

Crossroads Caring for Carers Annandale & Eskdale Support Service

Room 10
15 Ednam Street
Annan
DG12 6EF

Telephone: 01461 204 240

Type of inspection:
Announced (short notice)

Completed on:
16 May 2024

Service provided by:
Crossroads (Annandale & Eskdale)
Care Attendant Scheme

Service provider number:
SP2004006491

Service no:
CS2004073898

About the service

Crossroads (Annandale & Eskdale) Care Attendant Scheme is registered to provide a care at home service to people in their own home. The service can be provided to adults (under or over 65) and children of all ages with disabilities.

The provider is Crossroads (Annandale & Eskdale) Care Attendant Scheme.

The service office base is in Annan. The registered manager and deputy manager are based in the office and co-ordinate the service for people living throughout Annandale and Eskdale.

Hours of support varied from one hour to six hours per day, once or twice per week. At the time of the inspection, support was being provided to 55 adults.

About the inspection

An unannounced inspection was due to commence on 7 May 2024. The office base was closed on arrival. We commenced a short notice inspection on 10 May 2024. Visits to the office and people's homes took place on 13, 15 and 16 May 2024 between 09:00 and 16:00 hours. The inspection was carried out by one inspector from the Care Inspectorate. During the inspection we visited people in Eastriggs, Annan, Dalton, Lockerbie, Lochmaben and Langholm.

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. To inform our evaluations we:

- Spoke with eight people using the service and eight relatives.
- Communicated with nine staff and management.
- Visited people in their homes and observed practice and daily life.
- Reviewed documents.

Key messages

- The service was valued by people supported and family members.
- The staff team were compassionate, kind and caring.
- A training needs analysis should be completed, based on people's needs.
- Personal plans should be person centred and reviewed at least six monthly.
- The provider has met one requirement and four areas for improvement.
- We have repeated one requirement and there are three areas for improvement.
- An improved quality assurance system should be developed.

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?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

We reviewed how well the service were supporting people's wellbeing. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences and we found the standard of supporting people's wellbeing to be good.

The support service which offered care at home, companionship and respite care was provided by a staff team who we found to be compassionate, kind and caring.

People supported and their family members had built trusting relationships with the staff team and valued the service. People told us "staff do a really good job and oblige with anything that is needing done", "could not get any better" and "I do not know what I would do without them."

All people supported were provided with a folder of information to be held within their home. The folder included a service agreement, support schedule and a personal plan as well as risk assessment and additional information. These defined the service that was to be provided and guided staff practice.

Staff were responsible for providing support to a small number of people. This offered people a consistent staff member. People always knew who would be attending their home to provide their support and when. Times were mutually agreed, and any changes were discussed. This supported staff and people to build trusting relationships and we observed staff practice which we felt was respectful. New staff were always introduced to people.

Staff were knowledgeable of people's health and care needs and support to be provided. Staff would benefit from additional training in relation to people's specific needs due to their illness or physical needs. Examples include diabetes training and stoma care awareness (See area for improvement 1).

Due to regular contact with people staff were able to recognise changes in people's health needs and share this information quickly with the right people.

At present, staff were not required to administer people's medication routinely. However, staff received training and guidance and medication systems were in place to support people safely to take their medication as and when this was required.

Staff were aware of people's dietary needs, meal prep took place where required, for example preparing a lunch. Staff ensured people had access to drinks and snacks. People also enjoyed going out into the community with staff for refreshments.

Areas for improvement

1. The provider should complete a training needs analysis to ensure staff have the relevant skills and knowledge required to meet the care and support needs of people being supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes" (HSCS3.14).

How good is our leadership?**3 - Adequate**

We reviewed the leadership within the service. We evaluated this key question as adequate, there were some strengths but these just outweighed weaknesses. The strengths had a positive impact, but key areas of performance needed to improve in relation to quality assurance and improvement being well led.

The provider had strengthened the management board and increased the management hours within the service. This had improved the governance and oversight within the service. Training attended had helped to clarify management roles and responsibilities.

The manager had an awareness of the framework we were inspecting against. The use of the framework to self-evaluate their own performance would further support the service to identify strengths within the service and where improvements were required.

Some improvements had been made in relation to the quality assurance within the service, but further developments were required. The provider should improve the systems in place to assess, monitor and evaluate the quality of the service provided. The outcomes from audits, observations and feedback gathered should be used to inform a service development plan. The service development plan should be used to support continuous improvement within the service to improve outcomes for people supported (See area for improvement 1).

The views of people experiencing care and their family members were welcomed. Feedback questionnaires had previously been completed and the outcomes from these shared via a newsletter. This demonstrated that the service provider actively involved people in the evaluation of the quality of the service. People told us they would feel confident raising concerns with the staff team or manager. The provider had in place a policy and procedure to support them to address any formal complaints which were raised.

The management team were reactive to feedback and commenced addressing areas identified at the time of the inspection. With a strengthened management team, the provider should have the ability to address the outstanding requirement and areas for improvement. Delegating areas of work and further sharing responsibilities would support the services capacity to improve.

Areas for improvement

1. The provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This should include but is not limited to;

- (a) assessment of the service's performance through effective audit
- (b) develop action plans / service development plan which include specific and measurable actions designed to lead to continuous improvements
- (c) detailed timescales for completion / review
- (d) alignment systems to good-practice guidance.

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?

4 - Good

We reviewed how good the staff team and staffing arrangement were. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact and we found staff worked well together. We have evaluated this key question as good.

There were an adequate number of staff working within the service to meet the current needs of people. Recruitment had taken place to expand the staff team. This will enable support hours to be increased for some people and people awaiting support can start receiving a service. Contingency plans were being worked on so that there were enough staff to be able to provide cover for staff leave. At present support was not delivered during leave periods. Due to the type of support delivered this had not put people at risk.

The manager had a system in place to assess staffing levels to match the hours of support which were to be delivered. Support ranged from one hour to six hours per day due to the type of service provided. There was some flexibility to change support times if required by either the staff member or person supported. Staff told us they had enough time to support people to meet their outcomes.

All new employees completed an induction to the service, this included carrying out shadow shift to equip staff with the knowledge and confidence to support people. Training updates were provided on a regular basis for staff to maintain their skills.

People supported and their families had confidence in the staff team. Conversations with people confirmed that they were treated with dignity and respect. Engagement observed was positive, all people we spoke with were extremely complimentary of the service. With the support of staff people could undertake activities which interested them, both at home and outside their home if they wished.

Staff told us they enjoyed their role and felt supported. Team meetings gave staff the opportunity to meet monthly with the manager and colleagues. Team meetings were used to share information with staff and gave staff the opportunity to raise questions or concerns. Individual supervision meetings took place which enabled staff to meet with a line manager on a one-to-one basis. Topics discussed included, learning and development needs and any additional support that was required to support them in their role.

How well is our care and support planned?

3 - Adequate

We reviewed how well care was planned to reflect people's outcomes and wishes. We evaluated this key question as adequate, there were some strengths but these just outweighed weaknesses. The strengths had a positive impact, but key areas of performance needed to improve.

People's needs were assessed prior to them being provided with a service, on most occasions this involved input from a social worker or other health and social care professional. The management team also carried out their own assessment to be able to confirm that the service could meet the person's needs. The provider was recruiting additional staff to increase some people's service provision.

All people had a personal plan in place, these were available within people's homes and were well presented. Most of the plans we viewed were generic in nature. People supported and where appropriate family members should have more involvement in developing their plan. This should be supported by the staff who support people and knows them well to make personal plans more person centred.

Information within personal plans required to be reviewed and updated to reflect people's changing needs. We have again repeated a requirement and area for improvement previously made in relation to the reviewing of personal plans and risk assessments (See requirement 1 and area for improvement 1).

Some care and support reviews had taken place, during the pandemic these had taken place via the telephone. Some people told us that they had not received a review of their care and support. Reviews should be preplanned, and people and family members given details of the review process. A review meeting minutes should be within people's personal plans and available to people supported and where appropriate their family member or representative.

The manager shared with us the plans for future reviews. Pending reviews will help to support the work required to meet the requirement and area for improvement within this key question.

Requirements

1. By 11 October 2024, the provider must review the personal plan.

- (i) when requested to do so by the service user or any representative;
- (ii) when there is a significant change in a service user's health, welfare or safety needs and
- (iii) at least once in every six-month period whilst the service user is in receipt of the service.

This is to comply with Regulation 5(1) (requirement for 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 personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

Areas for improvement

1. The manager should ensure that risk assessments are routinely reviewed and updated to include relevant information regarding risks identified and how these will be safely addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

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

Requirements

Requirement 1

The provider must review the personal plan.

- (i) when requested to do so by the service user or any representative;
 - (ii) when there is a significant change in a service user's health, welfare or safety needs.
- and
- (iii) at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 5.

This requirement was made on 11 May 2015.

Action taken on previous requirement

All people had a personal plan in place, a copy was available within the office and people had a copy within their home. The plans were well presented and had documents in place to capture the required information. However, we found that personal plans and information recorded was not always reflective of people's changing needs. This meant that plans were not being used to guide staff on how best to provide the care and support required to meet people's needs. People's plans were not being reviewed consistently on a six-monthly basis.

Not met

Requirement 2

The service provider must ensure they and the service manager have a good understanding of their legal roles and responsibilities within the regulatory process. They must comply with all conditions of registration and where required, notify the Care Inspectorate of various changes and events as requested. These should be submitted to the Care Inspectorate within timescales allocated at all times.

They should ensure they have good quality assurance systems in place to appropriately and routinely assess, review and evaluate all systems and procedures.

This is in order to comply with SSI 2011 No. 210 Fitness of managers 7.-(1) A person must not act as a manager in relation to a care service unless the person is fit to do so.(2) the following persons are unfit to act as a manager in relation to a care service:- a person who does not have the skills, knowledge and experience necessary for managing a care service.

This requirement was made on 26 July 2017.

Action taken on previous requirement

The provider (voluntary management board) had improved their oversight and involvement within the service. Training had taken place on roles and responsibilities in line with their constitution and legal requirements.

Information relating to relevant individuals had been submitted to the Care Inspectorate as required. Support was provided at the time of inspection to navigate the Care Inspectorate's digital portal as the provider required to inform us of an increase in staffing levels as per their condition of registration.

Board meetings took place on a quarterly basis, the attendance at these had improved and included the manager. Due to the increase in service capacity an agreement had been made to employ a deputy manager who was now in post.

Some improvements had been made in relation to the quality assurance within the service, but further developments were required. We have reported on this under "How good is our leadership?"

Met - outwith timescales

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 manager should consider receiving feedback about the service provided from various stakeholders and consider the completion of an action plan to highlight issues raised and how they will be addressed.

Health and Social Care Standards, My support my life;

4 I have confidence in the organisation providing my support and care.

4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.

4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

This area for improvement was made on 26 April 2017.

Action taken since then

The manager had used a survey and feedback from previous review meetings to gather feedback from people supported and family members. This information had been collated and a newsletter was used to inform people of the outcomes via a What you told us, what we will do approach. This evidenced people's involvement in the development of the service provided.

This area for improvement had been met.

Previous area for improvement 2

The service manager should ensure that risk assessments are routinely reviewed and updated to include relevant information regarding risks identified and how these will be safely addressed.

Health and Social Care Standards, My support my life;

1 I experience high quality care and support that is right for me.

1.15 My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

2: I am fully involved in all decisions about my care and support.

2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me

2.24: I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.

2.25: I am helped to understand the impact and consequences of risky and unsafe behaviours and decisions.

This area for improvement was made on 26 April 2017.

Action taken since then

People's personal plans included risk assessments. We found most of these to be generic and not person centred. There was no evidence within the personal plan of when these had been reviewed or updated or if they continued to be accurate.

This area for improvement had not been met.

Previous area for improvement 3

The service manager should ensure that best practice guidance is followed when administering, recording, and auditing service user's covert, routine and PRN medication which should be clearly identified within personal plans.

Health and Social Care Standards, My support my life;

1 I experience high quality care and support that is right for me.

1.15 My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

2: I am fully involved in all decisions about my care and support.

2.23 If I need help with medication, I am able to have as much control as possible

3 I have confidence in the people who support and care for me.

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes.

This area for improvement was made on 26 April 2017.

Action taken since then

The provider had a medication policy and procedure in place. Staff completed medication training and guidance on safe administration of medication was provided within the staff handbook.

The service were not routinely administering medication. If medication, such as analgesia was required, staff would do this in line with the prescriber's instructions and using the Medication Administration Record (MAR) chart in place.

This area for improvement had been met.

Previous area for improvement 4

In order to ensure that service users receive responsive care and support from staff who are trained competent and skilled the service manager should ensure that all staff have a good understanding of their professional registration, roles and responsibilities and codes of conduct which become embedded in their quality assurance systems.

Health and Social Care Standards, My support my life;

1 I experience high quality care and support that is right for me.

3 I have confidence in the people who support and care for me.

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes.

4 I have confidence in the organisation providing my care and support.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

4.19 I benefit from a culture of continued improvement, with the organisation having robust and transparent quality assurance systems.

This area for improvement was made on 1 July 2019.

Action taken since then

Staff undertook a detailed induction when they commence with the service, including completing shadow shifts with an experienced staff member.

A comprehensive care attendants' induction and practice manual were provided. This included a section on The Principles and Value of Care and Roles, Responsibilities and Relationships. Professional codes of conduct for staff members were referred to in the manual. We thought the manual was comprehensive, covering legislation, human rights and standards.

Training was completed by the staff team, which included annual refresher training for specific area. Monthly staff meetings took place where staff had the opportunity for sharing of information and group discussions. This included staff practice and maintaining professional boundaries. All staff received supervision and the organisation used a value based reflective approach. Staff training and development needs formed part of the supervision meeting. We discussed with the registered manager the introduction of staff observations to evidence staff competencies.

This area for improvement had been met.

Previous area for improvement 5

The service provider should ensure that all policies and procedures are routinely reviewed and updated covering all legal requirements and best practice guidance. Policies and procedures should be routinely discussed with staff to ensure they have a good understanding of all processes to follow. The service provider should pay particular attention to those mentioned within this report:

- Participation strategy
- Medication policy
- Adult and child support and protection procedures
- Accidents and incident reporting and recording
- Complaints policy
- Restraint.

Health and Social Care Standards, My support my life;

3 I have confidence in the people who support and care for me.

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes.

4 I have confidence in the organisation providing my care and support.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This area for improvement was made on 1 July 2019.

Action taken since then

The provider had a system in place for reviewing the organisation's policies and procedures. The review of policies and procedures were delegated to board members and the management staff. Date of review was recorded, as was the planned date for future reviews. The manager had recognised further policies and procedure which should be developed. Staff handbooks also contained policy and procedure information in order to guide staff practice in a safe and consistent way.

This area for improvement had been met.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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