

Crossroads Caring Scotland - NWS/ES/ Caithness Support Service

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Type of inspection: Announced (short notice)
Inspection completed on: 8 February 2017

Service provided by:
Crossroads Caring Scotland

Service provider number:
SP2007008963

Care service number:
CS2014332239

About the service

Crossroads Caring Scotland - NWS/ES/Caithness provide a support service - care at home, to the following groups of people living in their own homes and in the community: frail, elderly and people with physical/mental disability, people with mental health problems, and in addition support may be offered to children who have additional needs, which are not age related, and their parents.

The service covers a large, dispersed area and provides care and support to people in their own homes.

Their aims and objectives state that they are committed to the delivery of high quality care and support that enables people who use their service to live independently. They state that their approach is both 'person centred' and 'outcome focused', and is built on the active involvement of the service user.

The main objective of the service is to assist people to plan and reach their desired outcomes based on their preferences and choices.

The service works with individuals within their own home or/and the community. The service is committed to support individuals to develop and to provide assistance to achieve their goals. Crossroads Caring Scotland will encourage and assist individuals to be active citizens by assisting them to take part in a variety of activities from college support and employment to recreational activities.

This service registered with the Care Inspectorate on 4 March 2015.

What people told us

There were 55 people using the service at the time of the inspection. Before the inspection we received 11 completed care standard questionnaires from people using the service. We spoke with six of the people using the service during the inspection.

All those who returned questionnaires told us that overall they were happy with the quality of care that they received.

Comments included:

- "The ladies that support my husband are motivated, sensitive and have made a huge difference to his life."
- "Very kind people support me and put my needs first."
- "It suits me fine as it's my lifeline to the outside world; without the support I just would not get out due to where I live being outlying."

Self assessment

The provider submitted a self-assessment to us. The self-assessment identified some areas that the provider believed could be improved and in some cases how they planned to do this. There was some indication that the provider was involving the views of people using the service in completing areas of the self assessment.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

People using the service knew who would be supporting them and when. The length and time of planned visits was detailed in their service agreement. This was signed by the person or their relative/representative prior to the service starting.

Each person using the service had a support plan which included a basic personal profile with details about the person, what they liked and disliked and a short background about them. These had been, in the main, fully completed by the manager in support plans sampled during the inspection.

There was an individual care needs assessment and specific risk assessments completed prior to the service being started. There had been regular reviews involving the person receiving the support and/or their relative/representative. Of the support plans sampled, information had been carried forward where there had been agreed changes made. There were copies of the support plan in the person's house and there were regular recordings in those sampled describing what had been provided and when.

There was a policy and procedure for accident and incident reporting by support staff, which involved the manager reviewing reported issues and taking necessary action.

Support workers observed while visiting people were seen to engage with them in a warm, respectful and empathetic way and appeared to have good relationships with the people they supported.

There was a clear policy and procedure in place for any situation where support staff would be handling a person's medication. This was not a regular occurrence within the current service user group.

There was also a clear policy and procedure regarding people's finances and personal effects and this was discussed with staff during the induction process, at meetings and supervision/appraisal.

Some progress had been made to address previous recommendations however the service needed to continue to further develop person centred support planning and ensure that plans were clearer and more detailed in relation to how specific actions were to be carried out and what the desired outcome was. Also to ensure that support workers systematically reported progress so that necessary changes could be made and evidenced. **(See Recommendation 1)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager/provider should further develop support planning to reflect a more person centred outcomes based approach. In doing so the following should be considered:

- Support plans should contain clear direction and detail about how support is actually to be carried out, taking into account the person's preferences and likes/dislikes about how support is provided to them.
- Support staff should be provided with the opportunity to complete learning and development in relation to outcomes based support planning; in order that they are more able to take an active part in keeping them up to date and in linking daily recording to preferred individual outcomes.

National Care Standards, Care at Home: Standard 4 - Your personal plan and Standard 4 - Management and staffing.

Grade: 4 - good

Quality of staffing

Findings from the inspection

People using the service and/or their carers/representatives expressed a high level of satisfaction with the support that staff were providing.

Staff spoken with during the inspection stated that they felt supported by both the manager and co-ordinator and could always contact someone if they were unsure or wanted to discuss something.

Staff said that they had a good knowledge of the people that they were visiting and generally visited the same people on a regular basis. They confirmed that they had been given detailed information about a person's care needs before their first visit and had seen their support plan.

The service co-ordinator and manager compiled all the rotas for the service including any absence management to try to ensure the continuity of care.

There was a clear recruitment policy and procedure in line with best practice guidance and files viewed demonstrated this. There was a week's induction and workbook which new staff completed as part of their 3 month probationary period. Staff commented that induction had been helpful and appropriate.

Staff received key policies and procedures with their induction pack and received mandatory training in their first week. They were also given at least 2 days shadowing a more experienced worker before visiting their own service user caseload.

There was a training plan in place which included learning around specific conditions common to people using the service. This training was being sourced externally.

Staff spoken with at inspection felt that they could bring issues to the monthly team meetings. Copies of previous meetings were viewed and were found to have clear agendas and opportunities for open discussion. Meetings were used to discuss both practice and on-going business and training issues.

Minutes were available to staff that were unable to attend and there were opportunities for regular direct phone and email contact for workers in more outlying areas.

Minutes of staff meetings could be more detailed and an action plan template could be used to allocate responsibility and make specific timescales for actions.

Support plan training could be offered to staff so that they are better equipped to update and understand outcomes focused support plans. **(see Recommendation under quality of care and support)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Since the last inspection the manager had returned from extended leave and a new service co-ordinator was in post. The regional manager had regular contact with the service and conducted an annual service audit. From this audit an action plan was created.

Staff who were asked said that they were happy with the level of support that they received from the senior management team.

Some supervisions and appraisals had taken place since the manager returned to her post. These were used to identify training needs and individual issues relating to practice. The manager had undertaken direct observations of some staff practice since returning to her post. She used regular phone calls and emails to keep in contact with staff in more outlying areas who she saw less often.

The service demonstrated active partnership working with other agencies in combined care packages.

There was a business continuity plan in place should any situation arise which may impact on their ability to carry out visits.

There were regional operational meetings held quarterly and an annual general meeting which informed the strategic direction of the service. The development plan included the expansion of the service into Caithness in coming months. There were annual satisfaction surveys.

There were regular staff meetings and a clear recruitment policy and procedure in place.

There was a lone working policy in place and actions to support this in practice.

Internal complaints and issues raised had been dealt with appropriately by the manager.

Recruitment for new support staff was underway, however there were some challenges in maintaining staff cover at times which some staff said did put them under pressure at times to work more than their agreed hours.

There had been some slippage in timescales for appraisals and supervisions and some staff reflected that it would be useful if opportunities for 1-1 sessions happened more frequently. There were opportunities that could be utilised for reflective practice and group supervision during staff meetings. **(See Recommendation 1)**

The manager had made efforts to directly observe some staff competencies but did need to ensure that this was carried out on a more regular basis with all support staff. **(See Recommendation 1)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager/provider should ensure that staff supervision and appraisal arrangements are fully embedded within the service. In doing so the following should be taken into account:

- Opportunities for individual and group supervision should be identified and recorded to include an action plan identifying any actions to be taken, by whom and by when. This should include regular 1-1 telephone and email contact with staff in more dispersed areas where appropriate.
- The manager/provider should ensure that staff competencies are regularly tested and directly observed to both identify any necessary learning and to reinforce good practice and consistency.

National Care Standards, Care at Home: Standard 4 - management and staffing.

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider to survey the views of its various stakeholders to ascertain their views and suggestions about ways in which the quality of care and support throughout the service could be further improved. Once collated their views and suggestions should be used to devise and implement a development plan which evidences improved outcomes for service users.

National Care Standards, Housing Support Services: Standard 8 – Expressing Your Views.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

The service has created a stakeholder's survey which will be formally distributed in March 2017. The results will be collated and views and suggestions will be used to inform the service development plan. The recommendation has been met.

Recommendation 2

The provider needs to update the support planning arrangements in line with comments detailed in Quality Statement 1.5 of this report. This includes the need to:

- Move from task orientated care planning to a more person-centred outcome focus.
- To identify any unmet needs which could usefully inform the care review process and highlight the need for changes or additional supports, as and when required.
- To ensure individual agreements within the support files are more person-centred and define specific supports, times and commitments to each service user.
- To review the risk assessment format and consider whether a numerical rating format would more clearly highlight to staff the extent of any potential risk – and therefore the need to be aware of how best to manage any assessed individual risks.

- Records in support plans need to more clearly inform what progress is being made to achieve desired outcomes.

National Care Standards, Housing Support Services: Standard 4 - Housing Support Planning.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

The provider has made some progress in meeting this recommendation. There has been a short life working group established to begin in March 2017. This will review the support planning documentation used as a whole for the organisation and look at options for making it better suit an outcomes focus and highlight unmet needs. Altering the risk assessment format will also be considered in relation to adding a numerical measure to the extent of the highlighted risk.

Individual agreements within support files did now contain details of specific support being provided, times and commitment to each service user.

Some steps had been taken to create a more outcomes, person centred approach to support planning. Aspects of this recommendation have been taken forward as part of the recommendation under quality of care and support in the current report.

Recommendation 3

The provider to ensure staff supervision and appraisal arrangements are fully embedded within the management support practices of the service. Training plans should be updated. The provider should also devise and implement a range of management and leadership training opportunities and contingencies across the social care workforce (in line with comments in Quality Statement 1.5 of this report).

National Care Standards, Housing Support Services: Standard 3 - Management and Staffing Arrangements.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

Although some progress had been made by the manager since her return, there was still further action necessary in this area and the recommendation had not been fully met. This has been addressed further as part of the recommendation under quality of management and leadership in the current report.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
23 Mar 2016	Announced (short notice)	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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