

Sunnybrae Centre Housing Support Service

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Unannounced

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Service provided by:
Orkney Islands Council

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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.

A new manager had been appointed in December 2022.

About the inspection

This was an unannounced inspection which took place between 9 January and 23 March 2023. The inspection was carried out by one inspector 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 a couple of their family members;
- spoke with nine staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

- 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.
- There had been a new manager recruited in December 2022.
- People were mostly happy with their experiences.

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 good is our staff team?	2 - Weak

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. While the strengths had a positive impact, key areas need to improve.

People were supported by a small staff team who knew them well. Staff treated people with respect, compassion, and kindness most of the time. Staffing levels were placing pressure on the staff, which meant they did not always have the necessary time to meet people's needs. Responding to people's call buzzers took them longer when they were busy or short staffed. People told us:

- 'There can be a delay in staff coming, but they apologise when they get here'.
- 'I do not think there is enough staff. Sometimes I have to wait too long'.
- 'The staff are really good, and I enjoy chatting with them'.

Complex support was provided to some people and we found staff did not have the necessary skills or experience to support with this properly. This was because they had not been trained and there was not appropriate guidance in place. Staff told us they did not feel they had the right training around mental health or about positive behaviour support (see requirement 1).

Staff had recorded unexplained bruising in daily notes and had not escalated this further on several occasions. They did not complete incident report forms when they had identified concerns about someone. This was because staff did not understand adult support and protection and did not know when to complete accident or incident reports. Management therefore, did not know about these events (see requirement 1).

People's records about their care and support had been held in the central office of the service. This was not the right place as they should be in people's homes. The new manager had resolved this by the end of our inspection and was working with staff to streamline records to make it easier to record correctly.

People accessed local health and wellbeing services, with some doing this independently, or with support from family. Staff supported others with their appointments, but were not always able to be present when a health professional visited. Appointments sometimes were not able to be planned, and visiting health professionals would visit when time allowed them to. This created gaps in what the outcomes were from these visits. We suggested improvements around recordings following appointments, and suggested the service could discuss with health professionals to see if they would record in people's notes in their homes the outcome of the appointments, meaning staff and others were kept up to date in a better way.

Infection, prevention, and control procedures were in place, helping reduce the risk of spread of infection..

Requirements

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).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

The manager role had changed on a temporary basis since we last inspected. A new manager had been appointed in December 2022. We had not been notified of the temporary changes to management previous to the most recent change. The provider should have used an absence of a manager for more than 28 days notification. We found other notifications the provider had not submitted to us. For example, accidents or incidents and an allegation of staff misconduct. We have made a requirement (see requirement 1).

The manager needed to improve quality assurance processes, to ensure that safe care and service improvement was focused on. There were some systems available to staff, but they did not understand the uses around these. This meant improvement and development plans were not up to date and areas for improvement and development had not been actioned (see requirement 1).

Communication within the service was not working adequately, and this had an impact on people's experience of their care and support. Staff did not always pass on key information to others because the systems they used to do this were not effective. This needed to be improved and the manager, alongside an experienced staff member, had begun work to streamline how necessary information was communicated effectively, with some positive effects already in place.

People who experienced support felt they could raise concerns; however they were not always sure this would be followed up. Family members shared their experiences and how they had felt listened to when raising concerns, saying this was possible because they had built up relationships with the staff at the service. The manager should continue to evaluate the service, and gain people's views about the strengths and areas of weaknesses to help devise a comprehensive improvement and development plan (see requirement 1).

The new manager had begun creating a new improvement and development plan for the service and had made early improvements, working towards providing a better experience for people.

Requirements

1. 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).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made a requirement for improvement.

There was not enough staff to support people safely at times during the day and overnight. This placed people at risk of harm as staff had potentially struggled to respond to an unplanned event or emergency because staffing levels were not right. Some people's care and support was complex and they required additional support and reassurance, which meant there was an increased risk of harm when staffing levels were low.

The manager had assessed staffing levels and had identified several staff vacancies and had been proactive and efficient in getting through the recruitment processes. This meant some staff were awaiting start dates to commence employment. We asked the service to review contingency arrangements to make sure those risks of harm were considered and where possible the risk reduced (see requirement 1).

Requirements

1. 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).

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 good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

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