

Braeburn Court Housing Support Service

Braeburn Court
St. Margaret's Hope
Orkney
KW17 2RR

Telephone: 01856 831 501

Type of inspection:
Unannounced

Completed on:
2 March 2023

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2011303830

About the service

Braeburn Court is a purpose built facility designed to provide a housing support and care at home support service to older and vulnerable people in their own tenancies. The service is registered to provide care and support to a maximum of 14 service users.

Other services include a one-bedded flat which is used as a respite care service in the central building. The main building contains offices, staff sleep-in room, a communal social area with kitchen, toilets and some of the homes where tenants receive care at home and housing support.

The other tenancies are located in semi-detached bungalows facing the central building.

Eligibility is extended to individuals who experience a significant degree of challenge to living independently that requires on-site support services.

About the inspection

This was an unannounced inspection which took place between 20 February and 1 March 2023. One inspector 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 seven people in their homes and spoke with two relatives;
- spoke with staff and management;
- spoke with visiting professionals;
- observed practice and daily life;
- reviewed returned electronic surveys; and
- reviewed documents.

Key messages

People were comfortable with staff members they knew well.

There were some favourable reports from family.

People's care plans needed to reflect current needs.

There needed to be improved care and recording in relation to safely managing individuals' medication and skin.

Leaders needed to be more visible and experienced, and staff should be clear on their roles and responsibilities.

A robust quality assurance system needed to be embedded in the service, focusing on improved outcomes for individuals using the service.

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 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

People got adequate support with their wellbeing. There were strengths but some key aspects of support needed to be improved on.

Care and support was delivered by a small and consistent staff team. This allowed people to build up trusting relationships with staff where they felt safe when their care was being delivered. People told us staff were respectful and delivered care and support in the way they wished. Some of the comments from people we spoke with included:

"The support is always for my relative's best interests, and staff would consult with me if additional family support is needed."

"It is reassuring that there is always someone there if I need them."

"The staff know what I like and know me really well, really well."

It was apparent staff did not always feel they had the right skills and experience to support people with increasingly complex needs. We discussed this with the provider and asked them to continue supporting staff to understand their roles and responsibilities. They should also provide training for staff in areas they lacked confidence (see area of improvement 1).

Overall individuals were supported to keep good health. Staff had professional and respectful relationships with community health providers. In most situations staff were quick to identify changes in people's health and ask for and follow advice from health professionals. This helped people keep well. Some of the comments from people we spoke with included:

"The staff notice if I am not feeling well, and will help me phone the doctor."

"My relative has much more freedom here as staff keep an eye on them and would know if their health deteriorated."

"The staff were really good at caring for my relative after he fell."

During our inspection we identified poor care in relation to skin care. This had resulted in discomfort and pain for one gentleman. We were left concerned staff did not have the right knowledge or were following appropriate guidance in relation to skin care (see requirement 1).

At times medication was not managed safely. The assessment and planning around people's medication support was inconsistent. We found significant gaps in medication records that were not easily explained. There was insufficient monitoring, recording and evaluation of "as required" and "topical" medication. The service needs to ensure people's health is promoted and they are getting the right medication at the right time (see requirement 2).

People were safe and protected as there were systems and resources in place to support the safe management of infection prevention and control (IPC). Staff were knowledgeable about how to reduce the risk of spread of infection and adhered to current IPC information and guidance. Some of the comments from the people we spoke with were:

"Staff are very careful and followed infection control guidance."

"Yes the staff follow infection prevention and control measures when they support me with personal care."

"The staff are good at washing their hands."

Requirements

1.

By 3 June 2023 the provider must ensure healthy skin care is promoted for all the people they support. To do this, the provider must, at a minimum:

- a) identify all individuals who are at risk of skin damage within a six week period of this report being made final;
- b) have a clear plan in place that is reviewed and evaluated regularly for individuals who are at risk of skin damage; and
- c) ensure staff are following good practice guidance and have the necessary skills and understanding to manage and promote healthy skin.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

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

2. By 3 July 2023 the provider must ensure people are kept well and safe by getting the right medication at the right time. To do this, the provider must, at a minimum:

- a) ensure medication recording sheets identify all prescribed medications within a six week period of this report being made final; and
- b) ensure staff are following good practice guidance in relation to record keeping, and have the necessary skills and understanding to safely administer medication, paying particular attention to "as required" and "topical" medication.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).1

Areas for improvement

1. To ensure consistent, good quality and respectful care is delivered to all the individuals equally, staff should be supported to understand their roles and responsibilities when delivering care and support. Staff should be confident and competent when supporting people with complex needs.

This is to ensure that care and support is consistent with 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 4.11).

How good is our leadership?

2 - Weak

Overall, the quality assurance and improvement work at this service was weak. Strengths could be identified but these were outweighed by significant weaknesses. The weaknesses, either individually or when added together, substantially affected people's experiences and outcomes. Actions are needed to make sustainable improvements.

There was a lack of leadership and oversight within the service. This had resulted in some areas of poor care and staff not being supported to follow good practice guidance. This had put people's health at risk (see requirement 1).

We would expect providers to have robust and transparent quality assurance systems in place, to ensure safe care and service improvement remained a focus. There were some systems in place to monitor aspects of care but staff did not have sufficient time, or the right knowledge, to do this thoroughly and systematically. As a result, some of the checking and assuring that people were getting the right care and support was not happening. This meant areas that needed improved on to promote good quality and safe care remained unactioned (see requirement 2).

Leaders are expected to work closely with the Care Inspectorate and keep them informed of certain types of incidents or accidents. This was not happening on a regular basis. Sharing information between agencies is an important part of helping people to keep safe and well (see requirement 2).

Communication within the service was not working adequately and some people's health and well-being was being compromised. Although staff passed on relevant information to each other about individual's health care needs, we were not confident there was someone they could go to for advice and guidance on more complex care and support needs. This meant at times staff were uncertain they were providing the right care and support to individuals (see requirement 1 and 2).

Overall, the systems in place to ensure quality improvements and positive outcomes for people needed to be more effective. Communication at the service and how information is reported on, and gathered by management needs to improve (see requirement 2).

Relatives and people receiving a service felt confident if they had a concern they could raise this with one of the service co-ordinators. They felt they were listened to and the co-ordinator would do their best to resolve any issues. Some of the comments from people we spoke with included:

"If I was concerned I would talk to the co-ordinator."

"The co-ordinator was good at listening when I raised concerns, I feel confident they will sort the issue out."

Requirements

1. By 3 June 2023, the provider must ensure people are kept safe and their health and wellbeing is promoted by having robust and effective management and leadership arrangements in place.

To do this, the provider must, at a minimum, ensure:

- a) it introduces additional leadership and management support and resources into the service until those responsible for undertaking management and leadership roles are able to do so; and
- b) ongoing suitable management cover and oversight is in place and that the necessary improvement is sustained.

This is to comply with Regulations 3 and 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that:

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

2. By 3 June 2023, the provider must ensure people are kept safe and their health and wellbeing are promoted by the service having robust quality assurance, communication and reporting systems.

To do this, the provider must, at a minimum, ensure:

- a) quality assurance activities are reviewed and developed to cover all key areas of the service's care and support to people;
- b) communication in the service is improved so that important information is provided to people, or their representative, and staff, as needed, and that management are informed of any matter of concern or where the service is not being provided to meet people's outcomes and wishes;
- c) that there are adequate processes in place to notify the Care Inspectorate of specific events, or changes within the service as per 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'; and
- d) put in place an overall service improvement plan.

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 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)

How well is our care and support planned?

3 - Adequate

Care and support planning was adequate at this service. There were strengths but some key aspects of performance in this area need to improve.

People and relevant others were central and fully involved in their reviews. This gave people the opportunity to say how they wanted their care delivered. As all the reviews were due at the same time, we were concerned there was insufficient staff capacity to arrange and carry these out. We have asked the provider to considering staggering reviews in the future or increasing staff capacity to support with these.

When we looked at people's support folders there were significant gaps in some of them. For example they did not identify people were getting support with personal care and how they wanted this carried out. Some people had separate plans outwith their support folders to manage, for example stress and distress. There was no cross referencing to these within the support plan. We were left unsure if staff were following the stress and distress plan. This was not reassuring and indicated people could be missing out on having the right or safe support (see requirement 1).

Requirements

1. By 3 June 2023 the provider must ensure effective arrangements are in place to make sure people get the care and support that they need and that is right for them. To do this, the provider must, at a minimum:

a) ensure that each person using the service has a full, written, accurate personal plan in place; which reflects the most up to date information about their care and support needs, the person's health, welfare and safety needs and takes into account their choices and preferences.

This is to comply with Regulation 5(1)(b) and (c) (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 assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12).

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	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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