assessments were provided to support workers. Email evidence was seen on inspection to support this. The service was not generally provided at short notice. Daily log sheets, seen on inspection, allowed any changes in care needs to be appropriately logged. Staff were also in touch with the care co-ordinator to update on any changes required to care plans. Care needs assessments had not all been reviewed at the same time as care plans, and a requirement has been made concerning this.

#### 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:**

Service user care plans examined were all signed by either the service user or their representative. They were detailed and contained information relating to specific need and any communication requirements. Evidence was seen of flexibility in care packages, allowing visits to be arranged around other activities promoting the independence of the clients. A variety of needs were catered for in the service, and information varied as to the complexity of care required. Evidence was seen of amended care plans following review of need. Annual review of all support plans had not been carried out, and the requirement, carried over, has been made regarding this.

Care plans were all appropriately signed by the service user or their representative. A copy of care plans were held in the service user's home, confirmed by service user feedback.

**Evidence Source:**

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

One  
Carried over

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 7 – Medication**

The agency's policy and procedures on medication protect service users.

**Our Decision:**

Substantially compliant

**Reasons for our decision:**

A medication policy was in place which was in date and identified the limits to assistance and tasks. The policy also contained procedures relating to obtaining, recording, storing, administering and the returning or disposal of medication.

There was no record in place on inspection containing detail of annual staff medication competency assessments. A requirement has been made concerning this. Assistance with medication was identified in the



care plan, but this was not always clear (see requirement made in Standard 2.2). Assistance was also included in risk assessments.

**Evidence Source:**

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

One

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 8 – Health & Safety**

The health, safety and welfare of service users and care and support staff is promoted and protected.

8.3

**Our Decision:**

Substantially compliant

**Reasons for our decision:**

Individual risk assessments were in place regarding a variety of daily activities. The care coordinator confirmed that the risk assessment forms were discussed and created with the service user. Changes in risk assessments were evidenced, but they had not all been reviewed every six months. A requirement has been made concerning this.

**Evidence Source:**

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

One

**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.

9.5

**Our Decision:**

Non-compliant

**Reasons for our decision:**

The training matrix provided to the inspector evidenced that some staff safeguarding training was out of date.

**Evidence Source:**

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

One

**Recommendations:**

None

<p><b>Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)</b>  <b>Standard 10 – Security of the Service User’s Home</b>  Service users are protected and are safe and secure in their home.  10.3</p>
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**Our Decision:**

Compliant

**Reasons for our decision:**

Staff identity cards were seen on inspection. These contained all required information.

**Evidence Source:**

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

None

**Recommendations:**

None

<p><b>Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)</b>  <b>Standard 12 – Recruitment and selection of staff</b>  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</p>
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**Our Decision:**

Substantially compliant

**Reasons for our decision:**

Employment records relating to new staff contained all required information. However, renewal of DBS (Disclosure and Barring Service) checks had not been carried out for all staff. A requirement has been made concerning this.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	
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**Requirements:**

One

**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.

13.1, 13.2

**Our Decision:**

Substantially compliant

**Reasons for our decision:**

A staff development and training programme was in place, but the training matrix provided to the inspector evidenced that a number of staff were overdue refresher training. A requirement has been made regarding this.

A formal induction process was in place in the service. Feedback from staff confirmed that the induction process was thorough and included a minimum of three days orientation programme. Shadowing was undertaken by new staff as part of the induction process, with consent to this seen on service user files.

**Evidence Source:**

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

One

**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.

19.4

**Our Decision:**

Compliant

**Reasons for our decision:**

No complaints had been recorded since the last inspection. Feedback from service users and their representatives confirmed that they were confident that any issues would be dealt with satisfactorily should they arise. A complaints policy was in place which contained all required timescales for dealing with complaints.

**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 20 – Quality Assurance**

The service is run in the best interests of its service users.

20.2

**Our Decision:**

Compliant

**Reasons for our decision:**

An annual visit to all service users was undertaken by the care co-ordinator. Contact with the service users was also undertaken after six weeks from the service commencing, to ensure satisfaction with the service. Checks on timesheets were done on a weekly basis by the co-ordinator.

Management had carried out an audit on service user files which was seen on inspection. This had highlighted areas for improvement confirmed on this inspection.

**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.**

1. Regulation 10  
All occurrences relating to service users had not been appropriately notified to the Registration and Inspection Team.

**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 Team.**

**Inspector:** Sharon Kaighin**Date:** 21 October 2021

## Provider's Response

**From:** Crossroads Care at Home/ASK Domiciliary Care Service

I / we have read the inspection report for the inspection carried out on 27 September 2021 at the establishment known as Crossroads Care at Home/ASK Domiciliary Care Service, 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**  
**Date**

**Signed**  
**Registered Manager**  
**Date**

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