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Agenda Item: 12

## **Performance and Audit Committee**

**Date of Meeting: 28 June 2023.**

**Subject: Registered Services within Orkney Health and Care – Inspection Assurance Report.**

### **1. Purpose**

1.1. To present the first six-monthly assurance report on inspection activities for registered services within the Orkney Health and Social Care Partnership.

### **2. Recommendations**

The Performance and Audit Committee is invited to scrutinise:

2.1. The inspection activity for registered services within Orkney Health and Care, for the period 1 November 2022 to 30 April 2023, as detailed in section 4 of this report, in order to obtain assurance that action plans have been submitted to the Care Inspectorate and are being progressed where appropriate.

### **3. Background**

3.1. The Care Inspectorate is the national regulator for care services in Scotland and inspects services across Scotland to ensure services are meeting the right standards. There are a range of services the Care Inspectorate requires registration for, including the following:

- Childminding.
- Day care of children.
- Care homes for adults.
- Care at home.
- Support services.
- Housing services.
- Adoption.
- Care homes for children.
- Fostering.
- Nursing agency.

- Offender accommodation.
- Schoolcare accommodation.
- Secure care.

3.1.1. Further detail on the definitions of each of these services can be found [here](#). Any care service must be registered, or they cannot operate.

3.2. The Care Inspectorate also works with partner agencies, including Healthcare Improvement Scotland; His Majesty’s Inspectorate of Constabulary in Scotland; and Education Scotland, to scrutinise how well different organisations in local areas work to support adults and children.

3.3. The Care Inspectorate routinely visits all care sector settings, and these can be either announced, announced (short notice) or unannounced visits.

3.3. The Care Inspectorate uses a six-point scale when evaluating the quality of performance across quality Indicators:

6.	Excellent.	Outstanding or sector leading.
5.	Very Good.	Major strengths.
4.	Good.	Important strengths, with some areas for improvement.
3.	Adequate.	Strengths just outweigh weaknesses.
2.	Weak.	Important weakness, priority actions required.
1.	Unsatisfactory.	Major weaknesses – urgent remedial action required.

## 4. Inspections

4.1. The table below details the services which have had an inspection by the Care Inspectorate in the period 1 November 2022 to 30 April 2023.

Service	Inspection Publication Date	Grade				
		Wellbeing	Leadership	Management	Staffing	Care and Support
Orkney Responder Service	21.12.22	5	4	N/A	N/A	N/A
Braeburn Court	02.03.23	3	2	N/A	N/A	3
Sunnybrae Centre	24.03.23	3	2	N/A	2	N/A

## **4.2. Community Responder Service**

4.2.1. An unannounced inspection was undertaken for the Orkney Responder Service and was published on 21 December 2022.

4.2.2. The inspection took place between October and December 2022. As part of the inspection activity various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The Inspector also spoke with a number of people who used the service including family/legally appointed guardians, staff and management.

4.2.3. The key highlights within the report, attached as Appendix 2 to this report, are:

- People are happy with the service they receive and described staff as:
  - 'Kind and helpful'.
  - 'Nothing is a bother to them'.
  - 'They always ask if there is anything else they can do'.
- The service offered people, and their families, reassurance.
- That concerns about health and wellbeing were passed to the most appropriate health professional.
- It was also noted that recruitment had been difficult, and the service was utilising agency workers.

4.2.4. There were no recommendations within the Care Inspectorate's findings.

## **4.3. Braeburn Court**

4.3.1. An unannounced inspection undertaken at Braeburn Court, in respect of both housing support service and support services, and was published on 2 March 2023.

4.3.2. The inspection activity took place between 20 February and 1 March 2023. As part of the inspection activity various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The inspector also spoke with some individuals who are tenants, some family members, staff and management. As well as observing the practice and daily lives and reviewing electronic survey results.

4.3.3. The key messages within the report, attached as Appendix 2 to this report, are:

- People were comfortable with staff members they knew well.
  - "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."
  - "The staff notice if I am not feeling well, and will help me phone the doctor."
  - "Staff are very careful and followed infection control guidance."

- "The staff are good at washing their hands."
- "The staff follow infection prevention and control measures when they support me with personal care."
- There were some favourable reports from families.
  - "The support is always for my relative's best interests, and staff would consult with me if additional family support is needed."
  - "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."

#### 4.3.4. Areas identified for improvement:

- There were however significant areas for improvement identified as follows which led to the less than satisfactory gradings.
  - People's care plans needed to reflect current needs.
  - There is need to improve care and recording in relation to safely managing individuals' medication and skin.
  - Leaders need to be more visible and experienced, and staff should be clear on their roles and responsibilities.
  - A robust quality assurance system needs to be embedded in the service, focusing on improved outcomes for individuals using the service.

4.3.5. Following the feedback session from the Care Inspectorate with the management team and the finalised inspection report, an Action Plan to address the five improvement areas was developed and submitted to the Care Inspectorate.

4.3.6. The Action Plan contains a number of actions to meet the requirements and the areas for improvement. Dates for completion are staggered from May through to September 2023. At the time of writing, the two requirements with May dates have been completed with significant progress made towards the requirements due in June 2023.

## 4.4. Sunnybrae Centre

4.4.1. An unannounced inspection was undertaken for the Sunnybrae Centre, in respect of both housing support services and support services, and published on 24 March 2023.

4.4.2. The inspection activity took place between 9 January and 23 March 2023. As part of the inspection activity various information was reviewed including the previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. The inspector also spoke with a number of people who used the service including family, staff and management, as well as observing the practice and daily lives.

4.4.3. The key messages identified by the Care Inspectorate, attached as Appendix 3 to this report, are:

- People were not always supported by the right number of staff.
- Staff needed some training to help them to be confident and clear in their roles.
- A new Registered Manager was recruited in December 2022.
- People were mostly happy with their experiences.

4.4.4. Following the feedback session from the Care Inspectorate with the management team and the finalised inspection report, an Action Plan to address the three improvement areas was developed and was submitted to the Care Inspectorate on 19 May 2023. The key dates are for the requirements to have been met by 16 June 2023. At the time of writing, work is underway.

4.4.5. The Care Inspectorate recognised that the newly appointed Registered Manager had already commenced progressing the actions to improve the service at the time of the inspection.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	No.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	No.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	No.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource and financial implications

6.1. There are no immediate financial implications arising from the recommendations contained within this report.

## 7. Risk and equality implications

7.1. There are no immediate risk or equality implications arising from the recommendations contained within this report.

## 8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Author and contact information

10.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: [stephen.brown3@nhs.scot](mailto:stephen.brown3@nhs.scot), telephone: 01856873535 extension 2601.

## 11. Supporting documents

- 11.1. Appendix 1: Care Inspectorate Inspection Report – Orkney Responder Service.
- 11.2. Appendix 2: Care Inspectorate Inspection Report – Braeburn Court.
- 11.3. Appendix 3: Care Inspectorate Inspection Report – Sunnybrae Centre.