

Raeburn Nurse Community Care Housing Support Service

Ruby House
Ruby Place
Aberdeen
AB10 1QZ

Telephone: 01224 628700

Type of inspection:

Unannounced

Completed on:

15 November 2019

Service provided by:

Raeburn Group Limited

Service provider number:

SP2003002339

Service no:

CS2008191929

About the service

Raeburn Nurse Community Care provides a support service to people in their own homes in Aberdeen City, Aberdeenshire and part of Perthshire. It provides a flexible service to service users with a range of complex needs. The provider is Raeburn Group Limited. The service has been operating since 2009 and has been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

The service states that it aims to provide support:

- 'to make it possible for you to stay at home where you are most comfortable'.

What people told us

This service supports in excess of 300 service users. For this inspection we consulted with 70 people through Care Standards Questionnaires (CSQs), telephone discussions and by speaking to people in their own homes. Feedback was varied. Everyone told us that their care team was invaluable to them. They told us that they were treated well, with dignity and respect and that they felt that those providing their care were competent to do so.

However, not everyone had a consistent team and some people found this a cause for concern as they didn't know who to expect to support them. More than one person told us that they did not always receive the support they expected because of missed visits. We followed this as part of the inspection.

Individual comments included:

- "staff are excellent and go above and beyond their duties"
- "I am happy when regular carers arrive but I don't know who is coming if they are off"
- "Sometimes staff don't stay the whole allocated time"
- "I've not had a review in over a year"
- "I'm not getting Raeburn anymore, they are not reliable"
- "if I didn't have my carers I would be in a nursing home - I have no complaints, I like what I get"
- "my carer is a marvel, she looks after me; washes me, dresses me and gives me breakfast; she couldn't do more".
- "Saturday and Sunday last week I didn't have anybody. I don't want to make problems so I didn't say"
- "I prefer a lady carer. I have told Raeburn, and they do their best usually"
- "I am very lucky, I get so much attention".

Self assessment

We did not request that providers (except childminders) complete a self assessment for the 2019/2020 inspection year. Instead, we took the opportunity to discuss their improvement or development plan as part of their internal quality assurance.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The service was not operating at the level we would expect and we have therefore graded this quality theme as weak. This is because although there are some strengths these are outweighed by significant weakness.

It was clear that people who had a core team of carers had developed positive relationships with them. Many people told us that they found their carer to be friendly, supportive and confident in their role. This contributed positively to people feeling satisfied with the service that was being delivered. However, some people told us that they didn't always know who to expect to support them, they said this made them feel anxious or vulnerable. The management team confirmed with us that they were looking to assign core teams to individuals to help improve this.

We found that there were occasions when support visits had not been carried out. This meant that people had not received their care and support. One person told us: "I cry sometimes as I'm worried that no one is coming to see me, it's happened a lot recently". It was of concern to us that the service had not implemented systems to help identify why missed visits had occurred to help prevent a recurrence. As a result people continued to be at risk of not having their needs met. We have made a requirement (**see requirement 1**).

Most people had a plan of care that detailed how their needs were to be met. We found these varied in quality and almost all were out of date and had not been reviewed within the agreed timeframe. At least one person we tracked did not have a care plan in their home. Staff told us that they relied on the content of records from previous care visits to inform them of the individuals needs. This meant that the information was not current and failed to describe the full level of support required. It is important that people are involved in developing, agreeing and reviewing their plan of care. This helps ensure that they are central to decisions made about their care and support. We have made a requirement (**see requirement 2**).

We found that staff implemented effective infection control practice. Supplies of gloves and aprons were readily available and staff were knowledgeable about the need to use these to help prevent the spread of infection. This helped promote safe practice.

We felt that most staff were effective at monitoring and reporting changes in people's wellbeing. For some people this had resulted in additional support being initiated or referrals to other agencies being made. This helped ensure that people received the right support at the right time.

Requirements

Number of requirements: 2

1. The provider must ensure that service users receive the care and support planned as agreed and planned for them.

In order to achieve this the provider should:

- a) implement a system to confirm that visits have taken place
- b) undertake an investigation when it is identified that a visit has been missed and take action to reduce the risk of a recurrence.

To be completed by: 17 January 2020

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

It is also necessary to comply with the Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

2. The provider must ensure that service users have an up-to-date and accurate plan of care.

In order to achieve this the provider must:

- ensure that these are available to the staff at the point of providing support
- ensure that they are reviewed and updated every 6 months or sooner if there is a significant change in their need.

To be completed by: 17 January 2020

This is to ensure care and support is consistent with Health and Social Care Standard which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wished and choices" (HSCS 1.15).

It is also necessary to comply with the Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We have assessed the service's performance as weak in this quality theme. An evaluation of weak will apply to performance in which strengths can be identified, but these are outweighed, or compromised, by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

We found that staff were committed to their role and those we engaged with, as part of the inspection, had developed trusting relationships with the people they supported. However, since the last inspection there had been a number of changes within the service. This included a significantly high turnover of staff, a change in management and a change in the structure of the service. We felt that this had been unsettling for staff and had impacted on staff morale which we found to be variable.

Not all staff had received the training required to enable them to undertake their role safely. It was of concern to us that management did not have an overview of this. This meant that we could not be satisfied that staff had received training necessary to assure their confidence and competence to deliver safe practice, for example training in manual handling. The manager confirmed with us that a new training resource had been sought and had recently been introduced to the team. It is essential that the provider assesses and plans the training needs of the team to ensure that they practice safely.

This inspection was undertaken in tandem with a complaint that had been made about the service. Part of the complaint was upheld and a requirement was made in relation to staff training. We have, therefore, not made a requirement as part of the inspection. Information on upheld complaints can be found at www.careinspectorate.com.

The service had not yet fully established systems for ensuring that all employees were registered with their professional body. It is a requirement that all staff in working in the service are registered with the Scottish Social Services Council (SSSC). The management team confirmed that they supported new employees to register and monitored the registration status of all staff working in the service. As part of the inspection we checked the register for a sample of staff and found that two employees who were said to be registered were not on the register. These were followed up and progressed during the inspection. However, we would suggest that the provider reviews its system for monitoring the registration of employees to ensure they fulfil their legal responsibility as a social care employer.

Changes in the structure and roles of the senior team meant that opportunities to monitor staff practice and support improvement had been reduced. This is an important part of staff support and development and helps ensure that people have confidence in those providing their support. We found some instances where staff had breached their code of practice by not maintaining clear, accurate and up to date records of their support visit (Scottish Social Services Council Code of Practice (2016) 6.2); we also found information that had been reported about staff practice that had not been followed up. This meant that poor practice was not addressed and staff were not supported to improve. We have made a requirement (**see requirement 1**).

Requirements

Number of requirements: 1

1. The provider must ensure that staff fulfil their responsibility as a social care employee and comply with their code of practice. In particular maintain clear, accurate and up to date records of visits undertaken to clients.

To be completed by: 17 January 2020

This is to ensure care and support is consistent with 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).

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

We found that the quality of leadership and management in the service was not as good as it should be and have assessed their performance as weak. This is because the weaknesses when added together substantially affect people's experiences and outcomes and require improvement.

A new management structure had introduced a change of role to the senior team. We found that the service had worked hard to identify how this could support positive outcomes for people by aligning a manager to a particular geographical zone within the area that the service is delivered. This means that staff have a key person to report to and core teams were being developed for individuals to help support continuity of workers. However, it was of concern that there had not been a plan to help people transition to this role. As a result we found that staff had responsibilities that they were not trained in, or confident in, undertaking. We concluded that this meant that staff learned from their mistakes and from each other rather than in a planned way which would support effective leadership within the service. We have made a requirement **(see requirement 1)**.

The service had a development plan in place which identified key areas for improvement. It was disappointing to see that this was a new document, and had not been built on the review and evaluation which was in place by the previous management team. It was also disappointing to see that staff had not been included in the development and implementation of the plan. As a result many staff were not aware of the improvements that had been identified and their role in helping to drive these forward.

We found that the service had not always learned from complaints or concerns that had been raised by service users and/or their representatives. This was because they had not been taken through an investigation process to help understand why they had occurred. As a result we found that the issues causing concern continued, for example: late or missed visits. This inspection was undertaken in tandem with a complaint investigation that was undertaken by us. Part of the complaint that was upheld related to the providers complaint procedure and a requirement was made. We have, therefore, not made any further requirement at this inspection. Information on this can be found on our website at www.careinspectorate.com.

The service was not measuring its own performance to help identify what it is doing well and what needs to improve. As a result we found there were areas of poor practice that had not been identified and included in the plan for improvement. For example: missed visits, lack of documentation, out of date or the absence of support plans. It is important that an evaluation of performance is undertaken to help enhance the service and create a culture of continuous improvement.

The service had failed to notify us of significant incidents that had occurred in the service that had or had the potential to be detrimental to the people they support. This is a requirement of all services registered by us. This meant that we were unaware of issues relating to people's wellbeing, staff conduct and the actions taken by the service to promote people's wellbeing. The manager of the service confirmed that she would take immediate action on this.

Requirements

Number of requirements: 1

1. The Provider must assess the training needs of the management team and implement a plan of how these will be met to help ensure staff understand their role and feel confident and competent in their role.

To be completed by: 31 January 2020

This is to ensure care and support is consistent with 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" (HSCS 3.14) and "I use a service that is well led and managed" (HSCS 4.23).

It is also necessary to comply with the Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The service provider should ensure that all service users have a written care plan that clearly and accurately describes how they are to be supported by the staff team. In particular, plans for people who are new to the service should be developed and made available to staff as soon as is possible and no later than 28 days from the date they first received the service.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

This recommendation was made on 24 May 2019.

Action taken on previous recommendation

We have reported on this in the body of the report.

Recommendation 2

The service provider should ensure that they support staff to register appropriately and timeously with the Scottish Social Services Council (SSSC).

This is in order 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 recommendation was made on 24 May 2019.

Action taken on previous recommendation

We found that staff were being supported to register with the SSSC and that the manager monitored the register to ensure they met their responsibilities as a social care employer. We did, however, discover two staff who were said to be registered that were not on the register. This was explored with the staff and the manager and it was confirmed that there were exceptional circumstances which were pursued during the inspection.

Recommendation 3

The service provider should ensure that staff have the necessary training that is required of them to undertake the job safely and competently.

This is in order 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).

This recommendation was made on 24 May 2019.

Action taken on previous recommendation

This has been reported on in the body of the report.

Complaints

This inspection was undertaken in tandem with a complaint that had been made to us. Part of which was upheld. Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings								
28 Feb 2019	Announced (short notice)	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>Not assessed</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	Not assessed	Management and leadership	4 - Good
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	Not assessed									
Management and leadership	4 - Good									

Date	Type	Gradings
22 Nov 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
30 Nov 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
26 Nov 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
25 Nov 2014	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
16 Dec 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
26 Feb 2013	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
23 Dec 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership Not assessed

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