

## Crossroads Care Orkney Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 November 2025

**Service provided by:**  
Crossroads Orkney

**Service provider number:**  
SP2004005928

**Service no:**  
CS2004060561

## About the service

Crossroads Care Orkney is registered to provide a care at home service. The service is provided throughout Orkney and is coordinated from its office base in Kirkwall.

The service provides a flexible service, operating during the day, evenings and weekends, to allow unpaid carers to have respite from their caring role. In some instances the service also provides support for people who live alone and are affected by age or disability.

The service is managed by a board of Trustees.

## About the inspection

This was an unannounced inspection which took place between 10 and 13 November 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this 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:

- spoke with four people using the service and six of their family representatives, and reviewed surveys submitted by 41 supported people or their relatives;
- spoke with 13 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

People receiving support, and their carers, received a responsive, reliable service.  
People benefitted from flexible support that resulted in positive outcomes.  
Staff were kind, caring and highly motivated to provide a good service.  
Staff were carefully matched with supported people.  
The service was well managed.  
Incremental progress was being made towards addressing outstanding areas of improvement.

## 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 staff team?	4 - 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

We found major strengths that had a significant, positive impact on people's experiences and outcomes. We evaluated this key question as very good.

The service was highly valued by those using it, and there was an altogether high level of satisfaction evident in all the feedback we obtained about this service. This included positive comments about the quality of care and support people received.

People told us they had formed friendly, trusting relationships with support staff, who they said were kind, compassionate and reliable. Relatives praised the Crossroads team, and how they enabled them to benefit from having a break from their caring role.

Comments included :

"My relative enjoys the company and it takes the pressure of myself".

"Crossroads carers have always provided a high standard of care to my relative and we are very grateful for it".

"Staff have been really nice, we have never been turned down for a request we have put in. Crossroads are a brilliant service for users and carers. A lifeline for us".

Staff were considered flexible in carrying out tasks that supported people's wellbeing, or supported carers in their role.

People were supported to be active and remain as independent as possible, whilst also ensuring risks were reduced and their needs were met. The very good continuity of support from an experienced staff team meant that staff were able to recognise any concerning changes in health and wellbeing. We were confident staff escalated concerns timeously so these could be shared with the right people and help keep people safe and well. Where medication was administered we observed that the necessary administration records were effectively used to guide staff carrying out this task.

Management and senior staff sought to understand people's needs and circumstances, as well as their preferences and interests. They used their knowledge to plan service delivery, and to match people with the most appropriate staff. This person centred approach was seen as key to enabling people to get the most out of their support.

## How good is our staff team?

4 - Good

We have evaluated this key question as good. An evaluation of good means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Feedback reflected effective communication and people confirmed that they were kept well-informed and consulted about changes in their service. Where staffing changes were necessary, this was communicated

in advance. Staff described good information sharing, thus ensuring that they were well informed about people's needs, and support requirements.

Comments about staffing included:

"Although there has been a change in senior staff, there has been continuity of service and the staff team are observed to interact well, be respectful of each other (as well as service users) and have empathy and understanding - this can only come from these being shown by the leadership".

"The staff are very good at Crossroads and the lass that supports my relative is very good and they have a very good relationship, and she knows him inside and out".

The Crossroads Orkney team benefits from good staff retention, and from the wealth of relevant experience contributed by individual staff. There was an apparent supportive and compassionate ethos in the service delivery, evidenced by the staff and management team. Decisions about accepting new clients, were made taking cognisance of the person's needs, and service capacity.

Safer recruitment guidance had been followed, and staff were registered with the relevant professional bodies. We observed that there was a process of regular checks being carried out with SSSC (Scottish Social Services Council). However, we highlighted the necessity of extending these checks to include all professional bodies staff had registered with.

Staff told us that they felt supported in their role. They were able to access managerial advice and guidance at all times when they were working, including, where necessary, out of office hours. New staff had opportunities to complete shadow shifts in advance of providing direct support. This helped promote continuity of care.

Staff shared they found that core training, for example, medication, moving and handling and first aid equipped them with the necessary skills and knowledge to provide care and support. All staff were now expected to complete, and periodically refresh, a suite of mandatory online training courses. However, progress in completing these had to date been limited. We highlighted the importance of implementing regular audits of online staff training, and developing actions plan to support staff complete these, and enhance their learning .

(See previous area for improvement 1).

We had made an area for improvement at the last inspection about staff supervision, including the opportunity to support staff to identify their learning and developmental needs. This was because staff were not all having regular supervision as set out in local policy and guided by best practice. While we observed incremental progress as a result of the arrangements and monitoring systems now implemented, this continued to be an area for improvement. Completing this work, together with implementing practice observations and regular staff meetings will strengthen the service approach to staff development and support.

(See previous area for improvement 3).

There has been an acknowledged issue identified by the service in, at times, having the necessary staff resources available, to consistently provide replacement cover. Commonly these might happen when regular staff are on leave. Including this within service improvement and development plans, and adopting a more strategic approach, could be beneficial in enabling them to reduce the incidence of cancelled support visits, while avoiding unintended consequences.

## 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 people and clearly outweighed areas for improvement.

It was evident that people were fully involved in decisions about their support, and that their views were central to care planning. There was an apparent flexible and person centred approach to support planning, and a responsive approach to changing needs.

Feedback included :

"During first meetings with clients and Crossroads worker, client was listened too, their views very much taken into account. Meeting dealt with in a very gentle manner, respectful of the fact the step to accepting support is a huge and often difficult time in a client/families life".

Support plans were overall satisfactory, and generally offered an appropriate level of detail, and were proportionate to the service being provided. Risk assessments were in place, and were being updated as changes occurred. There was a good level of person-centred information contained within care plans about each person's wishes and preferences. This helped make sure the support provided was in keeping with the person's wishes. The service were incrementally updating and transferring their care plans onto a new template, to better capture the necessary details, and support service delivery.

There has been an increased focus on reviews, as attending to these timeously has been an ongoing challenge. However, while this remains an ongoing piece of work, there had been apparent improvement, including in the use of a tracker to update and monitor progress. Where reviews had been recently completed, these were seen to be well documented, person centred, and supporting people's involvement. More regular use of audits, and action plans would further strengthen practice, and enable robust monitoring of practice .

(See previous area of improvement 1).

## 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

So that people can have confidence in the organisation providing their care and support, the provider should ensure that the quality assurance process is kept up to date, with clear action plans identified.

This should include, but is not limited to:

- (a) Implementing regular audits with action plans on findings to support improvements.
- (b) Outcomes of audits and action plans should be included in a service improvement plan.

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

**This area for improvement was made on 11 October 2023.**

#### Action taken since then

This area of improvement has not been met.

The provider has not yet demonstrated regular evidence of up to date quality assurance processes. This included use of audits and action plans. Positively the service have begun to apply self evaluation, but this currently remains in early stages, with work outstanding. We signposted the service to Care Inspectorate online resources so as to inform their practice in this area.

### Previous area for improvement 2

The provider should ensure that any incidents, accidents, and causes for concern are notified to the Care Inspectorate as per our notification guidelines: 'Records that all registered services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate 2020).

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

**This area for improvement was made on 11 October 2023.**

#### Action taken since then

This area of improvement has been met.

The provider has clearly evidenced an open and transparent approach in making notifications to Care Inspectorate, about relevant adverse events, as is set out in the relevant guidance.

### Previous area for improvement 3

To ensure people are confident that staff are competent and skilled to undertake their designated roles, the provider should ensure:

- (a) Staff supervision must be offered to all workers, in accordance with the providers policy.
- (b) Supervision should include a focus on reflective practice and support staff to identify their learning and development needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14).

**This area for improvement was made on 11 October 2023.**

#### Action taken since then

This area of improvement has not been met.

While work remains ongoing to deliver up to date supervision opportunities with staff, and use a tracker to record progress and monitor compliance in this area, this has yet to be fully embedded into practice.

## 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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