

Crossroads Caring Scotland - Lochaber Support Service

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Caol
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Type of inspection:
Announced (short notice)

Completed on:
1 March 2024

Service provided by:
Crossroads Caring Scotland

Service provider number:
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Service no:
CS2014332298

About the service

Crossroads Caring Scotland - Lochaber, is part of a national organisation, Crossroads Caring Scotland, that provides support to the carers of people who are ill, disabled, frail or otherwise require a substantial level of care and support in order to remain living at home, or with their families in the community.

The service is based in Coal, Fort William and provides a service to mainly older people, or adults with a disability throughout Lochaber; an area which includes Mallaig, Fort William, Ballachulish to Fort Augustus.

About the inspection

This was an unannounced inspection which took place between 26 February and 1 March 2024. One inspector from the Care Inspectorate carried out the inspection.

To prepare for the inspection, we reviewed information about this service which included previous inspection findings, registration information, information submitted by the service, and people who used the service and provider records.

In making our evaluations of the service we:

- visited one person in their home and spoke with six people using the service;
- spoke with staff and management;
- reviewed feedback from one external professional; and
- reviewed documents.

Key messages

People were supported by small, consistent staff teams and there were trusting relationships between people and staff.

People experienced support that promoted their dignity, independence and choice, from a kind and caring staff group.

People receiving a service were highly satisfied with the care and support they received.

Staff were well trained, confident and competent in their roles.

The provider needed to review their medication policy, to ensure it reflected good practice guidance and staff were following this.

The provider needed to ensure the manager had "protected" time to undertake management responsibilities such as quality assurance audits, including observations of staff practice..

The manager was approachable and well regarded by the people they supported, staff, and other professionals.

The management team needed to focus on progressing quality assurance and self evaluation.

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?	4 - Good
How good is our leadership?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We have evaluated the service as good for this key question. An evaluation of good applies to performance where there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

People were highly satisfied with the care and support they received. People were supported by small, consistent staff teams. This meant trusting relationships had been built and people felt safe and comfortable when staff were supporting them. People felt respected and that staff took their time when delivering care and listened to them. In conclusion staff were respectful, friendly, helpful, kind and approachable. Some of the comments from the people we spoke with included:

"The staff know my relative really well, and take their time when supporting her."

"The staff are very flexible and my relative always looks forward to seeing them. He has developed a very good relationship with them and it is usually the same carers."

"The staff are fantastic and my relative loves them. They are really pleasant and have built a trusting relationship with her."

The majority of care and support focused on shorter visits to assist people with meals or personal care. People felt staff provided this in a person centred manner in line with their wishes and choices. If care and support took a bit longer than expected, staff did not rush people. This helped people feel relaxed and reassured. A small number of people were supported by staff to maintain and develop their skills and interests. For example attending college and community activities. People clearly benefitted from these activities, as they promoted their self worth and confidence. It also enabled them to maintain established relationships in the community. Some of the comments from the people we spoke with included:

"The staff are interested in my life and keep me up to date with what's happening in the local community."

"The staff are very good and helpful, they are very reassuring. When the staff are with me I feel much more confident."

People's health and wellbeing benefitted from the input of a competent and confident staff team. Staff had undertaken relevant training to ensure they were competent when meeting people's health needs. People got the right healthcare from the right person at the right time. Relatives were reassured that staff informed them of any changes to their loved ones' needs. Staff were well respected by other agencies. The district nurse told us that she was very "impressed with the carers as they were skilled at anticipating care needs and seeking advice and following it." Some of the comments from the people we spoke with included:

"If staff have any concerns they phone and pass them on to me."

"The carers are professional. If there were any concerns, the staff would tell me, they're good at communicating."

The provider's medication policy was minimal and did not reflect current good practice guidance. This meant there was insufficient guidance for staff to follow to ensure they managed medication safely (see area for improvement 1).

There had been a previous area of improvement about the importance of staff filling out the correct paperwork when they were applying topical medication to people. There were still gaps in this area (see area for improvement 2).

To ensure staff are competent and confident when administering medication, the provider should be undertaking regular observations and evaluations of staff practice (see area for improvement 3).

Areas for improvement

1. To ensure staff are following good practice guidance, the provider should review their current medication policy in line with current good practice guidance. This should then be shared with staff and staff should be supported to put the new policy into practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and
'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

2.
The provider should ensure there is an effective medication management system in place to direct staff on how best to support people with their topical medications. This should include individual "body maps" and staff recording when they have applied topical medication to people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes.' (HSCS 3.6); and
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

3.
So that staff are confident and competent when managing medication, the provider should regularly assess staff competence and skills in relation to medication administration. Where there are indications of poor practice, the provider should take prompt action to address this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes.' (HSCS 3.6); and
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?

4 - Good

We have evaluated the service as good for this key question. An evaluation of good applies to performance where there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

The provider had a number of central quality assurance systems to promote safe care.

There were systems in place to ensure staff were competent and confident when supporting people. To further enhance this, team meetings should be re-established on a regular basis (see area for improvement 1).

The manager took time to get to know the people who were supported. A priority was making sure care and support was delivered in a person centred manner. People liked the fact they had a good relationship with the manager, as any concerns they had were dealt with and resolved. Some of the comments from the people we spoke with included:

"I cannot think of any improvements as the level of care is fantastic."

"The manager is very organised and I would feel confident phoning the manager who would resolve the issue."

"If I had any concern I would phone the manager as she is very good at sorting things out."

"The manager is very approachable and the staff are doing a great job."

Due to ongoing recruitment challenges, the manager was regularly covering shifts. This was impacting on her ability to oversee some areas of the quality of service delivery. For example team meetings, staff practice observations, quality assuring care plans and medication records. The provider has a responsibility to ensure the manager has sufficient time and support to fulfil her role as manager (see area for improvement 2).

Areas for improvement

1. So as improving outcomes for individuals remains a focus, and staff have the opportunity to meet together and reflect on their practice, regular staff meetings should be re-established.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and
'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. So as people are people experiencing high quality, safe care that meets their needs, the provider should make arrangements for the manager to have protected time to undertake quality audits. This should result in the development and ongoing reviewing of service improvement plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

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 service should ensure people's care plans and risk assessments are regularly reviewed. Following each review and any change in a person's health and support needs, the care plan and risk assessment should be evaluated and updated to reflect all aspects of the current care and support required for people. This will ensure confidence that the right care will be given at the right time, which is responsive, safe and effective.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "My care and support meets my needs and is right for me." (HSCS 1.19).

This area for improvement was made on 6 November 2019.

Action taken since then

The area of improvement has been met. The majority of people had had a recent review, and documentation had been updated following this. There were a few minor discrepancies re people's medication not being updated which will be reported under key question 1.3 of the report.

Previous area for improvement 2

The provider should develop a quality assurance process to ensure that all staff meet the legal requirements for recording care. This should include signing care records when a topical medication is applied. Body maps would assist staff with such documentation.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.3).

This area for improvement was made on 6 November 2019.

Action taken since then

The area of improvement has not been met. See key question 1.3 and 2.2 of the report for further information and new areas of improvement. .

Previous area for improvement 3

The provider should ensure staff receive update training in line with their existing staff service's training plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational goals" (HSCS 3.14).

This area for improvement was made on 6 November 2019.

Action taken since then

The area of improvement had been met. Staff training was up to date and staff had recently attended face to face training for moving and assisting and first aid. Where staff needed specific training to support people this was provided.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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