

Crossroads Caring Scotland - Moray/Nairn Support Service

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Telephone: 01343 544575

Type of inspection:

Unannounced

Completed on:

19 July 2019

Service provided by:

Crossroads Caring Scotland

Service provider number:

SP2007008963

Service no:

CS2014332293

About the service

Crossroads Caring Scotland - Moray/Nairn is registered to provide a service to a variety of people living in their own homes and in the community. The service was being provided over the Moray local authority and Nairn areas. The service had a central office which was located in Elgin and the management team were based there.

The service's priority aim was:

Our primary focus is to ensure that every service user receives the support that is right for them. We can support you with:

- personal care
- getting up in the morning or going to bed at night
- respite
- companionship
- housework
- support to work placements, college or clubs
- leisure activities
- going on holiday

The service has been registered since March 2015.

What people told us

For this inspection we gained people's views in a variety of ways. The service was asked to hand out some care standard questionnaires for people they support and also some staff questionnaires.

During the inspection process we spoke with a number of people who experienced support from the service and some family members. Feedback shared with us told us that people valued the support they received and things were fairly consistent. Some people told us their respite care visits were sometimes cancelled and these cancellations were short in notice on occasions.

- 'I'm quite happy with my service, they help me twice a week and that's all I need'.
- 'I am happy with the service provided, although I would like to know which carers would be coming in to assist with my personal care if my usual carers were off'.
- 'We have always had very kind and caring crossroad carers'.
- 'Mum's really happy with the service'.
- 'Sometimes they have cancelled my respite visit quite close to the time'.

Self assessment

Self-assessments are no longer requested from this type of service. There was a temporary manager in post when we inspected, and we discussed with them the improvements and developments they were taking forward.

From this inspection we graded this service as:

Quality of care and support	3 – Adequate
Quality of staffing	4 – Good
Quality of management and leadership	3 – Adequate

Quality of care and support

Findings from the inspection

The care and support theme was evaluated as adequate.

The majority of people we spoke with told us about their positive experiences they had with their care and support. Some people shared some concerns with us about cancellations of respite care, which was sometimes cancelled close to the scheduled time.

At the last inspection a previous requirement was continued around reviewing people's care and support. Reviews require to take place at least every six months, or when people's needs change. We found there had been some improvements in this area, however this had not been completed by our required timescale of 21 May 2019. During our inspection we found people's updated plans and risk assessments in the office which had not been put into people's homes. Some of these had been updated more than six weeks previously and still remained unsigned by people and in people's homes. Whilst the levels of overdue reviews had reduced, there were still a number requiring review. This meant for some people their written plans within their home were not up to date. This also meant staff did not have up to date guidance on how to offer support and had the potential to contribute to poor outcomes for people. We have repeated the requirement. **(See requirement 1).**

When reviewing some of the newly completed support plans and risk assessments we found the format to be more outcome focussed. Information was clearer and more detailed, which outlined how people preferred to be supported. This meant staff would be better equipped to offer support in an outcomes way, in a more person centred approach. This continued with a better review format for people's formal six monthly reviews.

People we spoke with talked about their carer's with positive comments made. People spoke of how relationships had been formed with their regular carer's and they valued the support being offered to them.

Requirements

Number of requirements: 1

1. The provider must ensure that personal plans were reviewed with individuals and/or their families, or carers, whenever there was a significant change in people's circumstances and at least once in each six month period.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and in order to comply with Regulation 2011/210 Regulation 5(2)(b), Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

Timescale by 21 May 2019.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The quality of the staffing theme was evaluated as good, which demonstrated important strengths with some areas for improvement.

Staff were valued by the people they were supporting, particularly where relationships had been made between supported people and staff. This meant supported people and staff felt comfortable with the support being offered to them. Staff said they could seek help and support from managerial staff if they had issues, and mostly they felt this was responsive. Where this was an issue was on occasions when the on call support to staff was being provided by staff who were not local to the service. Staff felt on those occasions staff weren't as knowledgeable about the supported people than when this was provided by local staff.

The manager shared information about the organisation work to review the induction plan for staff to develop this further. When we spoke with some new staff they shared their training was adequate enough to enable them to feel confident in their roles. Staff then started with their shadow shifts with another worker which helped them to gain practical knowledge of their job role. There had been some missed opportunities for staff support, be this through staff supervision meetings with their line manager, or through team meetings. The frequency of these had improved more so recently and the manager had planned this to continue, so staff felt better supported. Staff told us they had completed a training needs questionnaire about what training they felt they needed for their role. The manager told us they were meeting with their line manager in the next month to adapt the training plan on the back of staff's input. It was anticipated this would then inform the training direction for staff with a view to provide more knowledge for staff.

Recruitment processes were in place to safely recruit staff members and parts of the process had been centralised within head office. There was a challenge to this from staff's view as they felt the recruitment

process had started to take longer to complete, which was adding to delays in staff starting in post. Many staff within the service were registered with the Scottish Social Services Council, which is the professional body staff require to be registered. There was one staff member who was not registered with the Scottish Social Services Council. The regional manager was asked to look into this further after our inspection completed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

The management and leadership theme had been evaluated as adequate, which demonstrated strengths that outweighed the weaknesses.

Since our last inspection it was recognised the service had gone through a significant time of stress and change. The management team had been overseeing a service in the Highlands and there had been some changes within roles within the management team. Despite these stresses and changes, there was evidence work had begun to improve and develop the practices within the service. Some of the role changes had seen less managerial resources available and there had been some extensive staff vacancies. This had meant the required improvement works had not been completed within the required timescales from our last inspection. The manager was aware of what was needed to be done to complete these necessary improvements.

Quality assurance processes still required to be improved. Work had begun to address this, however we were not confident the necessary safeguards were in place to monitor and evaluate the service (**See requirement 1**). The manager talked through their improvement and development plans, which included looking at quality assurance. Given the staffing shortages and changes within the teams, this had meant necessary improvements had not been implemented within the required timescale.

The organisation was working together as a managerial group to look at ways to develop and improve, which the manager told us about and how they had been involved in these discussions. Feedback from the sessions had not yet been finalised, but there had been a number of positive ideas made which the manager felt would support improvements.

Requirements

Number of requirements: 1

1. In order to ensure that the organisation's quality assurance processes support improvements and developments, the provider must, by 19 October 2019, evaluate their processes and take action when improvements and developments are identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and in order to comply with Regulation 2011/210 3, Principles, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure that personal plans were reviewed with individuals and/or their families or carers whenever there was a significant change in people's circumstances and at least once in each six month period.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and in order to comply with Regulation 2011/210 Regulation 5(2)(b), Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

Timescale by 21 May 2019.

This requirement was made on 5 February 2016.

Action taken on previous requirement

The service had made some progress with this requirement, however there remained more work to be completed. There had been staff members allocated time to carry out reviews, and more resources were required to complete this work.

The new paperwork which was being introduced was more outcome focussed.

This requirement will be restated.

Not met

Requirement 2

In order to ensure that the organisation's quality assurance processes support improvements and developments, the provider must, by 21 May 2019, evaluate their processes and take action when improvements and developments are identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and in order to comply with Regulation 2011/210 3, Principles, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

This requirement was made on 21 December 2018.

Action taken on previous requirement

Progress had started to be taken around this requirement but there had not been enough staff resource time to implement.

Therefore this requirement will be restated.

Not met

Requirement 3

In order to ensure clients have sufficient notice of planned meetings to discuss their care and support, the provider must ensure all managerial staff revisited the provider's policy relating to communication with clients.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in the organisation providing my care and support' (HSCS 4) and in order to comply with Regulation 2011/210 Regulation 4 Welfare of users', of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

This requirement was made on 29 March 2019.

Action taken on previous requirement

The manager had reviewed their policies and procedures and had been through this with staff members within the office. There was evidence of people being informed about review meetings.

Met - within timescales

Requirement 4

The service provider must ensure all information is shared and recorded in a consistent manner. In order to achieve this, the service should demonstrate how they will;

- i) Clearly identify and establish the lines of staff communication to be used within the service and with other professionals
- ii) Ensure all documentation relating to planned meetings with clients is auditable and accessible
- iii) Ensure all managerial staff are aware of the lines of communication and can demonstrate their understanding through practice.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 'I have confidence in the organisation providing my care and support' (HSCS 4) and in order to comply with Regulation 2011/210 Regulation 4 Welfare of users and Regulation 5 (1) Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

This requirement was made on 29 March 2019.

Action taken on previous requirement

The manager had reviewed their policies and procedures and had been through this with staff members within the office. There was evidence of people being informed about review meetings. Managerial staff were committed to ensuring clear communication with people they support.

Met - within timescales

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

Previous recommendations

Recommendation 1

As an area of improvement the service should revisit the lines of communication with all support staff to ensure they are able to use these effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I am fully involved in all decisions about my care and support' (HSCS 2.8).

This recommendation was made on 29 March 2019.

Action taken on previous recommendation

The manager had revisited lines of communication with staff and will be delivering adult support and protection training in the future.

Recommendation 2

The service should ensure all clients have received updated policies and procedures as appropriate.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I am fully involved in all decisions about my care and support' (HSCS 2.9).

This recommendation was made on 29 March 2019.

Action taken on previous recommendation

The manager had reviewed the policy and procedures available to supported people. Through the course of reviewing people's care and support there will be additional reassurances that people have up to date individual services agreements.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

- Complaint made 22 Mar 2019, complaint number 2019374346; About: General health and welfare. Outcome - Upheld.
- Complaint made 8 Nov 2018, complaint number 2018371197; About: Communication - other. Outcome - Upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings
21 Dec 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership 2 - Weak
23 Mar 2018	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
1 Mar 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
5 Feb 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

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