

# Braeburn Court Housing Support Service

Braeburn Court  
St. Margaret's Hope  
Orkney  
KW17 2RR

Telephone: 01856 831 501

**Type of inspection:**  
Unannounced

**Completed on:**  
14 July 2023

**Service provided by:**  
Orkney Islands Council

**Service provider number:**  
SP2003001951

**Service no:**  
CS2011303830

## About the service

Braeburn Court is a purpose-built facility designed to provide a housing support/care at home support service to older and vulnerable people in their own tenancies. The service is registered to support up to 14 tenants with a one-bedded flat used for respite care. The main building contains offices, staff sleep-in room, a communal social area with kitchen, toilets and some of the tenant accommodation.

The other tenancies 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.

At the time of inspection 12 people were receiving support.

## About the inspection

This was an unannounced inspection which took place between 4 and 14 July 2023. 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:

- six people using the service within their own homes
- one of their representatives
- five members of staff and management
- two visiting professionals.

We observed practice and daily life, reviewed documents including personal plans, quality assurance audits, team meeting minutes, staff supervision records and the service development/action plan.

We also reviewed progress made towards requirements from the previous inspection which concluded on 1 March 2023.

## Key messages

- Interim management arrangements had stabilised the service.
- Staff benefited from improved training and access to management support.
- Personal plans had been updated and reflected people's needs and preferences.
- Improved links with external professionals supported improved health outcomes for people.
- People benefited from compassionate support from people who knew them well.
- Quality assurance systems should be embedded and developed to ensure sustained improvement.
- A service improvement plan informed by the views of people who use the service should be developed.

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

In response to concerns identified at the last inspection a temporary manager and additional senior staff had been appointed. This resulted in better management oversight and improvements in key areas of care and support.

We observed positive interactions between staff and tenants. Staff understood people's care needs and preferences and supported them with respect and compassion. People generally knew their key worker indicating they had got to know each other well whilst maintaining a supportive relationship.

People living in the centre confirmed they felt safe and well supported. Comments included "The staff are here when I need them", "staff are very caring and kind", and "they are willing to do anything for me".

People's health and wellbeing should benefit from their care and support. The promotion of people's health and the support of their medication needs had improved. Staff confirmed that medication plans had been reviewed and this had improved their understanding of people's needs and routines. Promoting self-management was highlighted through medication plans ensuring individuals were supported with the right level of support. Improved training opportunities had developed staff knowledge and confidence. Their approach during medication support was observed to be sensitive but thorough. Ongoing training and monitoring of staff practice should be progressed through the service quality assurance process to ensure expected standards are maintained. (See requirement 1 within key question 2)

Staff supported individuals to access health professionals where required. People attended appointments independently if appropriate. Visiting health professionals confirmed improved staff knowledge, communication and appropriate referrals when people's health needs changed. This included improved skin management support. This helped keep people well. The service was working with the pharmacist to continue to improve medication processes. This included the use of electronic recording sheets.

People should have access to activities meaningful to them and to promote feelings of purposefulness and wellbeing. A few people were supported to be involved in the local community by external befriending agencies. Some individuals also used public transport to access the community and shops independently. Personal plans demonstrated that positive risk-taking was assessed and supported. This helped those who were able to feel connected and gave a greater sense of purpose to their day.

People benefited from a large comfortable Hub area within the main building with access to a kitchen. Tenants could attend a twice weekly lunch club and be involved in celebrations and larger social events such as the coronation and a recent barbecue. These were very well received, and comments included "it was great for us all to get together and have fun". However, this space was underutilised and events such as the lunch club were not effectively promoted. This resulted in missed opportunities for people to come together and potentially address feelings of social isolation.

The service would benefit from activities being evaluated through discussions and feedback from tenants to inform a meaningful programme of their choosing. The management team agreed to take this forward. (See area for improvement 1)

### Areas for improvement

1. To ensure that people can engage in meaningful activity the provider should:  
- review the activity provision to ensure tenants have access to activity in line with their preferences and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

At the last inspection, it was concluded that a lack of leadership and oversight within the service had impacted on the quality of the service. Current interim management arrangements had stabilised the service and had been viewed positively by tenants, staff and associated professionals alike.

Tenants and staff confirmed the management team were visible and accessible. Team meetings and some supervisions had taken place. This allowed staff to share their views on the service, meaning staff felt listened to and valued. Staff morale had improved.

People benefit from a culture of continuous improvement. Quality assurance systems help to identify where improvements are needed.

Audit tools had been developed to support quality assurance processes. The management team regularly reviewed key areas of service delivery such as accidents/incidents, staff development and support planning. This ensured they were aware of what was working well and what was still needing to improve. The manager agreed to formalise and record management discussions and develop actions plans following audits as appropriate. (See requirement 1). This will ensure management have effective oversight of all aspects of service

A service specific improvement plan is needed to take forward identified actions and areas of the service needing developed/improved. This should be informed by the views of people using the service. The management team should develop a feedback process which includes questionnaires, tenant forums and more informal opportunities such as social events. (See requirement 1). This would ensure people using the service can influence improvement of their service.

Improved communication with, and confidence in, the management team ensured staff felt able to seek guidance as appropriate. Tools were in place to support handovers between shifts and the sharing of key

information regarding changes in people's wellbeing. This ensured these were responded to appropriately keeping people well.

The management agreed to review these tools to ensure duplication of recording of key information was not necessary.

## Requirements

1. By 6 October 2023, the provider must ensure effective management arrangements remain in place to fully embed robust quality assurance systems. This is to ensure recent improvements in key areas of service delivery are sustained. The outcome of quality assurance should inform a service improvement plan.

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), 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.) and 'If I experience care and support where I live, people respect this as my home' (HSCS 3.2).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Staffing levels were appropriate to meet people's needs. Most staff worked part time hours. Tenants commented that this meant they did not always have the same people attend to deliver care and support.

Having care delivered by a trained, competent and skilled team of staff is important to keep people safe and well. At the last inspection we found staff lacked the skills necessary to meet people's needs. The required improvements had been made. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training and was accessed via the local authority online portal. However, information regarding completion of staff training, when refreshers were due and access to local authority delivered training was inconsistent. This impacted on the management team's ability to undertake a comprehensive training needs analysis and produce a training plan. This is necessary to ensure a focused and planned approach to learning and development of service staff in order to best meet people's needs. The manager was pursuing this with the provider to find a suitable resolution.

A new staff member completed an induction training programme and shadowed experienced staff before delivering direct care. This helped them become familiar with how support should be provided to each person.

The management team had developed in-house opportunities to improve staff knowledge and skills to meet the needs of tenants. This included dementia awareness and medication management, skin integrity/wound care and CAPA (care about physical activity). We concluded that the training provided was relevant and helped staff meet the needs of people they support.

Direct observations had been used to encourage staff to adhere to good practice. The service should continue to build on this approach and include all areas of practice as part of quality assurance overview. (See requirement 1 within key question 2)

Staff had access to team meetings, and some had had 1:1 supervision/employee development sessions. The manager agreed to prioritise this to ensure all staff had access to senior staff to develop a personal learning and development plan. Routine use of reflective accounts would help staff consider how they apply training and learning to benefit people they support. (See requirement 1 within key question 2)

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Personal plans help to direct staff about people's support needs and their choices and wishes. Care and support planning had improved, and all tenants' plans had been updated. Some plans had good detail about an individual's life history and allowed the reader to develop a sense of people's likes and dislikes and better understanding of what mattered to them. Appropriate risk assessments and support plans were in place to support staff to deliver care according to people's preferences and current health care advice.

Plans included details of visits and guidance from health professionals and guidance for staff. This helped people to keep well.

Recording within individual support plans continued to be audited to develop consistency. The manager should continue to review personal planning as part of quality assurance overview to ensure all plans were reflective of the individual. (See requirement 1 within key question 2). Plans would also benefit from greater involvement of the tenants themselves and should be located within their own homes to allow them access at any time.

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

### Requirements

#### Requirement 1

.By 3 June 2023 the provider must ensure healthy skin care is promoted for all the people they support. To do this, the provider must, at a minimum:

- a) identify all individuals who are at risk of skin damage within a six week period of this report being made final;
- b) have a clear plan in place that is reviewed and evaluated regularly for individuals who are at risk of skin damage; and
- c) ensure staff are following good practice guidance and have the necessary skills and understanding to

manage and promote healthy skin.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

This is to ensure that care and support is consistent with the 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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This requirement was made on 20 March 2023.**

### Action taken on previous requirement

Risk assessments, support plans and specific tools relating to healthy skin support and wound management were in place for individuals where needed. These were reviewed by senior staff and community nursing staff who attended the service daily.

Staff were reported to be proactive in seeking advice where changes or concerns around any individual's skin or wounds was noted. This promoted skin integrity. Initial training had been delivered to improve staff awareness of skin integrity and the service was working with community nursing colleagues to develop a formal pathway to support good skin management.

This requirement was met. However, the provider should continually evaluate staff skills and practices through embedded quality assurance processes. (See requirement 1 within key question 2)

### Met - within timescales

## Requirement 2

By 3 July 2023 the provider must ensure people are kept well and safe by getting the right medication at the right time. To do this, the provider must, at a minimum:

- a) ensure medication recording sheets identify all prescribed medications within a six week period of this report being made final; and
- b) ensure staff are following good practice guidance in relation to record keeping, and have the necessary skills and understanding to safely administer medication, paying particular attention to "as required" and "topical" medication.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

This is to ensure that care and support is consistent with the 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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).1



**This requirement was made on 20 March 2023.**

#### Action taken on previous requirement

All medication plans were reviewed and updated by the community pharmacist in collaboration with senior staff from the service.

Recording sheets had been improved to provide a clearer account of what medicine had been given. All prescribed medications were recorded and audited in accordance with organisational guidance. This offered assurance that people were receiving the right medication at the right time in accordance with the prescriber's instruction.

Staff reported that the new process offered greater clarity and that they were more confident supporting people with their medication.

This requirement was met. However, the provider should continue to evaluate staff skills and practices through embedded quality assurance processes. (See requirement 1 within key question 2)

#### Met - within timescales

### Requirement 3

By 3 June 2023, 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.

To do this, the provider must, at a minimum, ensure:

- a) it introduces additional leadership and management support and resources into the service until those responsible for undertaking management and leadership roles are able to do so; and
- b) ongoing suitable management cover and oversight is in place and that the necessary improvement is sustained.

This is to comply with Regulations 3 and 4(1)(a) 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 use a service and organisation that are well led and managed.' (HSCS 4.23).

**This requirement was made on 20 March 2023.**

#### Action taken on previous requirement

The provider had ensured appropriate interim management arrangements were in place. This included an experienced full time temporary manager and additional senior staff support. This had stabilised the service and ensured management cover was available and visible at key times. The management team had begun to evaluate where improvements were required and some progress had been evident in key areas such as support planning, staff training and development.

The provider was actively recruiting a permanent manager. The provider gave assurance that additional

management arrangements would continue until improvements had been progressed and sustained.

This requirement was met. However the provider should continue to review management arrangements .  
(See requirement 1 within key question 2)

## Met - within timescales

### Requirement 4

By 3 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, and that management are informed of any matter of concern or where the service is not being provided to meet people's outcomes and wishes;
- c) 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
- d) 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)

**This requirement was made on 20 March 2023.**

### Action taken on previous requirement

Improved management oversight was evident with the management team regularly evaluating key areas of service delivery. Quality assurance processes had improved with some audit tools being used to evaluate key areas of service delivery. This included support planning, accidents and incidents and staff training. Actions had been taken to address identified areas where improvements were necessary. The manager agreed to formalise this process to ensure all key areas were addressed, with timescales for actions and recorded and reviewed.

Communication tools were being used including a handover template and a communication book where staff recorded all key changes/information to share with colleagues. The manager agreed to review this process to avoid duplication of recording.

The management team were visible and accessible to tenants and delivered direct care and support for people within their own homes. This promoted communication and gave people the opportunity to give feedback or raise issues. Tenants appreciated this hands-on approach.

The interim management team were aware of and complied with the guidance around what the Care Inspectorate should be notified of.

This requirement has been met. However, the development of a service improvement plan is required to ensure progress made in key areas of service delivery is developed further and sustained. This should be informed by the views of people using the service. This element is repeated within key question two of this report.

## Met - within timescales

### Requirement 5

By 3 June 2023 the provider must ensure effective arrangements are in place to make sure people get the care and support that they need and that is right for them. To do this, the provider must, at a minimum:

a) ensure that each person using the service has a full, written, accurate personal plan in place; which reflects the most up to date information about their care and support needs, the person's health, welfare and safety needs and takes into account their choices and preferences.

This is to comply with Regulation 5(1)(b) and (c) (Personal plans) 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:

'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); and

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12).

**This requirement was made on 20 March 2023.**

### Action taken on previous requirement

All personal plans had been updated. Risk assessments and associated support plans were in place and regularly evaluated by senior staff. Tenants' views and opinions were sought at these reviews and plans updated accordingly.

This requirement was met but support planning should be reviewed as part of quality assurance overview. (See requirement 1 within key question 2)

## Met - within timescales

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure consistent, good quality and respectful care is delivered to all the individuals equally, staff should be supported to understand their roles and responsibilities when delivering care and support. Staff should be confident and competent when supporting people with complex needs.

This is to ensure that 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 4.11).

**This area for improvement was made on 20 March 2023.**

#### Action taken since then

The service had stabilised under interim management arrangements. Clearer management direction and support for staff ensured greater clarity around their role and responsibilities.

Access to experienced colleagues and health professionals, improved communication and improved reflective practice opportunities ensured staff felt more confident seeking advice and support. This helped them develop knowledge and skills necessary to support people with increased competence and confidence. This helped to keep people well ensuring they were receiving the right care and support.

Ongoing monitoring and support of staff practice will be required to ensure improvements are further developed and embedded. (See requirement 1 within key question 2)

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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