Crossroads Care Attendant Scheme (Shetland)

Support Service Care at Home

Market House,
14 Market Street
Lerwick
Shetland
ZE1 0JP
Telephone: 01595 743931

Inspected by: Jenny Smith
Type of inspection: Announced (Short Notice)
Inspection completed on: 7 November 2012
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Service provided by:
Crossroads Care Attendant Scheme

Service provider number:
SP2005007524

Care service number:
CS2004059644

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

- Quality of Care and Support: 6, Excellent
- Quality of Staffing: 5, Very Good
- Quality of Management and Leadership: 5, Very Good

What the service does well
The service continues to provide a very high standard of care to service users and their families in their own homes. The service users and their families think very highly of the service, which allows carers free time knowing their relatives are well cared for.

What the service could do better
The service is aware of the need to update all records to include details of the new regulatory body and share this with service users.

What the service has done since the last inspection
Since the last visit the manager has completed a managerial qualification in line with registration qualifications. The service have again shared the results of all surveys with both the staff and the service users.

Conclusion
Overall a well organised service with a committed management and staff team, which provides a valuable care service for the people in Shetland.

Who did this inspection
Jenny Smith
1 About the service we inspected

Crossroads Care Attendant Scheme (Shetland) is a Care at Home service which has been registered as a care service with the Care Commission since 26 April 2005. The service provides support and personal care to service users in their own homes throughout Shetland. Crossroads Care Attendant Scheme (Shetland) operates from Market House, Lerwick.

Included in Crossroads Care Attendant Scheme (Shetland) Aims was the statement:

• “To provide a service in the home to enable the carer to have some premium quality time to use any way they so wish”.

Social Care and Social Work Improvement Scotland (SCSWIS) - known as The Care Inspectorate - is the new regulatory body for care services in Scotland. It will award grades for services based on the findings of inspections. The history of grades that services have previously been awarded by the Care Commission will also be available on the SCSWIS website. This service was deemed registered with SCSWIS on 1 April 2011.

All references in this report will be to the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (“the Regulations) (SS1 2011/210). Providers were also reminded that they have to make use of the Care Inspectorate “Guidance on notification reporting on all registered services” and the document outlining “Records registered care services must keep” both of which can be found on the Care Inspectorate website.

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

Quality of Care and Support – Grade 6 – Excellent  
Quality of Staffing – Grade 5 – Very Good  
Quality of Management and Leadership – Grade 5 – Very 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 inspection report was written following an announced short notice inspection. It was carried out by one Inspector from the Care Inspectorate, Jenny Smith.

The inspection took place on the morning of Wednesday 7 November 2012. At the end of the inspection feedback was given to the co-ordinator and assistant co-ordinator.

Before the visit the we contacted several service users and their relatives by telephone. The results of these conversations are included within this report.

During the inspection evidence was gathered from a number of sources including:

- talking with the co-ordinator and assistant co-ordinator
- looking at a range of policies, procedures
- sample service users’ file
- health and safety records
- staff training records and files
- accident and incident recording format
- the collated results from the service’s own staff survey
- the returned survey questionnaires from this year (not collated as still being returned)
- care standards questionnaires returned by staff
- care standards questionnaires from service users and relatives

Prior to the inspection visit we issued 24 service user questionnaires and received 19 completed questionnaires. We also sent 24 staff questionnaires 15 were returned. Information from these are included in this report.
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
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.

This was completed on-line and submitted before the visit. This gave a good description of the service provided and also highlighted some areas they planned to work on.

Taking the views of people using the care service into account
Before the visit the Inspector talked with four people who used the service by telephone.

When asked they said that they were very pleased with the service provided and felt that they received a really good standard of care and support. They commented that the service was very well organised and the staff were "excellent" – going on to confirm they were treated with respect and enjoyed the staff visiting.

We also looked at the various surveys and noted many written comments, some of which were:

- "A great service that adds some change to normal routine, another face and different topics of conversation. Hope that it can continue in the same way for years to come”.
- "It provides social contact for my elderly father who is housebound and gives myself and my husband peace of mind that he is cared for”.

And finally one very positive comment:

- "Excellent service. A great boon to carers".
Taking carers' views into account

The one carer who was interviewed stated they considered the service invaluable and a great help to them as a family.
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: 6 - Excellent

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

Crossroads Care Attendant Scheme (Shetland) was performing to an excellent standard in relation to this statement.

Evidence was found after:

• talking with the co-ordinator and assistant co-ordinator
• looking at the service records and documents
• telephone interviews with some of the service users and/or their relatives before the visit
• looking at the service’s own surveys which included a section - “Your views are Important”.

As part of the inspection we considered the completed care standards questionnaires returned from staff as well as those from the service users and their carers. There was a high return of both questionnaire types. These showed us that people were very happy with the service provided.

There were many written comments, one of which was:

• “We are very pleased with the service to and support we receive from Crossroads. Our quality of life is much improved by this. We are very grateful”.

The service received referrals from the social work department and other agencies when it was thought a family would benefit from their help.
The co-ordinator said she continued to have regular six-weekly meetings with the social work service to discuss care packages and changing needs. She went on to describe how each service user was given a welcome pack when the co-ordinator or assistant co-ordinator first visited them in their home. This visit was to discuss care needs and what care and support the service could provide for them and their families. The pack held information about the service as well as copies of various documents including a participation statement and a copy of the National Care Standards. The pack also included a copy of the service’s most recent inspection report.

We talked about how the service decided what care was needed and what they could cater for. Since the last inspection visit the service had introduced a new format for care plans. This was being rolled out at each six-monthly review so in time all service users will have the new care plan in their home.

Staff said that they continued to decide the care and support with each service user and family individually. The service continued to contact the family by telephone one month after the care arrangement was started to check to see if this was meeting their needs. After that six monthly reviews were held and these were up to date with care and support altered as and when needed.

Care plans and associated documents showed that regular reviews took place (six monthly), and that service users and/or relatives took part in any decision making process. This was also confirmed by looking at the service’s own survey which asked the question:

- "Asks me if I am happy with the service or want to change anything".

The service users and carer who were interviewed by telephone confirmed that the service was meeting their needs, was flexible and that both staff and management were easily contactable and took time to listen to them.

The co-ordinator said they operated an "open door" policy and actively encouraged service users and their families to contact them at any time. This included giving out care attendant’s home numbers in case of emergency. The care attendants are also given the co-ordinator/assistant co-ordinator’s home phone numbers.

The service had appropriate complaint procedures which were displayed in the office as well as a complaints leaflet and information on Advocacy Shetland in the welcome pack.
The service give out surveys yearly and collate the results then share these with the service users and carers. This year’s surveys were currently coming in (questionnaires viewed) and so far showed us that the service was meeting the needs. There were several written comments, one of which stated:

- “Brilliant, adaptable, easy to talk to, listens”.

**Areas for improvement**

The service are currently receiving this year’s survey and plan to share the results with service users and families once they have collated these. The co-ordinator stated that if any action was needed she would look at how best to take that forward with her assistant and staff.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

**Statement 3**

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

**Service strengths**

The service was found to have an excellent performance in relation to ensuring the service users health and wellbeing needs are met.

The service received referrals from other agencies, mostly from the social work department, who had already completed a thorough and detailed assessment of health needs. The co-ordinator and staff had access to these assessments. They then completed their own care plans, which were detailed and covered all areas of the care and support needed. Each care plan was based on the initial assessment of their health and wellbeing needs and changes made as and when needed. All plans were regularly reviewed on a six-monthly basis.

The co-ordinator described how the care and support they provided was more to allow families to have free time whilst the care attendant stayed with their relative. However, she described several instances where staff had to provide other types of care and the training they had in place for staff in order for them to provide specific care e.g. training via the NHS in catheter care.
A staff training plan was in place and staff attended refresher training when necessary.

Training included:

- manual handling
- emergency first aid
- adult support and protection

The service had noted on the self-assessment document:

- "All staff are given the 'Medication Policy and Procedures' at induction as well as a copy of our 'Health and Safety Policy' which they sign and this is kept in their file".

There was a wide range of appropriate policies and procedures to ensure that service users were kept safe and any risks were identified and managed as effectively as possible. The service continued to have links with a range of professionals and had regular meetings to ensure this was maintained.

Medication details were noted within the care plans. The co-ordinator stated that no staff administered medication though would prompt service users when to take their own medication. Appropriate assessments had taken place and were detailed in individual care plans.

In addition to the health and medical needs, support was provided in other areas for example social, outings and accompanying whilst shopping. The co-ordinator said they tried to encourage service users to maintain a healthy lifestyle which included keeping up with interests, hobbies and socially.

The co-ordinator stated that staff did not prepare food, therefore, did not need to attend specific training in order to support service users diet.

**Areas for improvement**

The co-ordinator and assistant co-ordinator said that they were committed to making sure they were up to date with the health needs of all the service users and would seek additional training for staff as and when needed. We talked about the importance of keeping abreast with changes and to make sure the care and support package was altered to suit.

The Co-ordinator would like it documented that they have found it very difficult to access Dementia training.
Grade awarded for this statement: 6 - Excellent
Number of requirements: 0
Number of recommendations: 0
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 5 - Very Good

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

Service strengths
Crossroads Care Attendant Scheme (Shetland) was found to be performing to a very good standard in relation to this statement. This has been reported on within Quality Statement 1.1.

In addition evidence was found after:

- talking with the co-ordinator and assistant co-ordinator
- looking at staff records
- the collated results of the service’s staff survey
- consideration of the care standards questionnaires
- telephone interviews with several service users and carers prior to the inspection visit.

The service included staff information in their information leaflet. All staff wore an ID badge which showed they were a Crossroad’s care attendant. There was a staff training programme in place and this was assessed annually. Staff indicated on the staff questionnaires that they were very happy with the level of training given, and could ask for additional training if required. Supervision was completed, often by telephone for staff working in remote areas.

The annual survey given to service users and carers and both had a section of staffing called "How would you describe your current Care Attendant(s)".

The returned surveys had several written comments, two of which were:

- "I think the service is first class. The care attendants are the same".
- "Very happy with all care attendants".
Areas for improvement
The service continue to have difficulty recruiting staff for some of the more remote areas of Shetland. The manager stated that this was an area they continued to look at.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0

Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
Crossroads Care Attendant Scheme (Shetland) was operating to an excellent standard in relation to having a professional, trained and motivated workforce which operated to National care standards, legislation and best practice. This had been partially reported on within Statement 1:3.

New staff received an induction to the service which included receiving an 'Induction Pack' (viewed). This covered administrative issues, becoming familiar with the service policies and procedures and becoming familiar with care plan format used.

All staff members received training updated on a rolling programme, which included:

- Adult Support and Protection.
- Moving and Handling.
- First Aid.

The co-ordinator talked about training in general and how they could access this when it was available via other organisations e.g. Shetland Islands Council and NHS. She said training was discussed with each member of staff at their annual review and at the telephone supervision calls.

Supervision sessions were difficult to plan due to the nature of the service and the limited hours some attendants worked. However, we learned from the 15 staff questionnaire that staff felt well supported with their training needs and that they were up to date with their individual training.
This was confirmed by I written comments, one of which was:

- “Crossroads staff are very supportive and ensure we are enabled to do our job”.

SSSC Registration

This was discussed during the visit. The co-ordinator was the registered manager and she was registered with the Nursing Council. She had recently completed a PDA in Leadership and Management, and she was very keen to support all staff with their own registration, when required. We talked about staff gaining the necessary qualification in line with SSSC requirements and the Inspector shared dates of proposed registration deadlines for applications.

Areas for improvement

During the visit the we talked about the training regime which was replacing the former CALM training. This was a C&R (Crisis and Resolution) model known as NCI (non-violent crisis intervention). This was being rolled out in conjunction with the NHS and other care services within Shetland and the service had been aware this new training was in place.

We also talked about 'Dementia Awareness' training which the majority of the attendants had via their other work roles. This was an area they planned to look at with a view to those staff who supported people with dementia being able to attend this training.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very 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

This statement has been reported on within Statement 1:1, Statement 3:1.

In addition the staff felt that the service was very well managed and this was confirmed by a written comment in one of the staff questionnaires which stated:

- "Crossroads provide a really good service in Shetland. The management team are excellent".

We also spoke with service users and carers by telephone before the visit. When asked how they felt the service was managed people told us that they felt the management team were very easy to talk to and considered the service to be very well organised.

Crossroads Care Attendant Scheme (Shetland) was managed by a board of directors. The directors had delegated the running of the service to the senior team (the co-ordinator who was supported by the assistant co-ordinator). Both were happy in their role and committed to the service.

Crossroads Care Attendant Scheme (Shetland) had a participation strategy which described how service users could be involved in assessing and improving the quality of the management of the service.

Crossroads Care Attendant Scheme (Shetland) published annual accounts as well as an annual report. The co-ordinator stated that the annual general meeting in June 2012 had been advertised locally in the newspaper in order for anyone connected or interested in the service to attend. Staff were also formally invited by letter.

We looked at the service’s own survey which also asked about their view of how the service was managed. People were happy with this, which was confirmed by several written comments, one of which was:

- “always keen to ensure that the service is as we need it“.
Areas for improvement

The co-ordinator stated that they talked about all aspects of the service at board meetings, shared the results from the surveys with the board of directors as well as looking at budgets. They planned to continue with this regime.

It was noted some of the documents held details of the previous regulatory body the Care Commission. We talked about the need to update all records to show details of the new body - Care Inspectorate (recommendation 1).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. To update all records with details of the new regulatory body Care Inspectorate.

   National Care Standard 4: Management and staffing.

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service strengths

Overall the service was performing to a very good standard in relation to this statement.

Evidence was found after:

- talking with the co-ordinator and assistant co-ordinator
- looking at the staff care standard questionnaires
- looking at the service’s own bi-annual staff questionnaires.

Again we talked about the nature of the service and how staff might work only a few hours and have more than one job. Often staff had worked with families for a long period of time. There were issues with the wide area that staff lived and worked in, which often decided where staff would work. The co-ordinator described how they always involved staff with “matching” the care attendant to the service user.
All staff were invited to all meetings held and encouraged to have their say. They also had a staff survey every two years where their opinions, views and suggestions were collated and worked on. The co-ordinator said that staff were aware of the “open door” policy and that they could contact the co-ordinators outwith working hours as needed.

**Areas for improvement**

The management team were always looking at ways to make sure staff were involved and allowed to have their say.

**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

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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