

Sunnybrae Centre Housing Support Service

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Unannounced

Completed on:
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Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2013320598

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 16 and 18 July 2024.

Feedback was provided to the management team on 18 July 2024.

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 two people using the service
- spoke with five staff and management
- received electronic feedback from four people supported and three members of staff
- observed practice and daily life
- reviewed documents.

Key messages

- The staff team were committed and knew people well.
- The staff team were working well together to promote a positive experience for individuals.
- People had access to a range of activities and local community links based on their preferences.
- Quality assurance and improvement was well led.
- A previous requirement around management arrangements has been met.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

People's health and wellbeing should benefit from their care and support. We observed a team of dedicated and compassionate staff who clearly cared for the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. One person told us 'the staff are fantastic, attentive and they listen to us'. This helped to make people feel valued.

Staff responded to changes in health care needs and liaised with external health professionals. This helped to keep people well. When additional needs had been identified, such as infection, the service worked with external professionals. This allowed the staff to monitor progress and highlight any concerns when required.

People benefited from access to a varied and well-balanced diet. The service provided a hot meal at lunchtime. Individuals could either choose to attend the 'core' building for this or have this delivered to their home. We received mixed feedback regarding the food choices available. We asked the service to include this as an agenda item during tenant meetings. This would allow individuals to express their likes and dislikes and inform the menu.

Medication was managed well, and individuals were supported to take the right medication at the right time. The service had sustained improvements in this area by supporting the staff team. Staff commented that they were feeling much more confident in this area. This ensured that medication practice is safe and consistent within the service.

Meaningful connection and activity are important for people's health and wellbeing. People were supported to maintain relationships with those important to them. One person told us 'the staff took the time to help my mum to get ready for a special family dinner, they didn't have to do this'. The activity programme was varied. This included accessing the local community, sports events, partnership programmes with local schools, arts and crafts and music activities. People enjoyed these and attendance helped keep people connected.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People spoke positively about the management team who were responsive, approachable and supportive. One person told us 'I would be confident to reach out to the staff or management if I had any concerns, I know these would be listened to'. The management team were working well together and shared the same goals for the service. This had resulted in improved staff morale within the service.

A range of quality audits had been completed, including personal planning, medication management, daily, weekly and monthly checks were in place to monitor aspects of health and safety and individuals experiences. The service had maintained overviews of key areas such as medication, falls and tissue viability. Appropriate action plans had been developed where needed. Action plans were delegated to a specific member of staff. These were regularly reviewed to monitor progress. This allowed the service to measure what improvements had been made and what remained outstanding.

There was effective oversight of accidents and incidents. A lesson learned approach helped ensure learning was taken from unplanned incidents. Staff debriefing following adverse events demonstrated that staff had the opportunity to reflect on unplanned events.

The service had an appropriate complaint policy and procedure in place. This was shared with individuals. Although no complaints had been received by the service, we were confident that the system in place would allow the management team to monitor complaints and the actions taken.

The service used surveys and meetings to gather the views of people using the service, those closest to them and the staff team. This allowed for individuals to share their experiences. These views were used to shape the ongoing service improvement plan. This had resulted a service improvement plan which identified the strengths and were improvement was required.

The service had completed a robust and transparent self-evaluation of the service. This allowed the management team to assess what was working well and use evidence that had been gathered to plan future developments.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Feedback from staff indicated that the staff team felt that they worked well together and offered each other support. This allowed for informal peer support.

Staffing arrangements were determined by regular assessment of people's care needs and expressed wishes. Overall, there were enough staff to meet the needs of individuals. Some individuals we spoke to commented that there were times staffing had reduced. This had not impacted on the care and support received but they were concerned for the wellbeing of the staff. The management team planned to monitor this with the staff team. The service was in process of reviewing the shift start and end times. It was hoped that this would offer consistency within the service.

Recent recruitment had been beneficial for the service. The provider had introduced new initiatives to attract staff into social care and working on the island. When permanent staff were unable to support the service, there was a system in place to redeploy relief or agency staff team to the service. These individuals were provided with an induction to the service. This meant that individuals were being supported by individuals who knew them well.

People should have confidence that the people who support them are trained, competent and skilled. Training was based on a training needs analysis with the management team engaging with the staff to identify the most relevant training to support individuals. This meant that training available was reflective of the needs of people. A blended approach had been used with staff training. The staff team engaged with the training provided. Staff practice was assessed using observations of practice. Observations of medication administration and manual handling helped to ensure that staff worked consistently to a good standard.

Staff told us they were well supported by the management team. It is important for staff to have protected time with their line manager. Staff spoke positively about this protected time with their line manager. This gave them the opportunity to discuss the service and express their views. One member of staff told us 'there is now more time available for us (the staff) to spend with people and support them to do the things they want to do'.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Personal plans helped to direct staff about people's support needs and their choices and wishes. Personal plans were written in a person-led way and involved those living at the service and those closest to them. This had resulted in clear personal plans which included individuals' wishes and preferences. We discussed that the current template used resulted in some duplication of information. A short life working group was coming to an end. The outcome is a planned change of format of personal planning. This would help reduce duplication and ensure consistency of approach across the provider's services.

Personal plans were informed by a range of well completed risk assessments. Guidance from external professionals informed personal plans. We saw examples of external professionals making suggestions or requests and these had been used to inform the personal plans. This helped to keep people well.

Overall, the service kept clear and accurate records of care delivered and what this meant for individuals. These were used to share information with external professionals and evaluate care arrangements. This helped ensure that people were receiving the right care for them. We suggested the management team review duplication of care records.

The service had a review schedule. This is important to give those living in the service and those closest to them the opportunity to be involved in evaluating their care and support. The service promoted an opportunity for staff to spend time with individuals prior to the formal review. This allowed individuals to share their experiences. These were used to inform the review process.

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

Requirements

Requirement 1

By 1 March 2024 you, 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. You must:

a) Review management cover and oversight arrangements to ensure appropriate onsite leadership and direction is available.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

This requirement was made on 19 October 2023.

Action taken on previous requirement

The provider had reviewed the management arrangements within the service. This had resulted in a change to the care coordinator hours available. An individual had been employed on a fulltime basis. This arrangement was working well to make improvements in the service.

This requirement has been met.

Met - within timescales

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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