

Crossroads Care Harris Support Service

The Old Primary School
West Tarbert
Isle of Harris
HS3 3BG

Telephone: 07305 078 815

Type of inspection:
Unannounced

Completed on:
3 March 2023

Service provided by:
Crossroads Care Harris a Scottish
Charitable Incorporated Organisation

Service provider number:
SP2020013550

Service no:
CS2020380435

About the service

Crossroads Care Harris provides a care at home service across the Isle of Harris. The service provides a support service to children and adults with support needs living in their home and in the community. The aims of the service are to provide care that:

- Provides responsive care and support to family carers and elderly, ill and vulnerable people living alone in Harris.
- Support family carers and service users by providing high quality domiciliary respite care, enabling people to be cared for in their own homes as long as possible, and enhance their quality of life and well-being.

The service provides support primarily as respite and support on the basis of regular support visits to allow family carers a break from their caring role. Additional services are provided when needed in emergency circumstances or end of life care by providing some short-term overnight support to help prevent hospital admissions.

At the time of the inspection, support was being provided to 22 service users.

About the inspection

This was a full inspection which took place on 2 March 2023 between 10.15am and 5.20pm and 3 March between 11.10am and 5pm. The inspection was carried out by 2 inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information and information submitted by the service.

In making our evaluations of the service we:

- Spoke with 9 people using the service and 5 of their family members
- Spoke with 5 staff and management
- Observed staff engagement with people
- Reviewed documents
- Spoke with 1 professional via email.

Key messages

- People told us they were very happy with the support workers and highly valued the support they were provided with.
- People told us how well organised and professional the service was.
- The service would benefit from more formal audits of care plans.
- The service would benefit from the development of a contingency plan.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question. We identified major strengths in supporting positive outcomes for people.

1.1 People experience compassion, dignity, and respect

We saw people being treated with dignity and respect by staff and interactions we saw were compassionate, warm, and respectful. The manager had completed regular checks that service users were being supported in a respectful way by staff.

People benefitted from a service that had helped build and establish trusting and respectful relationships. Staff knew people well and spoke respectfully about people they supported. People said they were supported by regular staff and were told in advance whenever there were changes of staff coming to support them.

1.3 People's health and wellbeing benefits from their care and support

We spoke with a number of service users and family members about the support they received from Crossroads Care Harris. People spoke very highly about the service and the positive impact it had made on the quality of their lives.

Records showed that the support provided, followed the support that was outlined in the care plan. This had impacted positively on people receiving the service in that full-time carers were supported to take a break from their caring responsibilities.

Some people described the service as a "lifeline" and people described how they "would be lost without it". For some service users, the visits were vital as they reduced the risk of isolation and loneliness and one person described them as being "like my family".

People also described how the service listened to them and kept them involved in decision making. Some people described ways in which the service was flexible, in order for them to have respite at a time that suited them best.

People spoke positively about the level of engagement they had with the support staff and how this had enriched their lives with warmth, humour and interesting conversations.

People who were able to, had taken part in an annual trip as part of a social event with other people using the service. There was also a regular social meet up for family members which people reported as being very supportive to them.

At the time of the inspection, no one required medication to be administered however, staff were trained in this should people's needs change. Effective communication within the service had resulted in them responding quickly to the changing needs of service users. We also received positive feedback from a local professional about the flexibility of the service.

Staff described how they were kept informed about people's healthcare needs, and could clearly describe an

understanding about their role in supporting and reporting on people's health.

People benefitted from the weekly multi-disciplinary meetings the service attended, along with other local community professionals where they discussed and shared important information. This had resulted in people getting the right care and support at the right time.

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

People were safe and protected from the risk of harm from infection as the service had an appropriate Infection Prevention and Control (IPC) policy in place and there were systems and resources in place to support this.

Service users benefitted from being supported by staff who were trained in and followed IPC best practice.

People and staff told us how Personal Protective Equipment (PPE) had always been worn when it had been required and how staff continued to follow good handwashing procedures.

People told us how the service had routinely kept in touch during the pandemic, to ensure their support needs were being met.

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question. We identified major strengths in supporting positive outcomes for people.

Service users and families described how the manager had always been contactable when they needed them. Staff also spoke positively about the management and leadership within the service and how approachable, supportive and contactable the manager was.

Quality assurance systems helped identify if there were any areas of the service that could be improved upon and there were a number of ways the systems sought feedback from people. Service users and family were invited to have a say about the service through annual questionnaires. These were then analysed by the committee and an overview of the responses was provided to the manager.

Staff made suggestions about training they required through regular supervisions and meetings. We saw examples of this being recorded and actioned. However, we highlighted to the manager that minutes could be better recorded and meetings more formalised. The manager was in agreement to this.

There was regular engagement with the wider health and social care teams. We were told how these opportunities were used to discuss the service provision and raise concerns.

Staff felt listened to and supported by the manager. Staff surveys also took place every 2 years to capture staff opinions on how the service could improve.

The service had a comments and complaints policy and leaflets which contained information about this was provided to service users and family.

We highlighted how the contact number for the Care Inspectorate needed to be updated.

The manager attended meetings every 2 months with the Crossroads Care Harris Committee, to report on the performance of the service and identify any actions required. We saw that the manager reported on a range of areas such as current users and new referrals, activities, and staff overview. We suggested it may be helpful to capture and report on the actual hours the manager covered at these meetings.

We also suggested that reporting on 'missed visit' information to the committee may be helpful to demonstrate the management overview. We acknowledged however that people had benefitted from a well organised service where there had been no missed visits.

The manager ensured there was stability and continuity of staff for service users. Each person was allocated one permanent and one relief staff member where possible. People we spoke with told us this is what happened.

The service had a range of policies in place, which contained a good level of detail. We advised the manager to reflect the date published and date due, to be reviewed as good practice.

The service had a business plan for the coming year which made reference to the Health and Social Care standards and what the service planned to do to meet these. We could see that in general, the service was delivering on the business plan.

However, there was no service contingency plan to take account of any possible future events which could adversely impact on the availability of staff available to support service users (see area for improvement 1).

The manager made sure risk assessments completed for work areas within service users' homes were reviewed and updated. This had helped keep staff informed and people safe.

Areas for improvement

1. The service should develop a contingency plan to take account of any possible future events which adversely impacts the availability of staff available to support service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 1.15).

How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question. We identified major strengths in supporting positive outcomes for people.

People benefitted from a responsive staff team who sought advice where required for people's changing needs. We observed staff supporting and engaging with people well and people spoke very highly of the professionalism and competency of the staff. One person described the staff as being "patient and trustworthy".

Staff knew and could discuss the needs of people well. This meant people could be confident that staff were aware of important information needed to support them safely. Staff were clear about their responsibilities in terms of reporting back to the manager and could confidently describe how they would recognise and report any concerns.

We reviewed how safely staff had been recruited. We highlighted to the manager how company stamps should be used to demonstrate the source of references and the appropriate storage of disclosure forms. However, overall the recording of recruitment information demonstrated that best practice had been followed and showed how relevant checks had been completed. We also saw that staff were provided with a good level of induction before they started to provide them with enough knowledge to support people safely.

Records showed that all staff were up to date with their professional registration. Although, the manager kept an overview of staff registration renewal dates, they relied at times on information provided by the member of staff. We suggested having a more formal and planned way to monitor this. The manager agreed to implement this.

Staff received regular appraisals and supervision sessions and told us they felt they were worthwhile. Staff also said they felt the manager listened to them during the sessions.

There was a good range of staff training and staff were confident in describing the training they had received. Staff told us that although the training received was sufficient for them to carry out their job safely, they could easily request more. This meant that we could be assured all staff were trained in supporting people effectively.

Observations of staff practice were undertaken as a way of ensuring there was a management oversight of the way staff worked with people. From the records we saw, we could see that there had been no issues identified with the way that staff worked with people.

How well is our care and support planned?

5 - Very Good

We made an evaluation of very good for this key question. We identified major strengths in supporting positive outcomes for people.

There was a good level of person-centred information contained within care plans about each person's wishes and preferences. This had helped make sure the support provided was in keeping with what the person wanted. Assessments were also in place to help guide staff to support people the right way to meet their needs and preferences. However, some of these lacked detail.

As mentioned under Key Question 2, some areas required updating within care plans therefore, an area for improvement was made in relation to implementing care plan audits.

Care reviews had been completed to help make sure people were satisfied with the service they were receiving. The care reviews were found to have all taken place in line with the legal timescale of minimally 6 months. Records showed that there was good involvement with the supported person and/or families as well as the staff that supported them. As part of the reviews, the manager reviewed parts of the care plan. However, we found some areas within care plans that could have been completed better. We discussed the benefits of carrying out a regular care plan audit with the manager (see area for improvement 1).

Areas for improvement

1. The service should make sure information within care plans and associated records is consistent and accurate. In doing so, there should be regular care plan audits completed to make sure information is accurate.

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).

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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