Crossroads Caring Scotland - Aberdeenshire Support Service

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Announced (short notice)

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Service provided by:
Crossroads Caring Scotland

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HAPPY TO **TRANSLATE**

About the service

Crossroads Caring Scotland - Aberdeenshire supports people living in their own homes and in the community. The service provides care and support for people with physical disabilities, mental health problems and those who are frail and elderly. Support ranges from a few hours per week to 24-hours per day.

At the time of inspection, the service was supporting approximately 95 people living across Aberdeenshire. The service has been registered since 2015.

About the inspection

This was a short notice announced inspection which took place on 17 April 2024, 19 April 2024, 22 April 2024, 24 April 2024 and 26 April 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

• spoke with 10 people using the service and 14 of their family, friends and representatives

• spoke with 26 staff and management

• observed practice

• reviewed documents

• spoke with relevant professionals.

Key messages

- People were positive about support workers when they had time to assist them.

- Staff were confident in their roles and appropriately trained to support.

- Due to missed and cancelled visits, there were concerns people's needs were not being met.

- Personal plans were out of date, meaning there could be confusion when supporting people.

- Quality assurance systems and processes were not improving outcomes for people.

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 leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

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

We made an evaluation of adequate, for this key question. There were some strengths but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Staff were compassionate when interacting with people. A support worker was observed helping a person with dementia to eat lunch. She did this gently, giving good eye contact and using comforting verbal prompts. The interaction was dignified and mindful of the person's needs and abilities. The individual finished their meal and nutritional needs were met. Another support worker was helping someone arrange their belongings. The worker was encouraging, whilst ensuring the person was in control of organising. The support was respectful, whilst also promoting independence. This meant people were being supported by staff who were kind, thoughtful and supportive.

People were generally positive about the quality of support workers who came to their homes. Someone said, "we couldn't wish for a better carer". Staff were observed laughing and interacting with people, showing that positive bonds had formed. People were comfortable around staff, which had a positive impact on their wellbeing.

People's needs were not being met consistently. A family member said, "she assists them both to wash and dress and gives medication. She does it in a way that gets the job done well." This showed some people were happy with their support. However, someone else said, "the carer wasn't staying long, she was always in a rush. I was left to dry myself after my shower." This meant some people's care needs were not being met. Furthermore, staff said they were not given enough time to care for people correctly. They felt particularly rushed tending to hygiene needs or helping people to eat and drink. People's satisfaction with visits was therefore compromised, as was the quality of care. The provider must ensure staff are able to fulfil people's needs in their allocated times (see Requirement 1 in 'How good is our staff team?').

Support visits were often cancelled, sometimes at short notice. Someone did not receive their shower visits. This meant their personal care needs were not met, putting them at risk of poor hygiene. People also spoke about increased carer's stress, as friends and family had to help when support was cancelled. Some people had nobody to assist, resulting in them feeling isolated and lonely. Due to this, some people's health and wellbeing was not benefitting from their support when staff were not there to help them (see Requirement 1 in 'How good is our staff team?').

How good is our leadership?   2 – Weak

We made an evaluation of weak, for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The leadership team were not using quality assurance and auditing systems effectively. The development plan had no actions to achieve outcomes and people's views were not informing it. There was also no evidence of audits taking place to monitor and improve practice. For example, management were not spot-checking staff, auditing medication records or checking daily notes. The system used to log in and out of visits was unreliable, meaning managers had difficulty checking support had gone ahead. This meant managers did not have systems in place to evaluate the quality of people's care, leading to poor outcomes for some people. **(See Requirement 1)**

Complaints, accidents and incidents were not being formally logged or investigated. For example, care needs were not met due to a missed visit, this was not recorded anywhere. There was no evidence or proof of learning from the error, which could improve outcomes for people. **(See Requirement 1)**

Notifications were not being made to statutory bodies such as, the Care Inspectorate. Where people had experienced poor outcomes, incidents had not been investigated or reported. This meant actions were not identified to minimise future risks to people. Furthermore, intelligence was not being shared that could help the service improve. **(See Requirement 2)**

The service had tried moving from paper planning systems and records to an electronic system. This did not work and they moved back to paper records (see 'how well is our care and support planned?'). Management and staff said this period was time consuming and took away from doing other tasks. Furthermore, managers discussed added operational demands which took their focus away from quality assurance and improvement. As a result, the service was not up to date with how it was being organised and led. This could impact upon the quality of support that people receive. **(See Requirement 1)**

Requirements

1. By 23 July 2024, the provider must ensure they improve their quality assurance systems and processes to support positive outcomes for people and to strengthen management and leadership.

To do this the provider must, at a minimum:

a) Quality assure the service's performance through effective audits. This must include but is not limited to, medication, care plans, daily notes and risk assessments.

b) Carry out regular observations of staff competency.

c) Ensure complaints, incidents and accidents are accurately recorded and analysed, demonstrating a proactive approach and promoting a culture of improvement.

d) Create an improvement plan with actions aiming to develop the service and improve outcomes for people.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. By 21 May 2024, the provider must ensure they are making relevant notifications to statutory bodies to provide a transparent service which benefits people.

To do this the provider must, at a minimum:

a) Review the current guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' around making notifications to the Care Inspectorate.

b) Implement guidance around making notifications to the Care Inspectorate and inform in a timely manner.

c) Notify and make referrals to other relevant statutory bodies as legally required. For example, adult support and protection referrals to the local authority.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?　　2 – Weak

We made an evaluation of weak, for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Rotas were being made weekly in advance of visits. We were told completing schedules can take two full days. This reduced time supervisors could provide to support the service. Support visits were also often cancelled following completion of rotas. This meant some people's needs were not being met as they had no care or support (see 'how well do we support people's wellbeing?').

Support was working for some people. A family member said, "I am happy with the care she receives, and Crossroads work with us when her needs change." This showed staffing arrangements were working for this person. However, many people discussed missed and cancelled visits. Someone said, "there were a couple of weeks where they were meant to come and didn't turn up" whilst another informed, "they are continuously calling me via telephone to cancel at the last minute." Staff discussed concerns for people, as visits had not been covered when they took annual leave in the past. Management were also open about cancelling visits due to lack of staff. As a result, people's needs were not being met (see 'how well do we support people's wellbeing?'). The service was putting people at risk by cancelling care and support. **(See Requirement 1)**

Staff's views of management were variable. Some staff discussed challenges in contacting their line managers and how communication with them was not often effective. Due to this, staff did not feel supported and this was impacting upon their wellbeing and motivation. Supervisions were not taking place regularly, which meant workers were lacking supportive one to one time. Team meetings were no longer occurring, which meant there was no time for staff to commit to shared learning. As a result, information which could benefit people was not always being passed on. This could impact upon the care and support that people receive. **(See Requirement 2)**

Staff were attending training which was relevant to their role. Management had some oversight of this on an electronic system. Staff spoke about feeling confident when supporting people. Support workers had good understanding around moving and handling, safe hygiene and reporting safety concerns. This meant people were supported by staff who were knowledgeable.

Requirements

1. By 9 July 2024, the provider must ensure that people's care and support needs are met effectively and that staffing arrangements are safe.

To do this the provider must, at a minimum:

a) Ensure in advance that staffing arrangements can cover support visits.

b) Ensure other support is in place when regular workers are off due to annual leave, sick leave or any other absences.

c) Ensure support workers have long enough during visits to sufficiently meet people's assessed needs.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019 Section 7(1)(a) and 7(1)(c).

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexplained event' (HSCS 4.14); and

'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative' (HSCS 4.22).

2. By 21 May 2024, to promote the safety and wellbeing of people, the provider must ensure that staff receive professional development opportunities to enable them to be competent in their roles.

To do this the provider must, at a minimum:

a) arrange regular one to one supervision time for staff which is reflective, tracked and recorded

b) arrange regular team meetings which support shared learning and improving outcomes for people.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and the Health and Care (Staffing) (Scotland) Act 2019 Section 7(1)(a) and 7(1)(c).

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 because people have the necessary information and resources' (HSCS 4.27).

Inspection report

How well is our care and support planned?   3 – Adequate

We made an evaluation of adequate, for this key question. There were some strengths but these just outweigh weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Personal plans were not consistent in their quality. Some plans showed that people were involved in planning and had detail around their preferred support. For example, someone's plan indicated which days they like to shower. This meant some plans were personalised and that staff could support based around people's choices. However, other plans lacked detail and people had not been involved in planning their support. This meant some plans were missing valuable information around people's likes and dislikes. This could impact upon how care is provided and may mean some people do not receive support that is right for them. **(See Requirement 1)**

There was inconsistency around how often personal plans were being updated. Some plans had up to date information, meaning workers were aware how to support based on current needs. However, other plans were not up to date, including plans around care needs and risks. This meant some plans may not contain correct guidance around how to support. This could result in support workers being confused around how to care for people. Consequently, this may mean some people do not experience care and support consistent with their current needs and wishes. **(See Requirement 1)**

People's support was not being reviewed consistently. Some people's care had been reviewed recently and relevant changes made to plans. This kept information up to date and meant people's support was current to their needs. However, other plans had no evidence of any formal reviews. Furthermore, some people said they were unsure when their support was last discussed or updated. This added to concerns that information in some plans was out of date. This could result in some people's support not being right for them. Regular reviews for all people using the service would help to inform necessary changes to personal plans. **(See Requirement 1)**

Staff expressed concerns around the care planning and recording system. Management and staff advised they had moved from paper planning to electronic. However, the transition failed and staff were back to updating paper records in people's homes. These changes meant that staff were confused about which system was being used. This increased the risk that people did not get care and support based on their current needs and circumstances. The provider informs they will be moving permanently to the electronic system in June of this year. We are hopeful this will result in planning and recording being more up to date. We will review this at future inspections.

Requirements

1. By 23 July 2024, the provider must ensure people's personal plans are up to date, easily accessible and used by all support workers. Plans must enable people to get the support that is right for them.

To do this the provider must, at a minimum:

a) ensure that personal plans are accurate and updated whenever people's needs change

b) ensure that care plans are reviewed every six months or when people's needs or circumstances change

c) ensure people are involved in updating their plans so they are centred around personal preference and choice.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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