

# Sunnybrae Centre Housing Support Service

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**Type of inspection:**  
Unannounced

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**Service provided by:**  
Orkney Islands Council

**Service provider number:**  
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**Service no:**  
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## About the service

Sunnybrae Centre is a service which is registered with the Care Inspectorate to provide a combined housing support and care at home service for people in their own homes.

The service was supporting older adults who lived in 24 different households located next to a core building, which was on the outskirts of Kirkwall. The core building had a staff base. Tenants of the service could come over to the core building to attend pre-arranged activities. Tenants could come over for lunch in the core building, which was provided for a small cost. Other people choose to have lunch in their own homes.

## About the inspection

This was an unannounced inspection which took place between 5 July and 13 July 2023. 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 five people using the service and two of their family members;
- spoke with nine staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- Individuals supported were happy with their experiences.
- The service worked with external groups to enhance the experiences of individuals.
- The manager had made improvements to the quality assurance system in the service.
- Management availability within the service needed to improve.
- The service continued to find staff recruitment and retention a challenge.

## 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?	3 - Adequate
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 evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

People's health and wellbeing should benefit from their care and support. People were supported by a staff team who knew them well. Staff treated people with respect, compassion, and kindness. Staffing levels placed pressure on the staff, which meant the staff team had to prioritise care delivery or change the way in which they supported individuals. One person told us "Its different staff.... so we see a lot of different faces....but they are all very kind and polite".

The service had good links with local health and social care agencies and shared concerns regarding people's health and wellbeing as appropriate. This helped access prompt and appropriate support when necessary. We received positive feedback from a health professional.

The service promoted the use of independent advocacy for those who were not able to express themselves. This ensured that people felt listened to and valued.

Meaningful connection and activity are important for people's health and wellbeing. People were supported to maintain relationships with those important to them. The service provided the opportunity for individuals to meet in the "core building" for lunch. This promoted individuals' wellbeing. Lunch could also be provided within individual's own home.

There was a mix of communal and individual activities on offer. This included a partnership programme with local schools, Therapet, role play, bingo and celebrating of special events. People enjoyed these. One person told us "Generally there's some kind of activity on ...we see the Therapet dog here on a Sunday and there have been wee dances and a show on, so we look forward to that". The service also worked in partnership with local befriender services. This promoted wellbeing and reduced the risk of isolation.

Staff recorded care delivered within daily notes. The quality of these varied and the service was working with the staff team to offer better consistency. Incident reports were completed following adverse events. People's records about their care and support continued to be located within their own homes. This provided the individual and staff access to personal information.

Medication was managed well, and individuals were supported to take the right medication at the right time. There was guidance available for staff on the administration of "as required" medication. There were plans in place to work with local pharmacies to streamline the medication process.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Overall, individuals supported spoke positively about the management team and confirmed they had made a positive impact in the service. We received feedback that the availability of management cover was limited due to contracted working hours. There were days when there was no management presence in the service and there was no individual identified to coordinate service delivery on those days. We asked for the management cover to be reviewed within the service and for the service provider to consider different ways in which the staff team could be supported during their working day (see area for improvement 1).

People benefit from a culture of continuous improvement. The management team had made improvements to quality assurance processes. This provided a more robust overview of the service. The management team had sought the views of individuals living within the service and their relatives. This feedback was used to make positive changes within the service. This included the development of a library and an accessible hairdresser. This helped to make people feel valued. People expressed that they felt confident raising concerns with the staff and management team.

A service improvement plan was in place. Feedback and audits informed the service improvement plan. This allowed the management team to have an overview of areas for development and what had been achieved. A previous requirement has been met.

Communication within the service had improved. A new shift handover procedure had been introduced allowing staff to share key information with each other. We saw evidence of further protocols that had been introduced following the last inspection. This provided staff with guidance on reporting accident or incidents and when to escalate concerns. This helped to keep people safe.

## Areas for improvement

1. In order to provide robust leadership within the service, the service provider should review management arrangements to ensure appropriate leadership and direction is available to staff in the absence of the manager.

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)

## How good is our staff team?

**2 - Weak**

We made an evaluation of weak for this key question, as strengths can be identified but these are outweighed or compromised by significant weaknesses.

Although the service had benefited from a recent recruitment campaign, they had experienced further staff leaving the service. This had resulted in the service at times having to prioritise care and the staff team changing the way in which they supported people. This left individuals vulnerable at times. The staff worked hard to promote positive outcomes for people. We could not be confident that the numbers of staff consistently met the needs of people in a timely way (see requirement 1).

New staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". The management team had made changes to the induction process as some newer staff had not received an appropriate induction to the service. This would allow for protected time to adjust to their new role.

People should have confidence that the people who support them are trained, competent and skilled. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. The service had begun to compile an overview of the training completed. This was not yet complete and made it difficult for the service to have an overview of training completed and what was outstanding (see area for improvement1 ).

The service had been supported with face-to-face training provided by external trainers. This included adult support and protection. A previous requirement has been met. The training provided was relevant and helped staff meet the needs of people supported. Future training dates had been sourced and booked including stress/distress training with an external provider (see area for improvement 2).

It is important that staff have regular supervision opportunities with managers to identify any practice, training and support needs promptly. Supervision had commenced however not all staff had been provided with this opportunity. Staffing levels were impacting on the ability to complete and maintain staff supervisions. There was a plan in place to provide the staff with this support.

The management team had introduced team meetings. This allowed the staff team to meet and share their views or concerns. The meetings also provided opportunity to reflect on best practice and the impact of recent training. This included adult support and protection training.

## Requirements

1. By 4 October 2023, the provider must ensure they keep people safe and healthy by ensuring they have appropriate levels of skilled and experienced staff. To do this, the provider must, at a minimum ensure that:

a) they review staffing contingency arrangements to ensure arrangements are in place to ensure staffing levels are adequate.

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 am confident that people respond promptly, including when I ask for help." (HSCS 3.17); and "My needs are met by the right number of people." (HSCS 3.15)

## Areas for improvement

1. To ensure that people can be confident that staff have the appropriate knowledge and skills, the service should ensure that they produce a training needs analysis and staff development plan that reflects the training the staff group require.

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)

2. To ensure that people can be confident that staff have the appropriate knowledge and skills, the service should ensure that staff have training to enable them to safely support people who display stress and distress.

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)

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans had been completed in a person-centred way and involved those living in the service. This allowed individual's wishes and preferences to be considered over the 24 hour period.

Staff had worked in partnership with individuals to rewrite and update personal plans since the last inspection. Some plans were still to be developed. The service had an overview of these and there were plans in place to complete the outstanding plans.

Where the service had received additional support from external health professionals, supplementary personal plans were in place to guide and support staff. This meant that individuals could be assured that they were being supported by a staff team that were aware of their needs.

Monthly reviews of people's personal plans were completed. We found that the quality of these varied across the personal plans and asked the service to monitor this going forward.

The service had an overview of six-monthly reviews that had taken place and those planned. This is important to give those living in the service and those closest to them the opportunity to be involved in their care and support.

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

### Requirements

#### Requirement 1

By 16 June 2023, the provider must ensure that people are confident that staff have been trained and are competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.

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

- a) staff have training on adult support and protection, and understand their responsibilities and when to report concerns;
- b) staff have training to enable them to safely support people who display behaviours of concern; and
- c) staff make appropriate referrals to the relevant agencies when this is necessary;

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 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

**This requirement was made on 23 March 2023.**

### Action taken on previous requirement

Appropriate adult support and protection training had been delivered and further sessions had been scheduled. Adult support and protection was a standing agenda item for team meetings and provided the opportunity for staff to reflect on their practice.

The service had arranged training for individuals who display behaviours of concern. Unfortunately, this training had been cancelled and a future date had been provided. The service did not support any individual who experienced stress and distress; however this training should be progressed to ensure staff are appropriately equipped to support this area of need in the future. We have made an area for improvement within key question 3.

We reviewed referrals to relevant agencies and external professionals and found that these were being completed as required.

This requirement has been met.

### Met - within timescales

## Requirement 2

By 16 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;
- c) that management are informed of any matter of concern or where the service is not being provided to meet people's outcomes and wishes;



d) 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

e) 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)

**This requirement was made on 23 March 2023.**

#### Action taken on previous requirement

The management team had developed quality assurance processes within the service. They had worked with individuals supported and those closest to them to seek views and these were being used to shape the service and plan for the future.

We found that communication had improved within the service with handovers introduced between shifts and regular team meetings. Accident and incidents were being escalated appropriately and there was an overview in place to monitor these.

Since the last inspection we have found that reporting to the Care Inspectorate had improved, and we were able to sample notifiable events during the inspection.

The service had used feedback and audits to compile a service improvement plan.

This requirement has been met.

#### Met - within timescales

### Requirement 3

By 16 June 2023, the provider must ensure they keep people safe and healthy by ensuring they have appropriate levels of skilled and experienced staff. To do this, the provider must, at a minimum ensure that:

a) they review staffing contingency arrangements to ensure arrangements are in place to ensure staffing levels are adequate enough; and

b) they consider the risk factors are included in overall dependency levels of people who are supported by the service; and that this helps to inform safe staffing levels.

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 am confident that people respond promptly, including when I ask for help." (HSCS 3.17); and "My needs are met by the right number of people". (HSCS 3.15)

**This requirement was made on 23 March 2023.**

## Action taken on previous requirement

The management team had introduced and completed a dependency tool to determine staffing levels. Following a successful recruitment campaign, the service had employed additional staff however, further staff left the service. Staffing remained unstable. This has resulted in staffing falling below required levels at times.

The service worked with external management and other services to enhance staffing levels. Agency staff had been introduced into the service, but this was inconsistent.

The service was working to recruit and induct additional staff to the service. We have repeated part a) in a new requirement, see key question 3.

**Not met**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	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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