



# **Crossroads Quality Assurance System (CROQAS)**

## **Crossroads Harris Report**

**June 2017**

# **Contents**

**About CROQAS**

**Outline of New CROQAS**

**CROQAS Quality Standards**

**About Crossroads (Harris)**

**The Audit Process**

**Results**

**Evaluation**

**Conclusions**

## **About CROQAS**

CROQAS is Crossroads Quality Assurance System.

In the late 1990s the Board of Crossroads Caring Scotland introduced CROQAS for the purpose of ascertaining that affiliated schemes were operating to the standards expected by the national organisation and the insurers.

The system was an adapted version of the Practical Quality Assurance System for Small Organisations (PQASSO). It followed the usual practice of identifying evidence (policy, practice etc.) that certain specified standards of governance, management and operation were being achieved. On-site audits were carried out by national office staff and trained volunteer auditors. Schemes that were broadly meeting standards were awarded CROQAS certificates.

In 2010 the system was changed. It was recognised that, as all affiliated schemes were operating under the same or similar operational policies, it was possible to specify in advance the policy and practice expected, thus allowing assessment of compliance with standards by means of a checklist.

The main purposes of new CROQAS are

- To demonstrate the achievement of specified standards in the operation of Crossroads schemes and services
- To evaluate the extent to which Crossroads schemes are realising the mission of Crossroads in their localities.

The first is about the structures, processes and systems that exist within an organisation, and their adequacy for ensuring that the organisation is well run in all respects. The original CROQAS, based on the PQASSO system, had such a focus. New CROQAS continues to seek to establish that Crossroads schemes meet operational standards, although the method will now be a highly structured self-assessment, which will also have the benefit of demonstrating compliance with care standards.

The second purpose relates to success, achievements and outcomes. This was not a focus of the original CROQAS. A well run organisation is not necessarily a successful organisation. It is a legitimate interest of Crossroads Caring Scotland that affiliated schemes are successful as well as well run, and such an understanding is essential if CCS is to provide effective guidance and support for schemes. Hence new CROQAS attempts to approach the issue of success.

## Outline of New CROQAS

The principal features of New CROQAS are

1. The Quality Standards are simplified into 7 basic statements.
2. The evidence for meeting the standards is compiled by completing an electronic self-assessment. (The electronic system will also, without further data entry, allow evidence to be compiled in relation to (a) the National Care Standards and (b) the Care Commission's Quality Statements.)
3. Key documents are submitted and examined. They include:
  - Board minutes for the last 12 months (including accompanying reports).
  - Minutes of last AGM (including reports)
  - Strategic or Business Plan
  - Year Plan
  - Budget for the current year
  - Audited accounts for the last year
  - Training plan
4. An on-site inspection is carried out with ad hoc checks of documents and questions for managers and Board members, all based on the evidence (self-assessment and documents) previously submitted.

## CROQAS Quality Standards

The following are the 7 CROQAS Quality Standards

- |   |  |  |
|---|--|--|
| 1 | <b>Governance</b>                        | The Board practices good governance by attending to its responsibilities, taking a strategic approach, and developing and promoting Crossroads. The Board is effective and accountable.  |
| 2 | <b>Strategy, planning and user focus</b> | The organisation has a clear mission and clear values, understands the needs of carers and service users, and sets priorities and targets through short and medium term plans.   |
| 3 | <b>Leadership and management</b>         | The organisation's leaders and managers communicate with and motivate its people and apply a range of policies and management systems that ensure that legal, contractual and societal obligations are met, and high efficiency is achieved. |

- 4 **Managing people and learning** The organisation values its people and consults with them, ensuring that staff understand their roles, are supported and trained and function as a team. All within the organisation have opportunities for learning and development. Policies and procedures to meet the legal requirements of employers are consistently applied.
- 5 **Finance** The organisation plans and exercises full control over its finances and resources, ensuring that all spending is on agreed purposes, financial management meets legal and accountability requirements and assets are effectively managed.
- 6 **Partnerships and promotion** The organisation publicises its mission and promotes its work, ensuring that it has effective links with key organisations and partners.
- 7 **Results** The organisation focuses on results by collecting data on activities, monitoring outputs and evaluating outcomes for carers and service users. Results are measured against a full range of objectives and targets - operational, financial, human resources and societal. Results are used to plan improvements and inform others.

### **About Crossroads Harris**

Crossroads Harris was established in 1985 with the support of Harris Council for Voluntary Service. It has a management committee comprising five Trustees who occupy the positions of chairman, vice-chairman, secretary, treasurer and medical adviser and 15 additional members. The scheme was named Scottish Charity of the Year in 2010.

The scheme operates throughout the Isle of Harris, which is within the Comhairle nan Eilean Siar local authority area. The area is rural with a number of small villages of which the largest is Tarbert. The population is approximately 1,900. The area has a higher than average older population.

In the year 16/17 the scheme provided around 62 hours of care and support per week. This is mainly respite care but also includes care for service users living alone. At June 2017, 27 carers/service users (including those living alone) were receiving a service including an emergency overnight service. Service users are mainly older people, including those with dementia, and adults with physical disabilities Also a domestic help service has been started with 8 users, it is expected this could develop further if more staff were recruited as there is a need in the area.

The scheme does not operate from a staffed office. All documents relating to services are kept at the offices of Harris Council for Voluntary Service which is located in council premises in West Tarbert. The day to day running of the scheme is the responsibility of the Service Manager, who works on a voluntary basis from home, but is able to use a desk at HVS if required. HVS also provide administrative support services including payroll.

## **The Audit Process**

The scheme completed the electronic shortened version of the CROQAS self-assessment and submitted it in May 2017. Key documents were then requested and received. An inspection was held at the scheme office on 6<sup>th</sup> June 2017.

### **CROQAS self-assessment**

The self-assessment comprised providing Yes/No answers to a checklist of 103 practice statements on an Excel spreadsheet. On completion there were 4 statements having a 'No' response, and therefore in need of action or satisfactory explanation for non-compliance.

### **Key documents**

The key documents that were submitted and examined were

- Year Plan for 2017/18.
- Budget for three years to March 2020.
- Minutes of management committee meetings from May 2016 to April 2017.
- Annual Report for the year ended 31 March 2017.
- Minutes of the AGM held on 29<sup>th</sup> May 2017.
- Training Plan.

### **The Inspection**

The inspection on 6<sup>th</sup> June 2017 was carried out by Fiona Henderson, Regional Director. It was based on an inspection plan which included

Checks on care practice and day-to-day service management -

- Self-assessment
- Results of annual survey and distribution
- Information for service users
- 4 Service Users' files including care needs assessments, risk assessments and personal plans
- Check progress with 6 month reviews
- Practice in relation to support worker recording and reports
- Business continuity plan
- Year Plan
- Induction Programme and Training Plan/programme/records
- Arrangement for carrying out SU moving and handling assessments
- Annual report/review

- 2 support worker files
- Supervision practice including team meetings; recording practice
- Training needs analysis

The above checks were carried out with the aid of the Service Manager.

Checks on governance and management -

- Business or Strategic Plan
- Level and type of service
- Budget for 2017/18
- Financial management and Treasurer's financial reports to the Board

The above checks were carried out with the assistance of the Service Manager and through discussion with the Chair of the Board.

## **Results**

The self-assessment was updated at the inspection.

The items for improvement were, at inspection, reduced to 1.

- The service users agreement was not in the Crossroads Caring Scotland standard format. There is a standard format available and should be adopted by the scheme.

The further checks at inspection on care practice and day-to-day management resulted in the following observations and comments.

- There have been no complaints in the history of the scheme.
- No record of the issue, reissue and return of ID badges had been kept, however the manager is to introduce this.
- The Information Booklet is comprehensive in the provision of Information.
- The Service Manager visually checks stock but does not have a written record; this is to be kept now.
- There is need for the domestic service which has been set up with the help of a grant obtained, however it runs at a deficit, consideration to be given to increasing the charge for this service to ensure it is financially viable.
- Support workers have involvement in 6 monthly reviews and compile their own report.
- Staff turnover is low.

## **Evaluation of the Scheme**

The following points relate to the challenges and achievements of the scheme rather than practice and quality in the areas of management and care.

### **1. Governance by the Board**

The Board has sufficient members and meets regularly, about 6 times a year. The minutes of the meetings show that they take collective responsibility for the governance of the scheme. The Manager provides reports on service activities at each Board meeting.

### **2. Management of Finances and Reserves**

The scheme's main source of income is a grant from the Western Isles Intergrated Joint Board. This amounts to £33,162 for the year 17/18. The unrestricted reserves at 31 March 2017 were £81,931 which is more than sufficient to cover 12 months operating costs. However the scheme ended the year 16/17 with a deficit of £13,834. The manager is unpaid, has indicated she will be retiring within the next 18 months and consideration has been given to the cost of a paid post which would increase the deficit if remedial action is not taken. Financial reports are given at each Board meeting.

### **3. Planning**

Although there is no Business Plan in place, the Year Plan includes information that would be in a three year plan, and there is also a three year budget. The year plan has key objectives for the service and detailed targets for the year 17/18.

### **4. Level of service**

The scheme provides about 60 hours of service a week; most of this is respite care but some is care for service users living alone. The scheme takes a flexible approach to meeting the care needs of the Harris community. Additional to this core service is emergency overnight care. Although the scheme is small it appears to be an adequate level for the population of the area.

### **5. Level of charitable activity, publicity and promotion**

There is a good level of fundraising activity by the Board, staff and volunteers. This resulted in income of £3697 in the year ended 31 March 2017. Fundraising activities are well publicised and the scheme has a high profile in the community. Donations are at a high level given the size of the population. £5712 was received in 2016-17.

### **6. Care management (individual service users/carers) and standards of service**

At inspection, a sample of service users files was examined. The documents used are mainly standard Crossroads Caring Scotland format with the exception of the Individual Service User Agreement. There have been no complaints and no accidents

and incidents. A survey of service provision is planned for October 2017. There last Care Inspectorate inspection was in March 2017, and resulted in 6 (excellent, the highest grade) for care, 6 for staffing and 6 for management.

**7. Staff management including Supervision and Appraisal**

A sample of support workers personnel files was examined. Files included all the documents required by regulations or advised by CCS.

Support staff attend team meetings. The meetings include training/discussions of aspects of practice and consultation on scheme activities.

Face-to-face or telephone planned supervision is about every 6 months and is recorded, but there is also regular contact by phone. Appraisals are held annually.

**8. Management and support of Service Manager**

The manager is supervised 'informally' as she works on a voluntary basis. Although the service is small the manager still has to undertake the full range of responsibilities and duties and ensure that the scheme operates in accordance with best practice.

## **Conclusions and Summary of Recommendations**

Crossroads Harris is a very successful scheme. It has provided respite care in the area for many years and has developed the service to meet the needs of the community.

The CROQAS audit shows that the scheme operates successfully generally using the policies and procedures issued by Crossroads Caring Scotland. The high quality of the service is also evident from the Care Inspectorate gradings and the results of surveys. There were a small number of items for improvement identified. In summary the recommendations are:

1. Introduce the Crossroads Caring Scotland Individual Service Agreement.
2. The manager is available 24 hours a day. When the present manager retires and the post becomes a paid post consideration will need to be given to an on call system in order the post holder can have a satisfactory work/life balance and adequate rest breaks.

