

Care service inspection report

Full inspection

Braeburn Court Housing Support Service

Braeburn Court
St.Margaret's Hope
Orkney

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2011303830

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

Braeburn Court supports tenants to live independently in the ways that reflect their individual needs and preferences.

A range of social activities are provided and supports to enable tenants to access resources in the wider community.

The manager is well-respected and has put in place a strong ethos of staff development.

The staff are friendly, welcoming and respectful of tenants' rights and lifestyle choices. They are well organised and report good teamwork within the service.

The provider has good arrangements to enable tenants to contribute their views and suggestions about the service. An action plan identifying further improvements had been devised and is being implemented.

What the service could do better

The provider needs to review the service's participation strategy and update the current arrangements to survey service users and members of staff about ways in which the quality of care and support could be further improved.

More could be done to extend the range of social activities on offer to tenants.

Records relating to support plans need to better evidence what progress is being made to achieve the desired outcomes identified.

The provider needs to look at how leadership values are promoted throughout the workforce. The use of unit champions to lead on specific aspects of care practice could be better developed.

What the service has done since the last inspection

A new care co-ordinator has taken up position within the service.

The service development plan had identified a range of actions, including timescales within which these should be carried out. These were being worked through by individuals delegated with specific tasks.

Conclusion

Tenants live in their own homes with measured support from trained and motivated staff. The staff group is well organised and the manager is responsive to any issues that arise.

Staff support tenants to engage with community groups and local services. Those contributing to the inspection process suggested more could be done to promote social activities within the centre.

The service is much valued by service users and their families.

1 About the service we inspected

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

Braeburn Court also provides respite care provision for one person in self-contained accommodation within the central building. This building contains offices, the staff sleep-in room, a social area with kitchen, toilets and some of the homes where tenants receive care at home and housing support.

The other housing 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. Individuals should be over 16.

The aim of the service, as stated in its information leaflet, is: "to provide a support service which enables, supports and encourages people to live as independently as possible, whilst ensuring that their rights, freedom of choice, dignity and privacy are promoted and respected."

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach

in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection, which was carried out when we visited Braeburn Court on 7 and 8 December 2015. We provided feedback to the registered manager on 9 December 2015. The feedback included a number of areas of improvement made as a result of this visit.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

We received five Care Standards Questionnaires (CSQs) from people who use the service. An additional two CSQs were also returned by members of staff.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- five people who use the service
- registered manager
- care co-ordinator
- six social care assistants

We looked at:

- evidence from the service's most recent self assessment
- personal support plans of people who use the service
- formal care reviews and records
- participation strategy (how the provider consults service users)
- accident and incident records

- staff training records
- risk assessments
- notice boards
- service plan
- newsletter

We observed staff interacting with people who use the service and toured the premises.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We received five Care Standards Questionnaires (CSQs) from people who use the service. The following comments were offered:

"I am quite happy."

"I have filled this in on behalf of my sister who came here a year ago when diagnosed with cancer. The care she has got from everybody has been first class and could not have been better treated anywhere else. I honestly think if it had not been for their care and understanding of her treatment she would not have come through it."

"If it had not been for an un-requested visit from a lady from the Care Inspectorate I would not have known that I could make a complaint about this service to them. Prior to that I had suffered bullying and intimidation by one

member of staff here, and my repeated complaints had been dismissed and treated as trivial." (The Care Inspectorate discussed this response with the service manager and her line manager and sought reassurances that the issue had been dealt with appropriately. They explained what action had been taken and we are reassured by this).

Four of the respondents 'agreed', one 'strongly agreed' that, overall, they were happy with the quality of care and support the service provided to them.

We met with five service users during the inspection. We could see that they enjoyed good relationships with members of staff who endeavour to offer person-centred care that reflects their individual needs and preferences. One told us:

"I like it here. Can't think how they could improve things."

Taking carers' views into account

There were no carers present at the time of the inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 – Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service Strengths

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

We noted evidence of service user and/or carer involvement. The good grade reflects the opportunities service users/carers have to become involved in evaluating and developing the service.

A participation strategy had been devised – this is the service's plan for how they will involve service users – and members of staff were aware of its

importance in respect of supporting and encouraging residents and their relatives/representatives to express their views in all areas of service delivery. The participation policy recognised the need to "give people a real say in the services we offer and the way we provide them".

The need to ensure service users are "actively involved" is recognised as a key element of the long term success of the service. It is linked to the Scottish Government's 'personalisation' agenda which informs future plans for improvement. Cross reference is also made to the local Orkney Strategy to improve older peoples' participation in decision making in the services provided.

The service's care planning and internal review processes enables service users, their families and carers to contribute their views about any aspects of their ongoing care and support. This is working well and is being kept up to date.

Members of staff are attentive and sensitive to service users' individual care and support needs. They were knowledgeable of service users' personal preferences.

All service users have a named key worker who is regularly available to spend time with them and also their carers/representatives.

There was a 'good ideas' board and we could see that some of them had been actioned.

There was a suggestion box on the reception desk.

Once a month after the social meal there would be an informal discussion where service users were encouraged to raise any subject they wished.

Taking all of the above into account we conclude that the service was performing to a good standard.

Areas for improvement

The provider needed to review and update its participation strategy which was devised in 2012.

The provider needed to survey the views of service users and members of staff about ways in which the quality of care and support could be further improved. The collated views and suggestions should be used to devise and implement an improvement plan. Future inspection visits will look for evidence about ways in which the service has delivered improved outcomes for service users.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

"We respond to service users' care and support needs using person centered values."

Service Strengths

The service is performing to a good standard in relation to this quality statement.

We reached this conclusion after we spoke with the manager, staff and tenants. We looked at a sample of personal plans, care reviews, contacts sheets and other relevant documentation.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Each tenant has a personal support plan that is devised with them and, where appropriate, with close family members. The care plans are detailed and are the key source of information to help inform staff as to the individual care and support needed.

The personal support plans identified specific aims and goals for each tenant. Ways these desired outcomes could be achieved had also been identified.

A range of risk assessments contributed to the personal support planning

arrangements. These had all been kept up to date. The various support planning formats being used were being used appropriately.

Staff know their tenants well and provide individualised supports tailored to their specific circumstances. Our interviews with individual members of staff confirmed both their values and their approach to supporting tenants in a person-centred way.

Individual assessments had been used to offer support to tenants in other ways, including through self-directed support funding. Some tenants had contractual arrangements for personalised supports to be offered by other care personnel.

The manager is committed to promoting the re-ablement of lifeskills to ensure tenants can live as independently as possible. The service works closely with allied healthcare professionals and related agencies to ensure tenants received support commensurate with their personal needs.

Overall we concluded the service has devised a range of effective practices to ensure it responds to service users' care and support needs using person-centred values.

Areas for improvement

Our interviews with members of staff highlighted the need for the service to expand the current range of social activities. We were variously told the activities on offer were "limited" and that an in-house activities co-ordinator is needed. One suggested the need for a daily social event. Another thought that local community groups should be encouraged to get more involved. We discussed this issue during the inspection feedback session and will follow up on this at our next inspection to monitor what progress has been made.

We saw examples of medication administration based on a PRN protocol. This is for those occasions when medication can be given on an 'as and when required' basis. However these protocols had not been signed nor dated. During the inspection feedback session we advised that these should be updated as a matter of priority.

The support plans contained a 'getting to know me' profile format for tenants. The information within these is limited and more could be done to develop these life histories and personal profiles so that staff have better insights into the service users they support.

The daily records within the support plans needed to provide evidence of what progress is being made to achieve the various aims and goals that have been identified. These could usefully indicate if the support plans are working or need to be changed in any way.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service Strengths

The findings in this statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade reflects the opportunities service users/carers have to become involved in evaluating and developing the service.

Areas for improvement

The provider needed to survey the views of service users and members of staff about ways in which the quality of the staffing could be further improved. The collated views and suggestions should be used to devise and implement an improvement plan. Future inspection visits will look for evidence about ways in which the service has delivered improved outcomes for service users.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

The service is performing to a good standard in relation to this quality statement.

We reached this conclusion after we spoke with the manager, staff and service users. We looked at a sample of personal plans, care reviews, contacts sheets and other relevant documentation.

The 'good' grade applies to performance characterised by a standard where the strengths have a positive impact on the experience of service users.

The service's manager is committed to ensuring that everyone working in the service has an ethos of respect towards service users and each other. She is well-respected and we were told by the staff we met that she has an open-door policy, when issues are raised they are responded to appropriately.

All of the unit's staff told us they are familiar with the National Care Standards (NCS) and the SSSC Codes of Practice. They strive to maintain the trust and confidence of service users, some of whom reside on short term respite placements.

Braeburn Court has embedded participative practices which involve stakeholders in contributing their views and suggestions to improve the overall quality of care and support. Staff listen to people living at Braeburn Court, respect their individuality and personal preferences and act on any views expressed.

Tenants are treated with dignity and respect. Staff strive to ensure tenants are offered a personalised service which reflects their individual needs and aspirations. It was clear from our discussions with members of staff that they are very committed to the tenants. During the inspection we considered those we met were courteous and polite.

During interviews with them they told us there was good teamwork at Braeburn Court. "We push and pull together" we were told. They spoke of what they considered good access to training courses. "Staff don't inflict values and opinions" we were told "we uphold peoples choices".

We recognised the ethos of respect throughout Braeburn Court towards service users. We concluded the service is performing to a good standard in respect of this quality statement.

Areas for improvement

The provider should continue to monitor and maintain the good ethos of respect within the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service Strengths

The findings in this statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade reflects the opportunities service users/carers have to become involved in evaluating and developing the service.

Areas for improvement

The provider needed to survey the views of service users and members of staff about ways in which the quality of management and leadership could be

further improved. The collated views and suggestions should be used to devise and implement an improvement plan. Future inspection visits will look for evidence about ways in which the service has delivered improved outcomes for service users.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

Service Strengths

The service is performing to a good standard in respect of this quality statement.

We reached this conclusion after we spoke with the manager and members of staff. We also examined relevant documentation.

The 'good' grade applies to performance characterised by a standard where the strengths have a positive impact on the experience of service users.

Some staff had been delegated roles to 'champion' various aspects of the services practices (but more could be done to further develop this).

Staff are motivated to take on additional roles, sometimes outwith their remit, including assuming key worker duties.

The manager has a strong commitment to staff development and staff report how training opportunities are readily available and that they are actively encouraged to participate. Some training is shared with other services and staff reported how beneficial it is to work and liaise with other colleagues in the care sector.

There is an opportunity for the care assistants to take on more responsibility whilst on shift and develop their skills if they wish.

Taking all of the above into account we concluded that, although there is scope for further improvement, the service is performing to a good standard in respect of this quality statement.

Areas for improvement

The service performs well with regard to this quality statement. We noted there is a lot of goodwill within the staff group to deliver good quality care. However we are also aware that some staff prefer to work within the terms of their employment and are unwilling to undertake additional duties. The provider needed to consider this issue and its potential impact to see whether with specific supports and training more could be done to facilitate staff development within the service.

We considered more could be done to promote the role of unit champions to encourage staff to take a lead in particular aspects of care practice. This includes dedicated time to research current best practice guidance via online specialist websites and the dissemination of this with team colleagues.

The provision of professional development award (PDA) training in the administration of medication should be offered to staff who carry out this function.

The provider needed to consider how it could more formally, as part of its ongoing staff development, extend the range of management and leadership training opportunities across the social care workforce.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. It is a requirement that providers must ensure the health, welfare and safety of service users. Where a service user makes allegations that may be interpreted as abuse of a vulnerable adult, a referral must be made to the statutory authority for their investigation. Staff should have sufficient training/education about Adult Support and Protection to enable them to carry out their responsibilities in this area.

This is in order to comply with SSI 2011/210 Reg 4 (1) (a).

Timescale: immediate on receipt of the report.

This requirement was made on 05 November 2014

An Adult Support and Protection referral was made on 7 November 2014.

Adult Support and Protection training takes place at induction. Staff to undertake training annually, to be discussed at staff meetings and supervision.

The service's senior manager provided assurances about the management of an internal staffing issue.

Met - Within Timescales

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. It is recommended that management review evening staffing arrangements and the provision of support for service users with dementia.

This recommendation was made on 05 November 2014

The provider arranged for a direct payment funding arrangement and recruited staff to facilitate one-to-one support and social interaction in the evenings for a service user who has dementia.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
5 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
7 Nov 2013	Announced (Short Notice)	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good

8 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

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