Crossroads Caring Scotland - Lothians Services
Support Service

Unit 1,
Waverley Industrial Units
Waverley Street
Bathgate
EH48 4HY

Telephone: 01506 630 586

Type of inspection:
Unannounced

Completed on:
2 July 2021

Service provided by:
Crossroads Caring Scotland

Service provider number:
SP2007008963

Service no:
CS2014333895

About the service

Crossroads Caring Scotland - Lothians is registered as a Support Service to provide care at home to a wide range of people and their family carers in West Lothian.

The service offers both a respite service to families within their own homes and provides personal care to people who require this type of support. The service is commissioned and funded by West Lothian Council.

At the time of this inspection, the service was being provided to around 40 people.

What people told us

People we spoke with were highly complimentary about the care workers who visited and supported them. Comments included:

"The girls are excellent, they are like a part of the family."
"I trust my workers completely."
"I had an issue a couple of years back with a carer who doesn't work there anymore, I didn't feel they were respectful of my loved one. When I raised it it was dealt with and from then on we have always had great carers."

People were less than satisfied with the management of the service.

"I never used to have anything negative to say but that has changed in the past year or two. I don't feel there are enough care workers who can meet my loved one's needs, I feel I just get fobbed off when I raise this."
"I feel like the managers and office staff have no idea how my loved one actually lives."
"The office staff don't know me, so when they call with little notice to say there is a change to who is coming to support me or that my support can't go ahead because there aren't enough staff they don't understand the impact this has on me and the risk that leaves."

Many people commented that they feel a sense of loyalty to the service because they like the provider organisation and their carers.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 3 - Adequate

People have the right to receive care and support that is right for them and meets their needs.

We heard from people using the service that they were overall happy with the care and support they received from their regular care staff. People described receiving respectful and dignified care and support, from compassionate and kind staff.
We saw that care plans reflected the strengths, skills and abilities that people had with a view to maintaining and building on these. This meant that the service was enabling people to remain as safe and independent as possible.

Staff were provided with training around adult and child protection and were able to describe what they would do in regards to raising any concerns. However, we did not see that records were kept detailing actions that had been taken to alert relevant authorities to these concerns. We raised one particular concern that we became aware of from reviewing care plans and speaking to staff and whilst the feedback from the manager indicated that steps had been taken to ensure the person's safety and that of staff, there were no formal records around this and no notification had been made to us. We recognised that there had been a period where there had been significant gaps in management presence within the service, due to absences which had contributed to these oversights in record keeping. We will monitor this at further inspections.

During the pandemic the service had worked hard to ensure that there was a level of consistency and continuity to people's care and support. This included risk assessment and prioritisation to ensure that critical needs were met. Despite this people's experiences of the service were at times impacted negatively by staff shortages, changes at short notice to visit times or allocated workers and a feeling of remoteness from office based staff who were the main point of contact for people using the service and staff. The service had previous requirements about sufficient staff and providing the service at agreed times. These requirements are not met and have all been repeated. See requirements 1 and 2.

There had been some recent spot checks carried out by members of the management team that had been used to help assure quality of care and support. These had been done mainly as telephone checks which meant there had not been physical observation or checking of records such as medication records. The service should look to restart this practice. There was a previous area for improvement about this which we have repeated. See area for improvement 1.

Requirements

1. The provider must ensure that at all times there are sufficient numbers of staff with the relevant skills to meet the needs of service users.

This is to comply with Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)
Timescale: 1 November 2021

2. The Provider must ensure that the service is provided at the agreed times, and in such a way that meets the identified needs of the service user as recorded in the Written Agreement and Support Plan.

This is to comply with the Social Care and Social Work Improvement Scotland (Applications) Order 2011 (SSI 2011/29)
Timescale: 1 November 2021

Areas for improvement

1. The provider should regularly record care plan audits and record regular checks on care delivery and medication records, to ensure best outcomes are experienced by people.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS).
This recommendation was made on 27 March 2019.

How good is our care and support during the COVID-19 pandemic? 2 - Weak

Staff were provided with relevant training and PPE in order to ensure they were able to work safely within the Covid-19 guidelines. Staff could describe practices they needed to follow in relation to use of PPE and hand hygiene. We discussed with staff what actions they could take if they had concerns about their ability to keep themselves and others safe in relation to infection prevention and control. Staff were overall well informed.
However, we noted that there were gaps in knowledge and practice in relation to recording of test results from lateral flow devices and the safe disposal of PPE. We discussed this with the management team and, as previously discussed in this report, the use of effective observations of practice would be a mechanism to ensure more robust practice in this area.

There had been some significant management absences within the service over recent months. These had impacted on the leadership and management of staff. Staff told us they had not had supervision or observation of practice, and had felt up until recently that they had been left to "get on with things."

The provider had taken steps to provide some temporary management support to staff and this had been appreciated by them. However, as this had been a temporary arrangement and only fairly recent, there had been limited progress in taking forward the requirements and areas for improvement that had been made previously at inspection. We could see that the service had been affected by the challenges of the Covid-19 pandemic however, there was little evidence of progress even prior to or since the peak of this.

The service had a previous requirement about operating from their registered office base in Bathgate. Whilst we could see that there would be reason for this to be repeated as it stood, we took account of the new ways of working adopted across the sector in response to the Covid-19 pandemic. We have reworded this requirement to reflect the need for staff and people who use the service to receive responsive and supportive leadership and management. See requirement 1.

Requirements

1. The provider must ensure that people who use the service and staff receive supportive and responsive leadership and manageent by managers and staff who know and understnad their needs.

This is to comply with the Social Care and Social Work Improvement Scotland (Applications) Order 2011 (SSI 2011/29)
Timescale: 1 November 2021.

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

Requirements

Requirement 1

The provider must ensure that at all times there are sufficient numbers of staff with the relevant skills to meet the needs of service users.
Timescale: 1 February 2020 This is to comply with Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 13 December 2019.

Action taken on previous requirement
We saw that there were times when the service was unable to be provided to people due to staff shortages. In addition, there had been a new package of care agreed to which put further strain on the staff resources. This requirement is not met and has been repeated.

Not met

Requirement 2

The provider must ensure that the service operates from the service address recorded on the Certificate of Registration.
Timescale: 1 February 2020 This is to comply with the Social Care and Social Work Improvement Scotland (Applications) Order 2011 (SSI 2011/29)

This requirement was made on 13 December 2019.

Action taken on previous requirement
At the time of this inspection, the service office was largely out of use. This had mainly been due to the Covid-19 pandemic and the need to operate social distancing within office areas. The provider had supported staff to be based either in the Alloa office or working from home. We saw that issues relating to leadership and management were still around however, these were not attributable to the physical base of the service, rather that responsive and supportive leadership and management was lacking at times, due to absences of key managers and staff.
This requirement is not met and has been repeated with some changes to reflect the need for responsive and supportive leadership and management.

Not met

Requirement 3

The Provider must ensure that the service is provided at the agreed times, and in such a way that meets the identified needs of the service user as recorded in the Written Agreement and Support Plan.

This requirement was made on 6 February 2020.

Action taken on previous requirement

Whilst we saw that most people received regular support at agreed times, we heard from people using the service that their support visits did sometimes change at very short or no notice, due to staffing shortages. At these times, communication from office based staff could be more supportive and respectful in recognising that people have a right to receive their support at the agreed times and that there may be reasons why a different time would be unsuitable.

This requirement is not met and has been repeated.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should improve care records so that best outcomes for people are assured. This is to ensure that care and support is consistent with Health and Social Care Standard 1.19 'My care and support meets my needs and is right for me' and Standard 2 'I am fully involved in all decisions about my care' (HSCS). The following best practice resources may be helpful: http://hub.careinspectorate.com/media/659493/hwt-guidance-review-of-medication-managementprocedures-june-17-v2.pdf

This recommendation was made on 27 March 2019.

This area for improvement was made on 27 March 2019.

Action taken since then

We sampled a range of care plans. These were overall, well completed with enough detailed and person centred information to enable staff to meet peoples' needs. We saw some examples were of a better quality than others with some of the language used more strengths based and positive, and we gave examples at feedback to the manager. Phrases such as "suffers from dementia" for instance could be more appropriately rewritten as "lives with dementia." We saw that people received reviews of their care plans, and whilst these had been mostly telephone based in recent months, it was good that these had happened and care plans had been updated with any changes.
This area for improvement is met.

Previous area for improvement 2

The provider should regularly record care plan audits and record regular checks on care delivery and medication records to ensure best outcomes are experienced by people.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS).
This recommendation was made on 27 March 2019.

This area for improvement was made on 27 March 2019.

Action taken since then

Audits were not being carried out to ensure people were receiving quality care and support. We did see that there had been some telephone calls with people using the service to check in on their care and support, but no observation of practice or audits of records had been carried out. Whilst we recognise the pressures put on services during the Covid-19 pandemic we would have expected to see more progress in this area in line with best practice in the sector.
This area for improvement is not met and has been repeated.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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