

Birchwood Highland Recovery Centre Care Home Service

Muirfield Lane
Inverness
IV2 4AX

Telephone: 01463 716 600

Type of inspection:
Unannounced

Completed on:
20 September 2023

Service provided by:
Centred(Scotland) Ltd

Service provider number:
SP2003001717

Service no:
CS2003010543

About the service

Birchwood Highland Recovery Centre provides a service for up to 23 adults with mental health support needs. One of these places can be used for short break support.

It is located in a residential area of Inverness with easy access to the centre of the city. Around the building is an attractive garden with different areas for people to enjoy and relax in.

About the inspection

This was an unannounced full inspection which took place on 13 September 2023 at 09:30. 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
- spoke with twelve staff and management
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals

Key messages

- We saw staff provide kind and respectful care.
- Staff felt well supported by the current management team.
- Staff shortages had a significant impact on the support provided to people.
- Quality assurance within the service needs to improve.
- There needs to be improved oversight and governance of the service.
- There needs to be improvement in data protection.
- The environment needs refurbishment.
- There needs to be more effective infection prevention and control.
- Support planning needs to be reviewed and improved.

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?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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, where strengths only just outweighed weaknesses.

People experienced warmth, kindness, and compassion in how they were supported and cared for. Throughout the inspection we saw that staff treated people with dignity and respect and saw consistently positive relationships between staff and people. It was positive that 'shadow shifts' were used to introduce a new staff member to people, to get to know them and their preferred routines. New staff were also allocated to people with care and sensitivity and encouraged to focus on maximising people's independence. People told us:

"They help me sometimes to go out and do shopping and it's good to have someone to talk to."

The service aimed to support people with a range of mental health problems to recover and rehabilitate and develop daily living skills to promote greater independence. One person told us:

"Every month we do the recovery star, and this helps me talk about how I am doing."

Some people had opportunities to lead active and independent lives and were supported by staff in making choices and decisions about their weekly activities. However, the service also supported people with complex needs, some of who struggled to engage with the aims of the service to promote independent living skills. This created significant challenges for staff in ensuring they were meeting the outcomes of all people supported by the service. A professional told us:

"They get a lot of pressure to take on people who shouldn't be placed there, and many people are effectively misplaced or stuck within the service."

There was a need to review the current aims and goals of the service, including the criteria for referral and admission (see area for improvement 1).

The service was experiencing staffing capacity pressures which impacted upon staff's ability to support people to meet the aims and outcomes within their support plans. It is important that all those living at the service have opportunities to get the most out of life and this will be a requirement (see requirement 1).

CCTV was operated in shared spaces such as corridors and external areas of the building. We identified this as an area requiring further attention, given the impact upon people's right to privacy and dignity. It was not clear that the provider had the required legal authority for the use of CCTV in the home and it did not appear that the provider had taken account of good practice guidance from the Mental Welfare Commission in relation to use of surveillance equipment (see requirement 2).

Access to communal spaces intended to support people's independence, such as kitchens and the laundry, was restricted. Cupboards and doors were locked. This was an area that required regular review (see requirement 2).

We spoke with staff and saw they supported people with medication in a well organised and safe way and records demonstrated this. Staff were competent when administering medication and received ongoing training to support them with this. People had support from qualified nursing staff employed in the centre

and there was regular contact and joint working with health and social work professionals. This assisted people to get appropriate support when they experienced health problems.

People were, in the main, able to keep good health as they had opportunities to attend appointments with health professionals such as GPs and Psychiatrists. If a person was feeling or appeared unwell, staff were responsive to this and would contact relevant other agencies. This helped people keep well.

Staff had been trained in infection prevention and control (IPC) and had good supplies of personal protective equipment (PPE). The premises looked tired and in need of redecoration and refurbishment in many areas. The service had made no progress against plans to refurbish the building, which were identified in a previous inspection. This prevented the service from maintaining standards in infection prevention and control due to difficulties in cleaning. We also observed poor standards of cleanliness in several areas of the building. This created potential health risks to both people and staff (see requirement 1 under Key Question 4).

Requirements

1. By 30 November 2023, the provider must ensure people who experience care have the opportunity to participate in activities to maintain their health and wellbeing and promote their independence.

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

- a) ensure there are always sufficient staff available, to support people to achieve their outcomes, through regular participation in activities and being supported to maintain their interests
- b) ensure that people are consistently supported to develop independent living skills, as identified in support plans; and
- c) ensure activities and interests, as identified in their outcome plans, are evaluated, and reviewed with people or their representatives on a regular basis to ensure they remain relevant for each person.

This is to comply with Regulation 3 (Principles) and 4 (1) (a) and (b) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social care standards 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) and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2. By 30 November 2023, the provider must ensure that people's human rights are protected and promoted.

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

- a) where CCTV is used, they have acquired the necessary legal authority to use it
- b) that the use of CCTV is proportionate and the least restrictive to keep people safe
- c) the impact of the use of CCTV on people's rights to privacy is considered
- d) that all staff (including contractors) involved in the use of surveillance systems are properly trained and supported to use them
- e) that information obtained or recorded using CCTV must be kept secure, and anyone with authorised access to that information must understand their legal responsibilities
- f) document the steps taken when deciding to use CCTV and review the use of CCTV regularly to ensure it is

not used for longer than necessary

g) the service should also review the necessity for locking communal areas which are intended to support people's independence.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(a) - Welfare of users.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that

'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS2.7).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

Areas for improvement

1. The provider should review the aims and objectives of the service to ensure clarity about the service provided; how support will be delivered and that it reflects the needs of supported people. The provider, in consultation with the management team, should consider carefully the criteria for referral and admission and ensure this is clearly stated on the referral documentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The recently appointed manager and other senior staff were visible and approachable within the service and consistently available to support staff where required. The management team needed to consult with colleagues in similar services locally to share best practice and resources. Regular team meetings were happening weekly, which had improved communication. Staff told us that they felt supported and valued by the manager. They said that the manager was approachable and encouraged them to discuss any concerns with him.

Quality assurance and improvement should be well led, drive change and improvement. There were some systems in place to monitor and audit aspects of service activity. Management used surveys to encourage people and staff to give their views on the service. The service had a range of policies and procedures in place to guide staff practice. These would benefit from being reviewed, and where appropriate, updated. There was little evidence of coherent and regular auditing activity focussed upon identifying areas of strength and areas for improvement.

There was no evidence of a service development and improvement plan with details of quality assurance systems and service development activity. The development of this plan will help to promote positive outcomes for people using the service and evidence capacity for improvement (see requirement 1).

A recent general data protection regulations (GDPR) incident had a significant impact upon operational systems within the service. Information relating to service operations had been removed from a range of service areas. This matter was being actively investigated by senior management and further action was required to ensure that people's personal data was protected in line with GDPR regulations (see requirement 2).

We looked at whether recruitment procedures were in line with 'Safer Recruitment' guidance. We found evidence that references, including most recent, were being followed up, Protection of Vulnerable Groups checks completed, SSSC registration confirmed, ID documents and evidence of previous employment. This meant that people could be confident that staff had been appropriately and safely recruited.

The service regularly submitted notifications to the Care Inspectorate. However, we identified several incidents which were not submitted to the Care Inspectorate in accordance with its notification guidance. To ensure that the service submits notifications in accordance with guidance, we have made an area for improvement (see area for improvement 1). This will ensure people are kept safe and their health and wellbeing are promoted by the service having effective quality assurance and reporting systems.

Requirements

1. By 30 November 2023, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

To do this, the provider must ensure:

- a) a service development and improvement plan is in place, containing details of quality assurance and service improvement activity
- b) routine and regular management audits are being completed across all areas of the service being provided
- c) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported
- d) clear action plans with timescales are devised where deficits and/or areas for improvement have been identified
- e) action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

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 care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 30 November 2023, the provider must ensure that all data, including people experiencing care and staff's personal data, is appropriately stored and protected.

To do this, the provider must;

- a) review the current practices, policies and processes relating to the management of personal data and GDPR; and ensure these are fully implemented and monitored in line with current best practice
- b) ensure that all staff who have responsibility for the management of personal data and GDPR regulations

have the necessary skills and knowledge to be practicing safely at all times and that they have a clear understanding of their role and responsibilities.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures that care and support is consistent with the Health and Social Care Standards which state: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4) and I use a service and organisation that are well led and managed (HSCS 4.23).

Areas for improvement

1. To ensure people are kept safe and their health and wellbeing are promoted by the service having effective quality assurance and reporting systems, the provider should, ensure:

a) improvements in recording and reporting systems; ensuring that they comply with all legal responsibilities, including submission of notifications to the Care Inspectorate in accordance with its notification guidance.

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 states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff had developed positive relationships with the people they supported. We observed that people were relaxed with staff. Staff told us that that support from management was improving. The new manager was said to be responsive to staff and they felt more supported and felt listened to.

The service had an online training programme in place for new and existing staff. Induction training for new staff included opportunities for shadowing more established staff for a short time. This helped guide new staff on delivering safe care and support for individuals. Staff we spoke with felt this provided them with a basic understanding about a range of care issues and practice. Staff were expected to keep their training up to date.

The service did not have a recognisable service training plan to help manage and evaluate training. The service needed to develop a coherent service training plan to provide a robust system of oversight and help deliver continuous improvement in practice. This will be an area for improvement (see area for improvement 1).

The assessment of staff competency following training needed to improve. Direct observations of staff practice were not being conducted. Regular recorded practice observations are an effective tool for

managers to monitor practice and support staff development. They will enable the right support and development to be provided for staff and support positive outcomes for people (see area for improvement 1).

Supervision records and annual appraisals we sampled were detailed with reflective discussions on staff skills development and learning. However, supervision and annual appraisal were not happening regularly for some staff, and this will be an area for improvement (see area for improvement 1). People needed to have confidence in staff because they are trained, competent and skilled and can reflect upon their practice.

We saw that under previous management, the skills and experience of all staff, including staff nurses, was not being fully utilised to support positive outcomes for people. Management needed to review this area of practice to ensure that all the skills and experience within the staff team were being fully utilised to benefit people and to promote staff development.

Team meetings took place monthly which staff attended. A wide variety of topics were discussed and captured in meeting minutes. These gave staff the opportunity to meet, share ideas and learn from each other. This gave people confidence that staff can confidently and competently carry out their roles.

Areas for improvement

1. To support positive outcomes for people, the provider should develop a service training plan and review all staff development processes including:

- a) an accurate assessment of individual performance in the area of practice being assessed
- b) identify any gaps in skills and knowledge and how these gaps will be filled
- d) ensure competency assessments informs training needs analysis and the annual training plan for the service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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' (HSCS3.14).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "I use a service and organisation that are well led and managed" (HSCS 4.23).

2. To support positive outcomes for people, the provider should ensure all support staff have opportunities for regular supervision and annual appraisal.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We found the sanitisers throughout the building were clean and had sanitiser in them. However, standards of cleanliness in parts of the building were contrary to infection prevention and control (IPC) guidance. This posed potential risks for people using the service and staff. Recording of cleaning was inconsistent and

required review and regular audit. Frequently touched areas, such as door handles and light switches, were not cleaned in accordance with guidance (see requirement 1 below).

The premises looked tired and in need of redecoration and refurbishment in many areas. For example, one of the wet rooms, was in a poor state with black mould evident and the flooring lifting. We saw peeling paint on walls and ceilings. Within the kitchen, the extractor hood was greasy and in need of a deep clean. Some fluorescent light diffusers had dead flies on the inside. We noted a large hole in one of the toilet walls which presented risks to the health of people and staff (see requirement 1).

There was ample shared space within the home and in the garden where people would go to have some quiet time, entertain visitors, or participate in group activities. The outdoor space was used by some people, but more could be done to promote this as a therapeutic activity and to help develop people's skills. The sunroom was a bright and welcoming space but appeared to be under used by people. The large TV lounge provided good a space for relaxing and group activities but also appeared under utilised and in need of significant refurbishment. There were two well equipped kitchens available, but people could not access these independently. Cupboards and doors were locked in some areas. The management team should review this to ensure that these restrictions were necessary and did not inappropriately restrict people's access (see requirement 2 below).

Recording for general repair and maintenance was inconsistent and required review, as part of quality assurance activity (See requirement 1 under Key Question 2). Maintenance logs should be audited regularly to ensure action required is completed in a timely manner. We also saw inconsistent recording in relation to fire safety-related activity and the service was addressing a range of actions generated by a recent fire inspection. The service needs to review and improve regular auditing and recording of fire safety procedures as part of its wider quality assurance processes (see requirement 1 under Key Question 2).

The service used closed circuit television cameras in communal areas and external areas. We identified this as an area requiring further attention, given the impact upon people's right to privacy and dignity. We found areas of the service environment to be quite restrictive. Access to communal spaces intended to support people independence, such as kitchens and the laundry was restricted. Cupboards and doors were locked (see requirement 2 under Key Question 1).

Requirements

1. By 30 November 2023, the provider must ensure people's health and wellbeing is protected by ensuring there were effective procedures in relation to infection prevention and control.

To achieve this, the provider must, but not limited to:

- a) ensure the service have access to and are compliant with Standard Infection Control Precautions (SICPs) in relation to the care environment
- b) ensure that cleaning schedules are robust, detail staff responsibilities methods of cleaning and frequencies
- c) regularly audit cleaning records and ensure, that where there are shortcomings, an action plan is developed to address these
- d) the service takes urgent action to address the areas within the home which have been highlighted as high risk and prioritise these for repair or replacement
- e) the service should develop a service refurbishment and redecoration plan to improve the physical appearance of the premises and support efforts to improve standards of infection prevention and control.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(d) - Welfare of users.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS5.22).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Information in personal plans was not well organised, and it was difficult to get a sense of the individual. There was little evidence of a holistic profile of the person describing the support they needed, and the risks associated with their illnesses or emotional capacity.

Personal plans were not written in a person-centred way and did not fully reflect people's rights, choices and wishes or the supports needed to achieve this. The 'recovery star' was used with people as a support planning process. The way this tool was used and recorded appeared task-based, and repetitious. Personal plans appeared static with little evidence of what progress or skill development was achieved with people. We saw an example of someone planning to move into more independent accommodation where there was a lack of information concerning significant independent living skills. We found no information about this person's capacity to manage a tenancy or details of what support she would need to successfully move into her own accommodation. The service needs to urgently review its current approaches to support planning, and this will be a requirement (see requirement 1).

Risk assessments we sampled, did not clearly link with people's plan of support. We saw risk assessments with details about people's mental health. However, we saw no related stress and distress plan that would guide staff on how best to approach and support people who may become agitated or distressed (see requirement 1).

The service did not regularly review the support plans with people and their families. Care Programme Approach (CPA) meetings took place regularly, but these did not inform or update people's personal support plans. The service needed to ensure that people's support plans were reviewed when people's needs changed and at least once in each six-month period (see requirement 1).

Requirements

1. By 31 January 2024, the provider must further develop personal support plans which clearly sets out how people's health, wellbeing and safety needs will be met.

To achieve this, the provider must ensure personal support plans include at a minimum:

- a) detail people's needs for support in their daily lives including health and wellbeing, finances, relationships, education, work opportunities, and meaningful activity
- b) detail clearly risks for each person and the measures in place to manage these effectively, including for people experiencing distressed reactions
- c) set out clearly how staff will support people in meeting these needs and effectively evaluate progress in meeting people's specified outcomes

- d) Personal support plans are reviewed and updated at least once in each six-month period and people are consulted and involved in the review process
- e) People with legal powers such as guardians and power of attorney's are invited to reviews and have opportunities to state their views on the support provided
- f) there is a record of the review meeting and a minute taken. Minutes should contain a summary of the discussion held, the decisions made because of the discussion and when this will be reviewed again.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 5(1) Personal plans.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1)(a) - Welfare of users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23) and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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
1.1 People experience compassion, dignity and respect	3 - Adequate
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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.2 The setting promotes people's independence	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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