Inspection report

Crossroads (Newton Stewart & Machars) Care Attendant Scheme Support Service
26 South Main Street
Wigtown DG8 9EH

Inspected by: Clive Pegram
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 9 October 2006
Service Number | Provider Number
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CS2004073845 | SP2004006432

Service name | Provider Name
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Crossroads (Newton Stewart & Machars) Care Attendant Scheme | Crossroads (Newton Stewart & Machars) Care Attendant Scheme

Service address | Local Office Address
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26 South Main Street, Wigtown, DG8 9EH | Galloway House, The Crichton, Bankend Road, Dumfries, DG1 4ZZ

Inspector By | Inspection Type
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Clive Pegram, Care Commission Officer | Announced

Inspection Completed | Period since last inspection
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9 October 2006 | 28/11/05
Introduction
Crossroads (Newton Stewart & Machars) Care Attendant Scheme will be referred to in this report as Crossroads (Newton Stewart & Machars), each Crossroads scheme is an autonomous charity and affiliated to Crossroads (Scotland). It provides a Care at Home service to people living in the Newton Stewart and the Machars area of Dumfries and Galloway and covers service users homes in both rural village and town locations. At the time of the inspection the service was providing care at home to 88 service users.

The service was registered with the Care Commission on 20 February 2005.

Crossroads (Newton Stewart & Machars) has clear Aims and Objectives which are to relieve stress on the person or families caring for the elderly or people with physical, mental or sensory impairment and to care in an appropriate way for these people. Identifying that consulting with carers and service users regarding their support needs and offering a flexible service responding to each persons needs.

That crossroads is committed to treating carers and people with care needs with respect and sensitivity, recognising the dignity and value of each person for whom the service is provided, that confidentiality will be maintained at all times.

That both carers and service users will be involved and consulted about support provided and supported in exercising self determination, making choices and maintaining independence.

Basis of Report
Before the visit:
The Care Commission Officer contacted the manager and discussed how the inspection would take place and how service users and staff could be contacted.
The care at home service sent a paper Annual Return containing information about the service.
The care at home service also sent a self-evaluation form.
The Care Commission received 10 service user questionnaires. The officer met with 4 service users and 2 relatives.
The Care Commission Office wrote to the care at home service telling them when the visit would take place.

During the visit which took place between 9th October 2006 to 11th October 2006, the Care Commission Officer spoke with:
the Manager (Co-ordinator);
2 Assistant Co-ordinators
13 staff had returned and completed staff questionnaires; the officer also attended a staff meeting in Newton Stewart;
4 Service User ;
2 relatives.

The Care Commission Officer also looked at a range of policies, procedures and records including the following:
Crossroads Policy & Procedures
Recruitment & Selection
Disciplinary
Medication
The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards for care at home service.

The inspection focussed on the National Care Standards Care at Home and also referenced any Regulations that were permanent to the standards covered.

Standard 2: The Written Agreement  
Standard 4: Management and Staffing Arrangements  
Standard 6: Eating Well  
Standard 8: Keeping Well - Medication  
Standard 10: Supporting Communication

The Care Commission Officer also took account of the Care Commission’s themes for the 2006 -2007 inspecting year: Safer Recruitment/SSSC Code of Practice for Employers.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirements etc.

This service was required to have a Medium level of support that resulted in an inspection based on the national inspection themes, the core National Care Standards for the particular service type, any other standards or regulations indicated by the RSA and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

**Action taken on requirements in last Inspection Report**

There was one requirement and five recommendations from the last inspection; these have all been completed, except one recommendation which is identified in recommendation 1 of this report.

**Comments on Self-Evaluation**

The Self -Evaluation documentation was completed in a comprehensive way by the manager detailing the strengths and any developments that had been identified. This was used during the inspection process, to identify areas of strength and development within each standard; in addition to this further areas for development were discussed during the inspection with the manager.

**View of Service Users**

All the service users' questionnaires received provided positive feedback about the service provided.

“I could not get a better service, my brother wishes he could have this service where he lives”  
“I look forward to them coming, I hope they do not go away from me”  
“The service we have had, has always been very”.
View of Carers
"We are very happy with Crossroads"
"We are able to talk to the carers, they are almost a part of the family"
"They go the extra mile for us"
"I have regular contact with the office"
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Care at Home - The Written Agreement

Strengths

Service user’s referral information is received by the service from the Care Manager (Community & Education Service - Dumfries & Galloway Council); the service will not provide care until they have written information from the care manager.

The service has a contract/written agreement that the service user/relative agrees to prior to the service commencing. The manager stated that eventually all service users should have a copy of this. Some service users were able to identify and show the officer their agreements.

Areas for Development

On looking through the agreement there were revisions to the contract/written agreement that needed to be addressed to meet standard 2. Some of these issues in recommendation 1 were identified in last year's inspection report. The information should contain:-
- the hours per week and who, how & when the service is provided,
- how long you can expect to receive the service
- Information regarding the annual/review process of their personal plans and that the service user can ask for a review and that the outcome of a review might change their contract/written agreement. See recommendation 1.

It was identified in last year's report that there was no information in the 'Information Booklet' about an Advocacy service that service users might wish to use if required. The manager and assistant manager identified to the officer that there was literature regarding Peoples Advocacy & Support Service (Pass Direct) in the office. It is important that service users are made aware of the Advocacy service; this could be completed by revision of the Information Booklet or giving new/existing service users Pass Direct information leaflets.

National Care Standard Number 4: Care at Home - Management and Staffing

Strengths

Not all the elements of this standard were inspected against during this inspection. An audit of the service provider's policies and procedures and recruitment process was carried out by
the Care Commission in accordance with its Safer Recruitment Theme.

The service was found to perform well in relation to the National Care Standards by having robust and thorough systems in place for the recruitment, selection, induction and ongoing training of staff. All staff had been subject to reference checks, including one from the most recent employer and interview person specification sheets are used for all applicants. Enhanced Disclosure Scotland checks on all staff since 2002 and the service will be rechecking all staff disclosures every three years.

The service has policies and procedures in place as identified in standard 4.1. Staff confirmed in their questionnaires that the policies and procedures were apart of their induction program had continued through their employment; there was signed information in staff files confirming that staff had been given policies and procedures during their induction period. The officer attended a staff meeting where a different policy and procedure or guidance is discussed at the meeting medication guidance and Scottish Social Service Council (SSSC) Codes of Practice were discussed.

There is regular contact with staff, staff support sessions and staff meetings by the manager. The manager confirmed that training via the Care at Home Training Consortium is undertaken by staff. There is also a list of future training arranged. Since the last inspection fourteen staff have completed an SVQ II in care and another seven staff are currently undertaking SVQ II. The manager confirmed that the service is committed to providing SVQ training for the staff team. Service users confirmed that staff had the skills and knowledge to meet their care needs.

All new employees will complete an induction programme and shadow another experienced member of staff to gain work experience or until their enhanced disclosures are completed.

Staff undertake different training and this is recorded on the computer system. Risk Assessment training for all staff has been undertaken during the last year.

Since the last inspection the service has introduced a staff support and supervision system where staff will receive face to face supervision once every quarter throughout the year. From the staff questionnaires this was also confirmed in the majority of returns.

There are clear policy and procedures in place for staff to follow when working with service users' money; when shopping money is signed for before going shopping and on return with receipts, shopping and change.

The service has a Crossroads Quality Assurance System (CROQAS) in place that checks the administrations systems they use and the office working function of the service. This was awarded to the service in September 2003. A 'Survey of Service Provision' is sent to all service users (or carers or family member if more appropriate).

Service users/relatives expressed that they were very satisfied with how the service was run and that they were informed if there was a change to their carer attending them, this would be by a telephone call from the office or the carer, in most situations they had more than one carer which ensured continuity of care if a carer was on holiday.

All staff have undertaken medication training with regard to 'Home Carers Assisting Older Service Users with Medication' and are also issued with a 'Pocket Booklet' with information/guidance re this system. The manager and two staff have recently attended
training regarding recording of medication, as stated above this issue was discussed at a staff meeting, for those staff unable to attend the staff meeting this will be discussed with them in person when they visit the office. Medication is apart of the induction training.

Service users/relatives confirmed that staff are dressed smartly and all female carers wear a Tabard and all staff carry photo identification.

**Areas for Development**

The manager confirmed in the self evaluation that the service was seeking to provide a more in-depth training programme to enhance skills already achieved from initial training programme. The manager and assistant manager are also looking to undertake the appropriate SVQ training.

An audit of the service’s safer recruitment policies and procedures has been carried out by the Care Commission resulting in recommendations and requirements highlighted below:-

The application forms identified that where an applicant had a professional qualification this was not recorded as seen in the files.

It was evident that there is not a system in place within the recruitment and selection policy and procedure and practice to ensure a record is kept that appropriate qualifications stated by the applicant have been checked during the interview process nor if experience and skills have been fully clarified during the interview process. See requirement 1.

The application form currently does not request professional membership information and should be revised to take account of all relevant professional bodies, for example the Nursing and Midwifery Council (NMC), the General Teaching Council (GTC) and the Scottish Social Service Council (SSSC). See recommendation 2.

Within the application form in section 8 there is an applicant’s self declaration regarding their ‘fitness to work’. This was discussed with the manager and the wording could be changed to state that the applicant is “...and that I am physically and mentally fit to carry out...” opposed to just being “fit to carry out...” See recommendation 3.

When staff are being appointed the service should check with the SSSC to ensure that they are ‘fit’ to be employed. See recommendation 4.

The disciplinary policy and procedure should be revised to make reference to occasions when an employee’s conduct will be reported to the SSSC or other relevant professional bodies. See recommendation 5.

Where changes have been made to the recruitment process the guidance should be changed accordingly; within the current guidance it does not state in 2.3 that the employer/most recent employer reference must be requested as part of the interview process, 2.5 does not state that Disclosure Scotland Enhanced checks are required. See recommendation 6

**National Care Standard Number 6: Care at Home - Eating Well**

**Strengths**
Not all elements in this standard have been reported on.

Service user's referral information is received by the service from the Care Manager (Community & Education Service - Dumfries & Galloway Council); if there is information regarding a service user's nutritional needs or requiring the service to provide a meal for the service user it will be highlighted in this information.

Information regarding a service user's needs is then recorded on the service users personal plan information.

Service users spoken to confirmed that where the home carer was providing a meal for them it would be what they choose to eat; that carers were aware of their likes and dislikes.

The manager confirmed that all staff receive food hygiene training as a part of their induction.

If service users require adapted cutlery, crockery this would be recorded in the assessment or identified at a review or by the member of staff reporting this to the manager. If this was the situation then the manager would refer this to the service users' relative, doctor or the multidisciplinary team for advice and action.

**Areas for Development**

The manager identified in the self evaluation that there will be further training offered regarding Nutrition at level 2 award status for staff during the following year and places will be available for staff to attend.

**National Care Standard Number 8: Care at Home -Keeping Well - Medication (where help with taking medication is provided as part of the service)**

**Strengths**

Not all elements in this standard have been reported on.

Information regarding a service user's medication will be identified on the Single Shared Assessment provided by the Education and Community Services Department. Each service user's medication chart is kept in their own house, when it is completed it will be returned to the office by the home carer. As stated in previous standard the medication charts have been revised and will be introduced into the service over the coming months.

The service uses the 'Guidelines for Home Care Workers' which was produced by Dumfries & Galloway Council and NHS. There are different medication bands (levels A-D) that have been agreed with Education and Community Services - level C would identify that the home carer has responsibility for ensuring the service user takes their medication. Medication guidelines are a part of the home carer's induction programme.

The service user completes a 'Medication Permission Form' which is then held on record and information is recorded in their service user personal plan.

**Areas for Development**

No developments identified at this inspection.
National Care Standard Number 10: Care at Home - Supporting Communication

Strengths

If a service user had communication needs this information would be identified in the assessment undertaken by the care manager and recorded in their personal plan information by the service.

Currently the service does not care for anyone who's first language is not English, if they did, this would be discussed at the referral stage with the care manager as to how the service was to meet the service user's needs, possibly with the use of an interpreter, if required.

The manager confirmed that staff undertake communication training as part of the training programme.

Areas for Development

No developments identified at this inspection.
Enforcement
None.

Other Information
None.

Requirements
(1) The service must develop and implement a checking and recording system for applicants/staff which identifies that they have relevant qualifications, skills and experience. This is to comply with SSI/114 Regulation 19 (2)(a) Records & SSI/114 Regulation 9 (2)(b) Fitness of employers and National Care Standards: Care at Home – Standard 4 Management and Staffing arrangements.
Timescale:- Within 2 months of the date of this report or at the next interview.

Recommendations
(1) The information in the Service User Agreement should contain the minimum information as identified in this standard 2.2.
National Care Standards Care at Home, Standard 2: The Written Agreement.

(2) The application form should be revised to ensure applicants can declare if they belong to a professional bodies registers, for example the Nursing and Midwifery Council (NMC) and the General Teaching Council (GTC) and the Scottish Social Service Council (SSSC) etc. This should also be recorded in the staff member’s personal file.
National Care Standards - Care at Home: Standard 4 – Management and Staffing Arrangements.

(3) The wording in the application form in section 8 regarding the applicants self declaration regarding their ‘fitness to work’ could be changed to state that the applicant is “...physically and mentally fit...”.
National Care Standards - Care at Home: Standard 4 – Management and Staffing Arrangements.

(4) When staff are being appointed, the service should check with the SSSC to ensure that the applicant is ‘fit’ to be employed.
National Care Standards - Care at Home: Standard 4 – Management and Staffing Arrangements.

(5) The disciplinary policy and procedure should make reference to occasions when an employee’s conduct will be reported to the SSSC or other relevant professional bodies.
National Care Standards - Care at Home: Standard 4 – Management and Staffing Arrangements.

(6) Where changes have been made to the recruitment process the guidance should be changed accordingly.
National Care Standards - Care at Home: Standard 4 – Management and Staffing Arrangements.

Clive Pegram
Care Commission Officer