

Fraserburgh Respite Robertson Road Care Home Service

Respite Bungalow
Robertson Road
Fraserburgh
AB43 9BF

Telephone: 01346 512447

Type of inspection:

Unannounced

Completed on:

19 December 2019

Service provided by:

Aberdeenshire Council

Service provider number:

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About the service

Fraserburgh Respite provides short breaks and a respite care service for a maximum of three adults or children with learning disabilities and mental health problems. The Robertson Road accommodation is a purpose-built bungalow, on the same site as the Robertson Road Resource Centre. Adults and children do not attend at the same time.

The respite service includes in its aims to "provide a home from home" and "to encourage development of self-help skills and enable service users to reach their maximum potential."

The service has been registered since 1 April 2002.

What people told us

When we visited to complete the inspection there were no service users using the service. However, we received comments from people who used the service and their relatives, who completed Care Standards Questionnaires (CSQs) prior to the inspection. They made comments such as:

"Staff seem to be knowledgeable about my relative's wants and needs, when he needs 'me time' to himself etc."

"My relative gets the experience of changing bedding, helping lay table for tea etc., which helps him going forward towards independent living."

"My relative knows staff are on hand if he needs them for anything, they are all there for him at anytime. They allow for independence but maintaining safety for him at all times."

"Staff treat my relative with dignity and respect, allowing him to be part of decision making e.g., what to have / make for tea."

"My relative is very comfortable with all staff and treats them with respect and he certainly gets it back."

"They make time for my relative and enjoy being in his company, as he does with them."

"My relative is happy and content, likes all staff. There was minor issue raised about him being in with a 'noisy' service user, which service user couldn't help, but he was a bit unhappy. Dealt with swiftly as my relative found the noise a bit hard going."

"Everything seems tailored to individual service user's needs."

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?	not assessed

How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

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

Staff appeared to have good relationships with people who used the service, we heard that staff had built up good relationships with people who used the service, and that staff knew when to 'banter' with people who were using the service and when this was not appropriate.

We saw that people who used the service had opportunities to maintain contact with family and friends during their stay, if this was appropriate, though most people had only short stays. Staff in the service appeared to have good relationships with family members, which helped to give them information on activities people may enjoy while they were in respite. Records showed that where they could, people had been encouraged to make decisions relating to the quality of their life, such as what they did during the day, and we felt these records showed that people were encouraged to be as independent as possible, or to take part in activities that were offered or suggested to them. Although outcomes for individuals had been identified, these appeared to be more related to tasks than outcomes, and the manager confirmed that the need for additional training in this area had been identified. In addition, although we could see that support plans had been reviewed and updated to include more information, we did see some where more detailed information would have been beneficial, such as in one where it had been identified that the person required 'specialist cutlery' but there was no mention of what this was.

Some people continued to attend planned day activities while others took the opportunity to get involved in more social events, such as trips to the shops or the cinema. As the service was local to many of the service users they could maintain access to a range of social activities. Where people did not have verbal communications skills, staff had worked hard to determine what people felt and activities they enjoyed, assessing reactions and seeking opinions from family members. In the files that we sampled during the inspection, we could see that there were some descriptions of how people displayed, how they felt, for example, if they were frustrated or angry, or where they were enjoying themselves.

As a respite unit staff rarely had to support people to attend regular hospital appointments etc., but we could see from records that they had contacted local health services, such as GPs and NHS24 when necessary. Information was recorded about health, such as diet or specific health conditions, and we could see that any health issues identified while at home were followed up, for example, ensuring that people received appropriate specialised diets. People needed help from staff with their medication which was important for their health and well-being. Records showed that staff were aware of their responsibility to administer medication correctly and according to prescription. We saw that where there were legal restrictions, such as guardianships, the service had obtained copies of legal documents. However, support plans did not always reflect this information and how it might have affected the decision making process.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

Support plans and associated documents gave staff information to meet the needs of people they supported. Where appropriate, support plans also evidenced the involvement of associated professionals, such as speech and language therapy and community learning disability nurses, or more usually detailed information from family regarding the management of health issues. Any restrictions placed on people who used the service appeared to be necessary, such as the need for lap belts on wheelchairs or additional safety measures while in bed, and were carefully considered and carried out sensitively with appropriate documentation in place, such as risk assessments. Accidents and incidents were recorded electronically and held centrally, and the service would benefit from a more localised accident and incident recording process to allow senior staff to identify and monitor trends. We signposted the manager to the Health and Safety Executive website for more information.

Staff were supported by regular opportunities for supervision and team meetings and, where appropriate, core team meetings. Training was available, both online and practical, and staff confirmed that they were able to request additional training if they felt they needed it, or it was raised through the appraisal process.

Staff we spoke with said that they felt supported, and able to access advice and support from the manager whenever necessary, as well as through more planned supervision.

The manager and depute manager carried out checks on a range of areas to ensure that records accurately reflected the service provided. However, a more formal quality assurance or audit process would not only allow senior staff to monitor good practice but also allow them to develop a service improvement plan. We discussed this with the manager who agreed that this would benefit the service and that they would use the new Care Inspectorate inspection framework to audit the service.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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