

Crossroads Caring for Carers Annandale & Eskdale Support Service

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Type of inspection:
Unannounced

Completed on:
8 October 2025

Service provided by:
Crossroads (Annandale & Eskdale)
Care Attendant Scheme

Service provider number:
SP2004006491

Service no:
CS2004073898

About the service

Crossroads (Annandale & Eskdale) Care Attendant Scheme is registered to provide a care at home service to people in their own home. The service can be provided to adults (under or over 65) and children of all ages with disabilities. During the inspection, the provider submitted a variation application to the Care Inspectorate to remove part of its current registration to provide support to children. The provider is Crossroads (Annandale & Eskdale) Care Attendant Scheme.

The registered manager and deputy manager are based in the office and co-ordinate the service for people living throughout the Annandale and Eskdale areas of Dumfries Galloway. The service office base is in Annan.

Hours of support varied from one hour to six hours per day, once or twice per week. The range of services includes: companionship, social support, domestic tasks and respite care for carers. At the time of the inspection, support was being provided to 73 adults.

About the inspection

This was an unannounced inspection which took place on 6 and 8 October 2025 between 09:00 and 16:45 hours. Feedback was provided on 9 September 2025. The inspection was carried out by one inspector and an inspection volunteer from the Care Inspectorate. During the inspection we visited people in Eastriggs, Annan and Gretna. To prepare for the inspection, we reviewed information about this service.

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:

- Visited six people in their homes of which had four relatives present
- Spoke to twenty two relatives
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Spoke with eight staff and management
- Received feedback from the Inspection Volunteer who spoke with ten people using the service
- Spoke with one professional
- Observed practice and daily life; and
- Reviewed documents.

Our inspection volunteers are members of the public who have relevant lived experience of care either themselves or as a family carer. They speak to and spend time with people and families during inspections to ensure their views and experiences are reflected accurately in the inspection.

Key messages

- The service was valued by people supported and family members.
- The staff team were compassionate, kind and caring.
- Quality assurance systems should be improved.
- Training needs should be reviewed to reflect people's needs.
- Personal plans should be person-centred and risk assessments updated.
- Two areas of the improvement were made at the last inspection which we have repeated.
- We have made two new areas for improvement and one requirement.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences and we found the standard of supporting people's wellbeing to be good.

The service aimed to support both individuals and their carers by relieving stress on families and providing appropriate care for elderly or disabled people living alone. This included respite care delivered either at home or within the community. People shared examples such as socialising, meal preparation and companionship.

People supported were provided with a folder of information to be held within their home. The folder included a service agreement, support schedule and a personal plan as well as risk assessment and additional information. These defined the service that was to be provided and guided staff practice.

We observed meaningful interactions and staff to be compassionate, kind and caring. Feedback was positive about the quality of care and support people received. Service user quotes included support "gives them confidence" and staff "helps with anything he needs". Feedback from carers included "staff have been amazing" and having support in place gives them "peace of mind".

Staff were responsible for providing support to a small number of people. We could see people and their carers had developed trusting relationships with staff, and were told how reliable support was. This offered people a consistency with having the same staff members. Carers expressed great appreciation of the care, with all saying they were treated with dignity and respect. This means compassionate and reliable support provided had fostered trust and confidence. This contributes positively to the wellbeing of those receiving care and offering valuable reassurance to carers.

People using the service were supported to access the community and encouraged to maintain their independence. The service supports some individuals with meal preparation and promotes healthier choices, particularly for those with diabetes. Others were supported to access community groups and activities of interest. This helped promote independence, build confidence, and improve overall wellbeing through meaningful activities and healthier lifestyle choices.

Staff were knowledgeable of people's health and care needs and support to be provided. While staff did not typically make referrals, they worked closely with social work and other services to monitor health needs and respond in emergencies. One professional provided positive feedback about the service, noting strong communication and a willingness to accommodate changes where possible. This reflects a reliable, responsive service that builds trust and ensures care aligns with individuals' and professionals' needs and expectations.

At present, staff were not routinely required to administer medication as part of their support. However, staff received training, guidance and medication systems were in place, to support people safely to take their medication as and when this was required.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, there were some strengths but these just outweighed weaknesses. The strengths had a positive impact, but key areas of performance needed to improve in relation to quality assurance and improvement being well led.

The service recently underwent a change in leadership because the previous registered manager left their role. While some quality assurance systems had not progressed since the previous inspection, the new registered manager had started implementing these to monitor service delivery. This showed early signs of improvement, with leadership beginning to re-establish oversight and drive quality assurance. However, it was too early to determine whether these changes had resulted in improved outcomes for people using the service.

Accidents, incidents and protection concerns had been raised to appropriate agencies, however, these were not being reported to the Care Inspectorate. The service was not following notification guidance that is required of registered care services 'Adult care services: Guidance on records you must keep and notifications you must make' (Care Inspectorate, 2025). This showed the need for stronger reporting systems to uphold regulatory standards and service accountability (see requirement 1).

Organisational feedback was gathered every six months from people using the service and their relatives through surveys, with responses compiled into an overview. This was consistently positive, with the only suggestion being adjustments to visit times. Newsletters were recently introduced to encourage further engagement from families.

While staff surveys had not yet been implemented, there were plans in place to introduce these. However, staff views were collected through supervision and team discussions. Incorporating all feedback into the service improvement plan will support ongoing development and ensure changes are meaningful. This will promote continuous improvement and person-centred care.

A clear procedure was available to people and relatives for formal, informal, and anonymous complaints. People and their families were aware how to raise a complaint if needed. Continued promotion of this process is essential to ensure people know how to raise concerns and feel confident doing so.

The registered manager had oversight of training, supervision, and SSSC registration, which was monitored monthly. Supervision took place every three months as standard but starts monthly for new staff during their first three months. This is also available for any staff requiring additional support. This flexible and responsive approach helps ensure staff are supported appropriately in their roles.

The management team were proactive to feedback and commenced addressing areas identified at the time of the inspection. We shared guidance with the registered manager including 'Quality Improvement Plan 2025/26' (Care Inspectorate, 2025) and 'Self-evaluation for Improvement - Your Guide' (Care Inspectorate, 2023), to support improvement planning and alignment with national priorities. With a strengthened management team, the provider should have the ability to address the outstanding area for improvement. We discussed delegating tasks and sharing responsibilities which would support the services' capacity to improve.

Requirements

1. By 1 February 2026, the provider must improve their internal recording, reporting and escalation of incidents.

This includes ensuring that the Care Inspectorate are notified of all significant events as per Care Inspectorate Guidance, Adult care services: Guidance on records you must keep and notifications you must make, March 2025.

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulations 21(2)(a-d) of The Regulations of Care (Requirements as to Care Services)(Scotland) Regulations 2002 (SSI 2002/114).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I use a service which is well led and managed' (HSCS.4.23).

How good is our staff team?

4 - Good

There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences and we found the standard of supporting people's wellbeing to be good.

Based on weekly support hours for each person, there was sufficient staffing arrangements to meet the needs of people. Recruitment had taken place to expand the staff team, which will enable support hours to be increased for some people and allow those awaiting support to begin receiving a service. Contingency plans were in place to provide cover during staff leave, which meant there were no missed visits and people continued to have their outcomes met.

People could be confident that staff supporting them had been appropriately checked and assessed, reflecting safe and robust recruitment practices. Staff had received training in line with role and the needs of supported people. The service also provided training tailored to specific health needs such as dementia and diabetes, which helped staff deliver more personalised care.

However, some staff had not completed food handling training. While this training was not mandatory, we discussed with the manager the potential impact of staff absence or sickness on food safety. The manager agreed to take action to address this. This reflects a proactive approach to staff development and safe care delivery, but also highlights the need for improvement in contingency planning, to ensure consistent standards in food safety (see area for improvement 1).

Regular supervision and monthly team meetings supported a positive culture where staff felt valued, listened to, and were able to raise concerns. Team meetings promoted shared learning, discussion of training needs, and strengthened team cohesion and flexibility. Staff consistently reported feeling supported by their manager, with good communication and an open-door policy that encouraged openness and trust.

Staff demonstrated a consistently kind and caring approach, fostering trust and positive relationships with the people they support. They showed flexibility with working patterns, adapting to personal circumstances while maintaining consistency for people using the service. We observed staff to be patient, supportive, and showed genuine rapport. Feedback from families highlighted the value of a small, consistent team. This reflects a culture of compassion and continuity that enhances the overall quality of care.

Areas for improvement

1. To ensure safe and consistent care and support, the provider should review staff training needs across the service, with particular focus on food handling training to ensure staff are equipped to maintain safe and hygienic practices.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: '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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, there were some strengths but these just outweighed weaknesses. The strengths had a positive impact, but key areas of performance needed to improve in relation to quality assurance and improvement being well led.

Personal plans were accessible to people, carers, and staff, with copies kept both in people's homes and in the office. These were used to guide staff in delivering person-centred care. Pre-assessments were completed following social work referrals. While future care planning was not completed in depth due to the nature of the service, relevant information was recorded where applicable.

As part of planning, people had signed service agreements and consent forms, indicating clear communication and agreement on the support provided. Daily records were completed consistently, offering a reliable overview of wellbeing and support. "This Is Me" profiles included relevant health conditions and personal needs. Some personal plans included aspirations and preferences, showing efforts to tailored care.

However, several personal plans lacked a personal narrative or history, which is essential for understanding a person. Outcomes were often generic and lacked personal relevance. Likes and dislikes were not consistently linked to daily support. Legal documents were noted but copies had not been saved in people's files, which could limit effective decision-making. This meant that while some plans supported person-centred care, inconsistencies in detail and documentation limited their effectiveness to fully meet people's needs (see area for improvement 1).

Risk assessments varied in quality. These had been reviewed and there was some good information. However, most sampled were incomplete or outdated. Regular reviews and updates are needed to ensure risks are clearly identified to keep people safe from harm.

Completion of six-monthly reviews had been a key focus. These provided opportunities for people and carers to share their views, supported by participation strategies. Relatives and carers reported being involved in reviews, though some were unsure whether these were formal or informal updates. Communication was consistent, but the purpose and structure of reviews could be clearer to ensure meaningful involvement and shared decision-making.

Areas for improvement

1. The provider should ensure that personal plans are developed and maintained to reflect each individual's health, welfare, and safety needs, and supports person-centred care. This includes gathering and incorporating life history information to support personalised approaches and clearly identifying personal outcomes along with how these will be achieved.

This is to ensure that 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) and 'My care and support meets my needs and is right for me (HSCS 1.19).

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

The provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

This should include but is not limited to:

- (a) Assessment of the service's performance through effective audit
- (b) Develop action plans / service development plan which include specific and measurable actions designed to lead to continuous improvements
- (c) Detailed timescales for completion/review
- (d) Alignment systems to good-practice guidance.

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).

This area for improvement was made on 15 July 2024.

Action taken since then

A service improvement plan had not been put in place which was raised at the last inspection, and self-evaluation had not been carried out. We discussed having a live service improvement plan in place, with actions being specific and measurable. This would be developed, supported by regular audits, staff and service user feedback, and clear responsibilities outlined in policy. This should be a focus for improvement to ensure accountability, continuous learning, and better outcomes for people using the service.

Some audits had only recently started, however, these were not consistent and did not have clear follow up actions. These were mainly on personal plans and staff observations. While the service had a good audit template place, outcomes were not yet being used to inform supervision or improve practice.

The manager felt that more time was needed to meet this area for improvement.

This area of improvement has not been met and will be extended.

Previous area for improvement 2

The manager should ensure that risk assessments are routinely reviewed and updated to include relevant information regarding risks identified and how these will be safely addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how Inspection report Inspection report for Crossroads Caring for Carers Annandale & Eskdale needs will be met, as well as my wishes and choices" (HSCS 1.15) and "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 26 April 2017.

Action taken since then

Risk assessments varied in quality. These had been reviewed and there was some good information. However, most sampled were incomplete or outdated. Regular reviews and updates are needed to ensure risks are clearly identified and safely addressed.

This area of improvement has not been met and will be extended.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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