

Sunnybrae Centre Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
14 December 2023

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 a short notice announced follow up inspection which took place on 14 December 2023.

Feedback was provided to the management team on 14 December 2023.

The inspection was carried out by one inspector 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 three staff and management
- observed practice and daily life
- reviewed documents

Key messages

- The service had worked hard to improve medication practices.
- The reporting and monitoring of accident and incidents had improved.
- Staffing levels in the service were consistent.
- The management team had worked hard to make improvements.

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

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 completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to medication practices.

Overall, sufficient improvement had been made to meet this requirement.

We changed the evaluation of this Key Question to adequate.

Please see the section of this report entitled "What the service has done to meet any requirements made at or since the last inspection" for further information.

How good is our leadership?

3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to the management and reporting of adverse events.

Overall, sufficient improvement had been made to meet this requirement.

We changed the evaluation of this Key Question to adequate.

Please see the section of this report entitled "What the service has done to meet any requirements made at or since the last inspection" for further information.

How good is our staff team?

3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to staffing levels.

Overall, sufficient improvement had been made to meet this requirement.

We changed the evaluation of this Key Question to adequate.

Please see the section of this report entitled "What the service has done to meet any requirements made at or since the last inspection" for further information.

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

Requirements

Requirement 1

By 12 November 2023 you, the provider, must be responsive to people's needs and support their health and wellbeing by ensuring they receive their medication as instructed by a medical practitioner and as intended by the manufacturer. To be responsive to people's needs and support their health and wellbeing you must, at a minimum:

- a) Ensure all staff who administer medication have received training and are assessed as competent to do so.
- b) Conduct and record regular checks on the quality of recording on medication/health charts. Where issues are identified, record action taken.
- c) Ensure Medication Administration Record charts (including topical and "as required") are complete and detail each medication, including name, dose and times to be administered.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

An extension has been agreed until 13 December 2023.

This requirement was made on 19 October 2023.

Action taken on previous requirement

The service had provided additional staff training. Staff training had enhanced staff knowledge of medication administration and had built confidence in this area. Competency assessments had been undertaken to monitor medication practices. We found that medication administration practices had improved. Individuals were receiving their medication as prescribed. This helped to keep people well.

There continued to be an increase in management presence to support the staff team. Increased auditing of medication practices was taking place and this had supported improvement. This had resulted in positive outcomes for individuals supported by the service. Medication administration records continued to have clear and legible instructions. The service had worked with pharmacy colleagues to review and make changes to medication records.

Met - within timescales

Requirement 2

By 12 November 2023 you, the provider, must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust investigations when serious incidents occur and transparent communication with other governing bodies. This must include, but is not limited to:

- a) Ensure all staff recognise and report incidences of harm or potential harm;
- b) Conduct thorough investigations following serious incidents;
- c) Liaise with all other governing bodies; and
- d) Submit notifications to the Care Inspectorate as required by our notification guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is in order to comply with regulations 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 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).

An extension has been agreed until 13 December 2023.

This requirement was made on 19 October 2023.

Action taken on previous requirement

The management team had completed training for staff on the importance of recognising and escalating incidences of harm or potential harm. This was discussed during staff meetings and one to one supervisions. This allowed staff the opportunity to ask questions and reflect on their practice.

Accident and incident reports had been completed in detail and an appropriate investigation and outcome documented. An accident and incident overview document was being used. The service liaised with other external professionals as expected. The service used a lesson learned approach to ensure learning was taken from unplanned incidents. The reporting of incidents to the Care Inspectorate had improved.

Met - within timescales

Requirement 3

By 4 October 2023, the provider must ensure they keep people safe and healthy by ensuring they have appropriate levels of skilled and experienced staff. To do this, the provider must, at a minimum ensure that:

- a) They review staffing contingency arrangements to ensure arrangements are in place to ensure staffing levels are adequate.

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 the Health and Social Care Standards (HSCS) which state that: "I am confident that people respond promptly, including when I ask for help." (HSCS 3.17); and "My needs are met by the right number of people." (HSCS 3.15)

An extension has been agreed until 13 December 2023.

This requirement was made on 22 August 2023.

Action taken on previous requirement

Staffing levels within the service were more stable. This included the continued support of consistent agency staff members. The increase in management availability remained in place. We were reassured that this was to remain in place. We found that the service was utilising the staffing contingency plan that had been implemented. This resulted in an increase in staff availability. The service had benefited from a recent recruitment campaign and new staff were awaiting pre employment checks prior to commencing their new roles.

Met - within timescales

Requirement 4

By 1 March 2024 you, the provider must ensure effective management arrangements are in place to ensure improvements in key areas of service delivery are achieved and sustained. This must include, but is not limited to:

a) Review management arrangements to ensure appropriate leadership and direction is available to staff, within the service, in the absence of the manager

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

This remains within the timeframe to achieve compliance. We will follow up during future inspections.

Not assessed at this inspection

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 that people can be confident that staff have the appropriate knowledge and skills, the service should ensure that they produce a training needs analysis and staff development plan that reflects the training the staff group require.

This area for improvement was made on 22 August 2023.

Action taken since then

The management team had met with staff to discuss training needs. This was used to develop a training plan for the service to meet the training needs identified. This included external training which had been scheduled. Some training had already taken place.

This area for improvement has been met.

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?	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

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