Crossroads (Newton Stewart & Machars) Care Attendant Scheme
Support Service Care at Home

26 South Main Street
Wigtown
Newton Stewart
DG8 9EH
Telephone: 01988 402003

Inspected by: Clive Pegram
Type of inspection: Unannounced
Inspection completed on: 22 October 2012
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Service provided by:
Crossroads (Newton Stewart & Machars) Care Attendant Scheme

Service provider number:
SP2004006432

Care service number:
CS2004073845

Contact details for the inspector who inspected this service:
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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

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What the service does well

We found that the service had continued to provide a good service to people living in the Newton Stewart & Machars area. All service users spoken to praised the staff highly. All service users have personal plan information and 6 monthly reviews.

What the service could do better

We identified that the service could introduce person centred planning recording in their personal plans. Develop the existing informal staff supervision system and some areas of training were important. The service should further develop service user / carer involvement with how the service is run.

What the service has done since the last inspection

The service has continued to provide a good service. The service has introduced 6 monthly reviews since the last inspection. Service users commented positively on how the staff are meeting their care and support needs. The service continues to quality assure the service they are providing to service users and carers.

Conclusion

Overall we were happy with how the service has continued to maintain its progress from the last inspection. We would wish the service to continue to do this over the following 12 months.
Who did this inspection
Clive Pegram
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations
If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.
- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Crossroads (Newton Stewart & Machars) Care Attendant Scheme is an autonomous charity affiliated to Crossroads Caring Scotland. It provides a Care at Home service to people living in the Newton Stewart and Machars area of Dumfries & Galloway and covers service users’ homes in both rural villages and town locations.

The service’s Aims and Objectives are to support the person or families caring for the elderly or people with physical, mental or sensory impairment offering a flexible service responding to each person’s needs. Additional support may be offered to parents of children who have additional needs, which are not age related.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This service had a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

The report was written following an unannounced inspection which took place on Thursday 18th October 9.30 - 20.00, Friday 19th 08.00 - 10.30 & 14.00 - 14.45 and Monday 22nd 14.00 - 16.30. Shadowing/visits took place on 18th & 19th October and provided feedback on Monday 22nd October 2010 between 16.00 - 17.00.

As requested by us, the service sent us an annual return. The service also sent a self assessment form.

We issued 40 questionnaires to friends, relatives and carers of people who use the service. 32 were returned making a return of 80%. We visited 4 service users/relatives in their own homes and undertook 3 shadowed visits to service users and spoke to relatives. We also telephoned 1 relative.

In this inspection we gathered information from various sources including the relevant sections of policies, procedures, records and other documentation including:
* evidence from the service’s most recent self assessment
* information from the participation strategy
* service user information booklet
* minutes of staff meetings
* personal plans
* service users review information
* complaint records
* training records and policy information
* Medication Records
* Risk Assessment

Discussions with various people, including
- the manager
- assistant manager
- service users
- relatives and carers
- staff

20 staff questionnaires were sent out and we received a good return of 15 making this 75% returned.

Grading the service against quality themes and statements
We inspect and grade elements of care that we call ‘quality themes’. For example, one of the quality themes we might look at is ‘Quality of care and support’. Under each quality theme are ‘quality statements’ which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)
In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues
We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any recommendations we made at our last inspection

The service manager should further develop the current Risk Assessment process to include service users specific areas relating to the care provided.
This has been completed.

Where staff are involved with helping service users with oxygen then these staff should be trained by a competent person in the safe use of oxygen.
This has been completed. At the time of this inspection there were no service users needing oxygen treatment.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate. We received a good self assessment document completed by the manager. We were satisfied with the way the manager had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The manager identified what they thought they did well, some areas for development and any changes they planned. We further discussed with the manager to use the i. icon in the form which will provide further prompts for the different sections of the self assessment.

Taking the views of people using the care service into account

The service completes its own surveys and from checking through these we found that users/relatives were happy with the service provided.

The Care Inspectorate sent out 40 service user & carers questionnaires and 32 were return, this was a very good rate of 80%. This was also broken down to service users returning their questionnaires which were 55% and carers 45%.

Overall, I am happy with the quality of care and support this service gives me’ 18
service users strongly agreed with this and 3 agreed with this statement.
‘Staff treat me with respect’ 15 service users strongly agreed with this and 7 agreed
with this statement.
‘I have a personal plan or support plan which contains information about my support
needs’ 22 service users agreed. However we also visited 7 different service users
during the inspection and were able to see 6 personal plans at each visit.

Service users spoken to during visits were pleased or very pleased with the service
provided and the staff who always treated them with respect.

Some comments made :-
“I am very happy with the service, it is an excellent service, I can’t praise them highly
enough”
‘Overall I am happy with the service provided’
‘In my opinion Crossroads have a very loyal staff’
‘I am very satisfied; I only need to ask if I’m worried about anything’
‘I’m happy with care and support and lucky to be in my own home’
‘I am cared for really well and staff are friendly and trained.’
‘I have excellent carers..’
‘My carers are punctual & look after me very well always smiling & they do a good job
looking after me’
‘All carers very good to me can’t do enough’
‘Overall happy with care and support and local staff’

**Taking carers’ views into account**

Relative/carers had completed the questionnaires on behalf of the service user.

As above they were either very happy or happy with the service provided by
Crossroads. The majority were aware of the complaints system operated by
Crossroads.

Some comments made :-
‘Staff provide a high quality of service and are always cheerful and efficient’
‘No complaints very happy with everything’
‘I have regular contact with the service manager who do their utmost to meet any
extra needs that may arise outwith my care plan’.
‘Quite happy with service provided’
‘I think my mother gets very good care’....
‘I could not ask for better care & support from the management and their two
excellent carers who look after my mother in her own home’
“I get an excellent service from Crossroads to meet my daughters needs"
“It is very good and helpful”
“I am impressed with what they do”
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found the performance of this service was very good (5) in the areas covered by this statement. At the last inspection the statement was awarded a grade of very good (5). We decided this after we talked to service users and their relatives. We spoke to the service & assistant managers and service users and relatives. We reviewed questionnaires, personal plans, reviews, minutes of meetings.

We checked the information 'Service User Information Pack' in the office that service users are provided with at the start of using Crossroads. When we did home visits we found this information was in service users files. See area of improvement. There was also information about the participation strategy. When we spoke to service users they confirmed that the information was in the folder, but they did not usually read it.

The service has continued over the past 2 years to implement the participation strategy within the service. The service last carried out the 'Quality of Service Survey in 2011. We saw the results of the survey that were discussed at the Board Meeting and action required from the findings of the survey. The manager confirmed with us that a new survey would be undertaken in November 2012.

We checked the complaints information and found that no complaints had been made to the service and that the Chair of the Board had signed the complaints log each month to identify that it had been checked. Where comments had been made about the service these were also recorded.

The service continues to provide 6 monthly reviews for service users. We checked the system in place and found that reviews were taking place. When we spoke to service users/relatives they also confirmed this. We also saw that at the end of a review the manager will undertake a 'review questionnaire’ to check that the service is still...
meeting the needs of the service user/relatives.

The Board are arranging an open meeting for service users/carers and local councillors. However, the Board’s has met with Scottish Enterprise with regard to advise re tendering.

**Areas for improvement**

When we checked the ‘Service User Information Pack’ we found that in some information there was reference to the Care Commission and not the Care Inspectorate. However, the manager showed us stickers that had been printed detailing that the Care Commission was now the Care Inspectorate. These will be stuck onto the folders until new revised information is put into folders.

In the self assessment the manager identified that the board will be organising an event for service users/relatives to attend to give their views on the service and how to develop it. The manager confirmed this will be brought up at the next meeting. It is proposed that this meeting for service users/cares will happen by October 2013.

We noted in service user/carers questionnaires a few identified that they did not know about the complaints procedure. When we checked personal plan information this was clearly recorded. The manager could remind service users/carers of the complaints process at the 6 monthly reviews.

**Grade awarded for this statement: 5 - Very Good**

**Number of requirements: 0**

**Number of recommendations: 0**

**Statement 3**

We ensure that service users’ health and wellbeing needs are met.

**Service strengths**

We found the performance of this service was (4) good in the areas covered by this statement. We did not inspect this statement at the last inspection. We decided this after we talked to service users and their relatives. We spent time ‘shadowing staff’ and talking to service users/relatives on home visits. We spoke to service manager & assistant service manager and some staff. We reviewed questionnaires, personal plans, medication information and other documents.

When we checked files in the office & service users’ homes we found that the social work care plans were in the files. We also found that the social work referrals were in the office files as well. These identified the service users’ needs. This information and the home visits by a manager would help prepare the personal plan for the service
When we spoke to service users/relatives they confirmed to us that home visits had taken place to discuss their care needs.

When we checked different service users’ files we found that in most files there was information clearly recorded about the care needs and tasks to be undertaken. This also included if they had any particular health care needs the staff needed to be aware of e.g. blind, CVA, mobility problems, diabetes etc. We also found that information relating to risk assessment was recorded in the personal planning information e.g. moving & handling assessments where required. We were also aware that some service users did not have specific health care needs. See area of improvement.

We also found that information relating to other health professionals input to the service users was also recorded e.g. occupational therapy reports and communication between service users’ doctors and district nurses. In one instance the staff member would take a service user to see her doctor due to the service users’ memory problem.

When we spoke to service users/relatives they confirmed to us that if they were not feeling well then the member of staff would talk to them and contact their doctor for a visit. Staff also confirmed that they would record this and let the office know as well. Service users also confirmed to us that they had a regular group of staff visiting them and they knew their care and support needs. If they were to have a new member of staff then they would shadow an experienced staff member.

When we read personal plans we found that in the main they provided information relating from the social work care plan information. We discussed with the manager how this should be further developed to have the personal plan information written in the first person. See area of improvement.

The service follows the Dumfries and Galloway Guidelines for Home Carers Assisting Older Service Users with Medication.

We also sampled medication records and found that these had been recorded correctly. However, the service had identified an issue with staff and ensuring that medication was recorded correctly. A number of staff training sessions regarding medication had been arranged with an external training agency. We sat in on the last half an hour of a 3 hour training session during the inspection. See area of improvement and in statement 3.3.

We found that where there had been accidents with service users these had been reported and identified any action taken.

Comments made by service users/relatives:–
“They are very good, we have no complaints”
"They are very helpful"
"They always come when they should be coming"
"I don’t know how I would do without them"

Areas for improvement

As identified above we discussed with the managers how the personal planning information should be further developed. This should be written from the service user’s point of view. It should give clear details of the what, where, when & why of a service users care needs at each visit. This should detail the service user’s particular choices for their care needs so that a staff member could follow their particular requirements. The manager also showed us new personal planning format that had been developed by Crossroads Caring Scotland, this had a section that clearly related to this. The manager confirmed that these plans will be used for all new service users. We would also wish that these plans are introduced for current service users. This could be done at their 6 monthly reviews over the following 12 months. See recommendation.

When we undertook home visits we became aware of service users who were living with dementia or had a memory problem. That service users with these needs were having their medication administered for them by care staff. But we could not find ‘Adults with Incapacity’ (Scotland) Act 2000, Part 5 Section 47 certificate within the service users file. This is also identified in the Dumfries and Galloway Guidelines for Home Carers Assisting Older Service Users with Medication. It is very important that where service users do not have mental capacity to take their own medication that the AWI part 5 section 47 is always requested and obtained by the service. The manager confirmed to us during the inspection that she had contacted the service users’ doctor and was awaiting direction from the doctor. See recommendation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The registered manager should introduce & develop the personal planning information being written in the first person. This will develop the personal plans into a person centred process. National Care Standard - Care at Home - Standard 3 Personal Plan.

2. The registered manager should request where required an Adults with Incapacity (Scotland) Act 2000, Part 5 Section 47 certificate where a service user does not have mental capacity to take their own medication and this is being administered by care staff to the service user. National Care Standard - Care at Home - Standard 8 - Keeping well.
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
We found the performance of this service was (4) good in the areas covered by this statement, this statement was not inspected at the last inspection.

The service involved the people who use the service and their relatives, and asked for their views in several ways. These are listed in statement 1.1.

When we spoke to service users/relatives they were very positive about the staff that supported them. They would always be informed if there was a change to someone coming to see them. If there was a new member of staff as part of their package they would be introduced to them. The new staff member would also do a shadow shift with another member of staff.

We spoke to a relative who confirmed that the service knows the needs of her daughter and they would recruit the right staff to meet her daughters’ needs. The service is also responsive to ensure she is happy with the staffing for her daughter as well.

Areas for improvement
The participation strategy has been further developed since the last inspection to include the involvement of service users and relatives within the staff recruitment and training in the service.

Unfortunately, no service users/relatives have been involved with staffing recruitment, induction and training.

The service should continue with encouraging service users/relatives to become involved with these areas of their work. The service should look at how it can identify if service users/relatives would be interested in staff interviews, induction & training. See recommendation.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 1
Recommendations

1. The registered manager and provider should develop how service users/relatives can be included and take part in the recruitment, induction and training processes of the staff within the service. National Care Standards - Support Services - Care at Home - Standard 4 - Management and Staffing.

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We found the performance of this service was (4) good in the areas covered by this statement. At the last inspection this statement was not inspected. We decided this after checking training records, induction, talking to staff & service users.

We spoke with the manager of the service who was able to show us records of all staff training that had taken place for all staff over recent years. The records show all ‘core training and additional training in relation to staff and service user needs. The core training is Moving & Handling, Food Hygiene, First Aid, Infection Control, Protection of Vulnerable Adults, Child Protection and medication. This also included refresher training that staff had undertaken. See area of improvement.

A manager was also undertaking work to identify what the different service users’ needs were to the training undertaken by care staff visiting the service user. This is a very important piece of work which will further identify the training needs of staff to service users’ needs. We will see at the next inspection how this has influenced the work practice of staff to service user’s needs via training in particular areas identified.

On the training plan this also includes additional training that staff had undertaken e.g. Dementia, continence care, palliative care, CPR, pressure area care, autism, challenging behaviour.

As identified in statement 1.3 that the manager was ensuring that all staff undertake refresher training for medication. We found in a staff meeting minute that staff were also reminded about the ‘whistleblowing policy’ in case staff witness other staff bad practice. See area of improvement.

We also noted that 18 staff out of 65 staff had achieved their Scottish Vocational Qualification at either level II or III. The manager confirmed to us that they were looking at how SVQ training will continue for all to achieve this.

We checked that new staff had undertaken the correct procedure for recruitment. We found that all staff had a new PVG check prior to working with service users. That staff were also asked about their health & wellbeing after they had been offered the
job. All staff had undertaken an induction program prior to working with service users. This followed the Crossroads Caring Scotland induction and staff handbook. This included the different policy & procedures that are required e.g. whistleblowing, confidentiality, national care standards, codes of practice etc. The organisation has also produced its own Codes of Conduct along with the Scottish Social Services Council (SSSC) Codes of Practice. These are then signed for by the individual staff as receiving them. When we spoke to service users/relatives they all confirmed that confidentiality was never an issue with staff. They never spoke about other service users in their company.

We found that the service had undertaken staff appraisals and that this would be linking into the new supervision process. See area of improvement.

The service has an Adult Support & Protection (AS&P) & Child Protection policy and procedure. We were shown the Dumfries & Galloway AS & P & Child protection procedures as well.

The manager confirmed & so did the staff that there was always a manager available for them to contact, during their working times.

The service undertakes staff meetings every 4 - 6 weeks in 2 different areas of the Machars and keeps a minute of the meeting. Staff meetings are also used as training sessions. We were told the next meeting will be catheter care/skin integrity. See area of improvement.

When we did home visits to service users/relatives they confirmed to us that they had the same group of staff attending them. That the staff all had the skills and knowledge to meet their particular care need. If there was a change in staff member or a staff member was running late then usually the office would telephone them.

We had 15 staff questionnaires returned for the inspection process. The majority of staff identified that the service had given them opportunities to access education and training. 14 staff confirmed that they had a copy of the SSSC codes of practice. All 15 staff confirmed that the service provides good support to service users. All 15 agreed that they had the skills to meet service users' needs.

Comments made by service users/relatives:-
"I find them very helpful & pleasant"
"I look forward to them coming through the door"
"They are a good team of ladies who come in"

**Areas for improvement**

Currently within the service, staff supervision is mainly informal, staff knowing they can contact the managers if they need to discuss an issue. The manager discussed with us their plans to introduce the formal supervision process. This has been
introduced by Crossroads Caring Scotland ‘Procedure for Care Attendant Supervision’ for affiliated services. As part of this process the staff have to sign the supervision agreements. The service plans to introduce this in 2013 and will complement the current appraisal system. See recommendation.

We checked the current core training for Adult Support & Protection/Child Protection and infection control. We found that in these areas the majority of staff still needed this training. We spoke to the manager who agreed with this and would be arranging training for staff over the coming 6 -12 months. We will see how this has developed at the next inspection. See recommendation.

A member of the committee also is responsible for all Child & Adult Protection issues. It would also be important for that committee member to attend the above training.

Once the manager has completed the service user/staff training needs analysis the service should look to meet these training needs. See recommendation.

We also discussed with the managers the change in the induction process and the need to change the current training matrix. This should now identify all mandatory training as identified within the induction training. The manager confirmed that she would request that this is undertaken.

As previously stated we attended for short time staff training on medication by an external training agency. All staff who attended this completed a work book during the training and were asked questions about what they had learnt from 2 case studies.

We spoke with the manager about how continuing the practice from induction with identifying NCS and their principles with the staff team. As a matter of best practice we discussed with the manager that the relevant NCS could be referenced in staff meetings, supervision and appraisal minutes. When we spoke to a manager she thought that this would emphasis to staff the NCS in their everyday work. See recommendation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The manager should introduce the ‘Procedure for Care Attendant Supervision’ which will provide staff with a formal supervision process. National Care Standards - Care at home - Standard 4: Management & Staffing.
2. The manager should ensure that all staff undertake Adult Support & Protection/Child Protection and infection control as identified in the core training for the service. When the service user/staff training needs analysis is completed then staff training should be undertaken as identified. National Care Standards - Care at home - Standard 4: Management & Staffing.

3. Where a staff meeting minute relates to a specific issue that is identified within the NCS then the specific standard should be referenced within the staff meeting minute. National Care Standards - Care at home - Standard 4: Management & Staffing.
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
We found the performance of this service was good (4) in the areas covered by this statement. The service completed a comprehensive self assessment for this quality statement which also identified areas of improvement.

The Board meets every 6 - 8 weeks and different board members have different responsibilities for work areas in the service.

The service continues to undertake an Annual Survey of Service provision provides direct feedback from service users and relatives about how the service is provided. It allows for comments to be included by the service user/relative. This information is then discussed at a board meeting to develop the Service Yearly Plan.

Information detailed in the Crossroads Information pack provides information regarding the service Aims, Purpose and Function and complaints to both Crossroads and the Care Inspectorate.

When we spoke to service users and relatives they expressed to us that they had received a service user survey to complete. They were happy with the service provided. They also confirmed that the office will contact them through the year, and make visits, when needed.

Areas for improvement
We discussed with the manager how service users/relatives could be included in completing the self assessment. The manager identified that the board will be organising an open meeting and this could be asked at the meeting. We would encourage the manager to see how service users/relatives could be involved in this important process. See recommendation.

The service should include a question in the service user/carer survey about wishing to be involved with the service development e.g open meetings, local forums, interviewing of staff, induction & training etc.
Recommendations

1. The manager should investigate and develop how service users & relatives could be involved with the completion of the self assessment for the inspection process. National Care Standards - Care at home - Standard 4: Management & Staffing.

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We found the performance of this service was very good (5) in the areas covered by this statement. The service completed a comprehensive self assessment for this quality statement.

The organisation has continued with the Crossroads Quality Assurance System (CROQAS). This quality assurance process covers 20 different areas that the service covers from:

a) Governance
b) Organisational Management and Legal Requirements
c) Participation and Advocacy
d) Comments & suggestions and complaints
e) Quality assurance
f) Service management
g) Staff training etc,etc

Where there are areas for improvement identified these are identified in Appendix 2 of the above reports. We saw the action plan that had been devised by the service and how the chair and manager were working through this.

As identified in statement 4.1 the service undertakes an Annual Survey of Service provision. This is where questionnaires are sent out to service users/relatives. The service also sends out questionnaires to stakeholders. Last year they only had 4 returned, but will be sending out again this year.

When these are returned the manager will then send the results of the surveys to all service users/relatives. The service also asks staff to complete a staff questionnaire.

The service also has developed a ‘Business Plan for 2012 - 2015’ that further identifies how the service will progress over the next 3 years. Some areas identified training, quality assurance, staffing etc. This also then links into the services ‘Strategic Plan and Yearly plan.'
Information in the Information Booklet for service users/relatives provides information on complaints and advocacy.

As identified within this report service users have been very supportive of the service provided by the Crossroads service.

The manager was aware of the requirement to notify the Care Inspectorate of notifications. We also spoke to her about the possible change in law that will require extra things which need to be notified to us.

**Areas for improvement**

We would wish the service to continue with the different quality assurance systems in place.

We would also wish that the service continues to encourage stakeholders to complete their questionnaires. Their feedback can only provide information to the service about how the Crossroads service is seen by stakeholders.

**Grade awarded for this statement:**  5 - Very Good

**Number of requirements:**  0

**Number of recommendations:**  0
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
None.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).
5 Summary of grades

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6 Inspection and grading history

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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