

## Crossroads Care and Support Support Service

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Newton Stewart  
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Telephone: 01988 402 003

**Type of inspection:**  
Unannounced

**Completed on:**  
9 July 2025

**Service provided by:**  
Crossroads (Newton Stewart &  
Machars) Care Attendant Scheme

**Service provider number:**  
SP2004006432

**Service no:**  
CS2004073845

## About the service

Crossroads Care and Support is registered to provide a support service to people in their own homes. The service can be provided to adults (under or over 65) and children of all ages with disabilities, living in the Newton Stewart and Machars area of Dumfries and Galloway.

The provider is Crossroads (Newton Stewart & Machars) Care Attendant Scheme.

The registered manager works from the main office base in Wigtown, and is responsible for coordinating the overall running of the service. Hours of support ranged from 15 minutes to 12 hours per day.

At the time of this inspection, there were 56 people being supported within their own homes.

## About the inspection

This was an unannounced inspection which took place on 7 and 9 July 2025 between 10:15 and 17:15 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spent time with/spoke to 13 people who are supported by the provider and spoke to eight relatives.
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Spoke with 20 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.
- Received feedback from three external professionals.

## Key messages

- People were respected and treated by a kind and compassionate team.
- People received good quality care by staff they knew well which provided continuity of care.
- Staff were well supported which improved the care experience for people.
- The provider should improve their service improvement plan to ensure it is specific, measurable, achievable, realistic and time-bound (SMART).
- The provider should improve their quality assurance processes to reflect regular auditing.
- The provider should improve personal plans to ensure these are organised, up-to-date and contain relevant information.
- One previous area of improvement has not been met and will be extended.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

|  |               |
|--|---------------|
| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership?                | 4 - Good      |
| How good is our staff team?                | 5 - Very Good |
| How well is our care and support planned?  | 4 - Good      |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

There were a number of major strengths to support positive outcomes for people, with very few areas for improvement, therefore we evaluated this key question as very good.

We observed people being treated with respect by a compassionate and caring staff team. Staff had meaningful interactions with people, and we saw very good communication, which had a positive impact on their relationships. Feedback was positive about the quality of care and support people received. People told us "having support gives her independence" and "I couldn't do without them. Relatives told us "very good care, very good everything" and "staff are part of the family". We could see a shared sense of humour, and warm and kind interactions between people supported and staff. This meant people felt safe and comfortable as they had developed trusting and positive relationships with their staff team.

People using the service were supported to stay connected with those important to them, and to keep in touch with the local community. This included having access to open days, fundraising events, support to local day centres and additional respite for families. Staff took a reablement approach, which meant people were encouraged to remain as independent as possible. They were involved in making decisions about their day-to-day support and steps taken to increase independence. This promoted physical health and mental stimulation in addition to supporting carers. Support was person-centred, and staff worked alongside people to explore their preferences.

People's health benefited from the care and support provided. Staff recognised changing health needs and understood their role in supporting people to access appropriate services. This included having good links with social work teams, GP's and referrals to other services. There was effective communication within the team and where staff were concerned with risk taking behaviours, they were confident raising protection concerns with the right people. This reduced the risk of harm and assured us people were kept safe.

For those who required it there was a medication recording system (MARS) showing when it was given and who administered it. It would be good to see some further information on medication assessments within people's personal plans. (see "How well is our care and support planned"). We discussed this with managers, and they have taken this on board to include it when updating people's personal plans.

## How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

A service development plan was in place with actions and timescales, however, this was not a live document. We discussed with the manager how this could be developed, including further self-evaluation. Recording specific timescales and actions would help to show progression towards each outcome. The service should use information gathered through audits to drive improvements and evidence progress, through the service improvement plan (see area for improvement 1).

There were quality assurance procedures in place to assist the manager with monitoring the quality and standard of the service provided. This included oversight of training, supervision, and staff registration. Spot checks were being completed as a form of audit, for example, medication, personal plans, communication logs.

However, there were inconsistencies as to how often these took place. Actions identified were not always recorded and confirmed whether these had been followed up. We discussed with the manager to review their policies and documentation to improve auditing within the service. Having formal audits in place will help shape and contribute toward continuous improvement within the service (see area for improvement 2).

There was some evidence to show self-evaluation had been considered to improve the service. People, relatives and staff were sent newsletters and encouraged to participate in surveys to gather feedback. These were sent out once a year. We made suggestions to management to improve opportunities for people to offer feedback and suggestions. This will ensure that people's views and opinions are sought and valued.

The service had a complaints policy and procedure in place. No formal complaints had been raised, but there were processes in place to prevent issues from escalating. For example, there were records when people had raised an issue, and what actions had been taken to resolve this. The service had also received compliments from relatives regarding support provided to their loved ones. The service should continue encouraging positive stories to share learning and promote good practice.

Accidents and Incidents were not always being reported to the Care Inspectorate including protection concerns. However, these were being recorded and responded to within the service. We discussed different ways to ensure information was recorded and passed on to appropriate professionals. This will ensure effective oversight of people's health needs being met and keeps people safe (see area for improvement 3).

## Areas for improvement

1. The provider should ensure actions are identified within the service improvement plan, which should be specific, measurable, achievable, realistic and time-bound (SMART). These should be shared with people to provide reassurance and commitment to positive outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. The provider should implement effective management oversight and quality assurance systems, to ensure that care and support are safe, consistent, and aligned with best practice. This will improve outcomes for people and reduce risks.

This should include but is not limited to:

- a) Ensuring that audit findings are recorded, analysed, and used to identify risks and drive measurable improvements.
- b) Putting in place clear systems for monitoring staff competency, including formal observations.

This is to ensure care and support are consistent with the Health and Social Care Standards (HSCS), which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) "I use a service and organisation that are well led and managed" (HSCS 4.23).

3. The manager should ensure improvement in the oversight, recording and reporting of information. Relevant notifications should be submitted to the Care Inspectorate in line with legislation and notification guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I use a service which is well led and managed' (HSCS.4.23).

## How good is our staff team?

## 5 - Very Good

There were a number of major strengths to support positive outcomes for people, with very few areas for improvement, therefore we evaluated this key question as very good.

The service provided a range of support which varied from 15 minutes to 12 hours per day. There was an on-call service which operated outside working hours should there be an emergency. Staff had flexible contract which supported person-centred care. Where a person showed preference to support at different times, this was respected and listened to. This ensured people's support was maximised and tailored to suit their needs.

We observed staff to be kind and caring and offered choice to people on their visits. Staff were knowledgeable and enjoyed working part of small teams dedicated to each area. This ensured consistency and allowed people to develop positive relationships with their staff.

People using the service benefitted from the support of the staff team who worked well together and shared good values and goals. People could be confident they were supported by staff who had been appropriately checked and assessed. This means safe recruitment practices were followed within the service. The team had been built based on people's preferences of support. This ensured people were comfortable with their team and continued receiving positive experiences of support.

Staff had access to both online and practical training to help them improve their knowledge and skills. Staff felt that their training was useful and that they could ask for extra training if needed. The service also provided training tailored to specific health needs like dementia, stroke, diabetes, epilepsy, and menopause. This ensures a positive and person-centred approach.

Most staff completed their training, which showed high compliance. The service should ensure that all staff are fully trained before they start certain tasks, to ensure safety and quality care. We discussed the idea of having Champions, staff with extra knowledge in key areas, who could support others and keep standards high. This would help make sure everyone has the right skills and understanding to do their job well and keep people safe.

Staff received appropriate support which included regular individual supervisions throughout the year. Team meetings took place which were centred around people supported. We discussed ways to improve this depending on needs of people and the service. This included frequency and using an agenda to ensure other aspects of the service were included such as views of staff. We observed staff to be happy at work, and they told us they felt valued and supported in their role. Funding had been previously accessed to support staff wellbeing and resources were available. Gift vouchers were provided by management to thank staff for their hard work. Maintaining staff wellbeing reduces likelihood of absence and ensures people will receive the right support.

**How well is our care and support planned?****4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Personal plans were kept in people's homes and in the office. These included some good information about the person's history, likes and preferences. Consent forms, how to complain, service agreements, medical information and communication logs were also contained within plans. Participation strategies were in place to consult people during their reviews if they would like to be involved in other aspects of the service. For example, recruitment. This ensures support is person-centred as people have the opportunity to give their views on their care.

Plans were paper based, and information was available for staff to support with daily tasks. At times these were disorganised, with some information missing. Information kept in people's homes did not always reflect plans kept in the office. This could cause difficulty for new staff finding the right information about people's care needs. This means people may not have their care needs addressed appropriately (see area for improvement 1).

Communication logs were recorded to capture support provided and people's outcomes, such as their mood. One professional felt they were not informed of concerns regularly enough by staff, which would impact on the outcome of their next visit. We discussed the benefit of using templates to provide prompts for staff and better oversight for when tasks or requests need actioned. This would ensure people's needs are accurately recorded and up to date. This would ensure staff can access the right information to provide appropriate care (see area for improvement 1).

The manager had oversight of people's six-monthly reviews, to monitor their support and care. We could see that reviews were taking place, and people and relatives told us they were involved in these. There was lack of information whether people had capacity to make decisions or whether this responsibility remained with relatives. There was some information about people's future wishes, however this was inconsistent across plans sampled. The service should work alongside agencies to gather this information so that staff are clear about their role when supporting people with their decisions.

People's medications were recorded, however information within medication plans could be improved. We discussed the use of better templates for recording to support better practice for staff, and prompt to ensure better outcomes for people (see area for improvement 1).

Risk assessments were in place for people at risk of harm, such as due to falls. Some were more detailed than others and we discussed with the manager how further detail could be added. For example, a risk matrix would support identifying the level of risk and what control measures had been taken. This would provide additional details on how to keep people safe, and the actions needed to reduce risk (see area for improvement 1).

**Areas for improvement**

1. To ensure people's care and support that is right for them, personal plans should remain accurate and up to date.

This should include but is not limited to:

- a) Information being clear and organised.
- b) Risk assessments being developed to show levels of risk and how to mitigate them.
- c) Daily communication logs to be developed to capture all relevant information and include processes for when to update the manager.
- d) Medication plans in place for those who receive medication support.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support people's wellbeing and ensure they experience interventions that are safe and effective, if receiving when required medicines, medication administration records chart should include:

- The reasons for giving when required medicine;
- How much has been given including if a variable dose has been prescribed;
- The time of administration for time sensitive medicines; and
- The outcome and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

**This area for improvement was made on 19 April 2024.**

#### Action taken since then

Medication was recorded on Medication Administration Record Sheets (MARS). However, there was no additional supporting information held in people's plans. Although, staff had undertaken training and demonstrated awareness of the medications used by people in the service, this was not supported by formal documentation.

During the inspection, sampled medications were correctly labelled and corresponded with entries on the MARS sheets. However, there were inconsistencies in the use and completion of body maps, and some topical creams lacked appropriate labelling. There was insufficient evidence to demonstrate the use of medication, the intended outcomes, or whether the medication was effective. This means this area for improvement has not yet been met, and will remain in place for further development.



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

|  |               |
|--|---------------|
| How well do we support people's wellbeing?                                 | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support     | 5 - Very Good |
| How good is our leadership?  | 4 - Good      |
| 2.2 Quality assurance and improvement is led well                          | 4 - Good      |
| How good is our staff team?  | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together           | 5 - Very Good |
| How well is our care and support planned?                                  | 4 - Good      |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good      |

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