

Birchwood Highland Recovery Centre Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Centred(Scotland) Ltd

Service provider number:
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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 follow-up inspection which took place on 4 December 2023 at 09:15. 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 five people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

Key messages

- We saw staff provide kind and respectful care.
- Staff felt well supported by the management team.
- Quality assurance within the service had improved but further improvements were needed.
- There was improved oversight and governance of the service.
- There was improvement in data protection systems and practice.
- The environment had undergone refurbishment and the service was planning further improvements.
- There was improvement in infection prevention and control practice.
- Support planning had improved but further improvements were needed.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warmth, kindness, and compassion in how they were supported. Throughout the inspection we saw that staff treated people with dignity and respect. There were positive relationships between the staff and people. This meant staff knew people well and what was important to them. We observed staff and managers as hard-working, enthusiastic, and committed to providing a good service. People told us:

"I go to my nurses if I need anything"

"The manager has worked here a long time, he is great"

We saw some improvement in how staff were supporting people to have the opportunity to participate in activities to maintain their health and wellbeing and promote their independence (see area for improvement 1). The service was experiencing staffing capacity pressures and was actively engaged in recruitment of new staff.

The service supported people with a range of abilities and complex needs, some of who struggled to engage with the aims of the service to promote recovery and independent living skills. The service was committed to reviewing the current aims and goals of the service, including the criteria for referral and admission (see area for improvement 3).

CCTV cameras were not currently in operation within the service, as managers were reviewing the use of this technology. The service was actively consulting with people and professionals and seeking guidance from a range of organisations, including the Mental Welfare Commission, in relation to use of surveillance equipment (see requirement 2). This ensured that people's right to privacy and dignity was protected and promoted.

The service had reviewed restricted access to communal spaces intended to support people's independence, such as kitchens and the laundry. This involved consulting with people and we saw that the service had appointed a facilities manager, whose responsibilities included regular review of how the building was being used for the benefit of people.

We saw that staff 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 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 has had the large lounge refurbished and was in the process of developing a phased refurbishment and redecoration plan. This helped the service to maintain standards in infection prevention. We observed improvements in standards of cleanliness throughout. This contributed to improved health and wellbeing for both people and staff.

Areas for improvement

1. The provider should support people who experience care to have the opportunity to participate in activities to maintain their health and wellbeing and promote their independence. The provider should continue to develop and review people's support plans and support staff, through ongoing training, to provide consistent support to help people meet their agreed outcomes.

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. The provider should continue to review the use of CCTV within communal and outside areas of the service and assess whether it has the required legal authority to use this technology. The provider should regularly review the necessity for restricting access to communal areas which are intended to support people's independence. This should include, but is not limited to:

- a) the provider should develop a detailed written protocol, in consultation with other professionals, describing how CCTV should be used in future and ensure that people's human rights are, at all times, protected and promoted
- b) the provider should ensure that decisions to restrict access to communal areas in the building are subject to consultation and regular review with people supported by the service.

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).

3. 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?

3 - Adequate

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

The manager and other senior staff were visible and approachable within the service and consistently available to support staff where required. The manager was actively consulting with colleagues in similar services locally to share best practice and resources. A range of team and management meetings were regularly taking place and communication worked well within the service. 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.

The service had recently developed a service improvement plan. This was detailed and contained a range of actions for completion within clear timescales. However, there was little evidence of robust and transparent quality assurance processes including regular discussion of auditing activity focussed upon identifying areas of strength and areas for improvement. Quality assurance and improvement should be well led, drive change and improvement (see requirement 1). This would ensure that people benefit from a culture of continuous improvement.

The service had recently commissioned and completed a thorough review of its general data protection regulations (GDPR) practices in relation to data storage. The service needed to continually review its GDPR-related practices to ensure that people's personal data was protected in line with GDPR regulations. Improvement needed to be sustained over a period of time and embedded within practice (see area for improvement 1).

We saw improvement in how the service submitted notifications to the Care Inspectorate since our last inspection. This had ensured people were kept safe and their health and wellbeing were promoted by the service having effective reporting systems.

Requirements

1. By 4 March 2024, 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) regular meetings are in place to enable focussed discussions on quality assurance activity and review of actions identified within the service improvement plan
- 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.

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).

Areas for improvement

1. The provider should continue to review systems for ensuring that all data, including people experiencing care and staff's personal data, is appropriately stored and protected. This should include, but is not limited to:

a) ongoing review of 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).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had developed positive relationships with the people they supported. We observed that people were relaxed with staff. We observed staff engaging positively with service users. There was positive feedback about staff practice from a range of people using, or visiting the service. Staff told us that support from management was positive and the manager was responsive to staff and they felt supported and listened to. We saw evidence that management were promoting staff development by ensuring that the skills and experience of all staff were being fully utilised to support positive outcomes for people. Management continued to review this area of practice.

Team meetings took place regularly and 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.

We observed improvement in the assessment of staff competency through recorded direct observations and these were happening more frequently. However, we needed to see evidence of sustained improvement over time and that practice was becoming embedded (see area for improvement 1). 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.

The service was reviewing its current use of 'LearnPro' as its primary training resource for new and existing staff. 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 (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.

There was evidence of improvement in ensuring that all staff have regular supervision and annual appraisal. However, we needed to see evidence of sustained improvement over time and that practice was becoming embedded (see area for improvement 2). 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.

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
- c) 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?

3 - Adequate

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

The service had recently appointed a facilities manager and was in the process of developing a refurbishment plan. This role was intended to promote ongoing review of how all areas of the building, including external areas, could be utilised to benefit people in terms of skills development, developing therapeutic spaces and access to activities. The large TV lounge had undergone significant refurbishment and was now a warm, homely and welcoming space with potential for a range of uses for the benefit of people. The service was in the process of replacing flooring throughout the building and planned refurbishment work in the kitchen. Following a recent fire inspection, the service was in the process of

replacing fire doors throughout the building. This will ensure that people experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.

We found the sanitisers throughout the building were clean and had sanitiser in them and that more sanitisers had been added to communal areas of the building identified during the previous inspection. There was evidence of improvement in standards of cleanliness throughout the building and that the service was in compliance with infection prevention and control (IPC) guidance. Recording of cleaning had improved but needed to be regularly reviewed and audited under quality assurance processes (see area for improvement 1). This will ensure people's health and wellbeing is protected by having effective procedures in place in relation to infection prevention and control practices.

The service had developed a service improvement plan which contained a range of actions relating to identified maintenance and refurbishment tasks and this was subject to regular review. However, these improvements needed to be sustained over time and become embedded in practice (See requirement 1 under Key Question 2).

The service was currently reviewing its use of closed circuit television cameras in communal areas and external areas (see area for improvement 2 under Key Question 1). The service had reviewed restricted access to communal areas of the building and taken actions to ensure that people were consulted about this. Decisions to restrict access to communal areas were now subject to regular review but these improvements needed to be sustained over time and become embedded in practice (see area for improvement 2 under Key Question 1).

Areas for improvement

1. The provider should ensure ensure people's health and wellbeing is protected by having effective procedures in place in relation to infection prevention and control. To achieve this, the provider must, but not limited to:

- a) ensure its infection prevention and control procedures remain compliant with Standard Infection Control Precautions (SICPs) in relation to the care environment
- b) regularly audit cleaning records and ensure that, where there are shortcomings, an action plan is developed to address these

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?

3 - Adequate

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

There was evidence of some improvement in relation to clarifying the role of 'key workers' in supporting people to meet outcomes within their support plans. The manager had met with staff to discuss a more focussed approach on how staff can best support people with skills development and accessing valued

activities. The service had developed a new template designed to provide greater clarity and focus in how staff utilise one-to-one time with people. The service had also developed a transition support plan to identify and prioritise specific support for people to develop relevant independent living skills prior to moving into tenancy-based accommodation.

We saw evidence of improvement in the regularity of support plan reviews with people and their families. However, improvement needed to be sustained over time and embedded in practice. 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).

The service was currently reviewing all aspects of its support planning processes and the manager was actively liaising with other services to identify examples of 'best practice' in support planning. This was reflective of the need to develop a more person-centred and outcome-focussed approach to support planning (see requirement 1). The service was also looking at using a digital support planning platform to provide a more coherent and person-centred framework for managing support planning and reviewing activity.

Requirements

1. By 04 March 2024, the provider must further develop personal support plans which are person-centred, outcomes-focussed and clearly set 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).

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

Requirements

Requirement 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).

This requirement was made on 20 September 2023.

Action taken on previous requirement

Evaluation of action taken

There are still significant staffing capacity pressures / vacancies but the service was service proactively recruiting. The service had recently decided to increase the hourly rate paid to staff to encourage recruitment and retention of staff. We received positive feedback from people supported by the service in relation to being able to access activities and support from staff. The management team were working in a number of ways to ensure there was a greater focus on identifying specific staffing support for individuals with accessing activities, pursuing interests and significant independence skills development, as identified in each individual's support plans.

This included:

- Encouraging a clearer understanding of the role of the key worker through 1-1 meetings with individual staff.
- Ensuring all Support Plans are up to date and reflect SMART goals with references to progress in daily notes.
- More proactive use of reviews to focus on outcomes around accessing valued activities and support with

skills development.

- The development of new templates (Transition Action Plan & Support Plan / Action Plan) to focus on how staff are utilising 1-1 time to support people with skills development and accessing / pursuing activities.
- Liaising with other services to look at developing a more outcomes-focussed / person-centred approach to support planning.
- The planned move to the 'Access' digital support planning package will also support improvement in this area.

Met but there will be a new Area for Improvement to ensure improvements are sustained over time and become embedded within practice across the service.

Met - within timescales

Requirement 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 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).

This requirement was made on 20 September 2023.

Action taken on previous requirement

The service had decided to discontinue the use of the CCTV on the grounds that it was not clear whether there was sufficient legal authority to use this technology. The service was currently reviewing potential future use of this technology including:

- Carried out a survey with all residents to canvass their views on the use of the system

- Ensuring all legal requirements are met and understood, prior to any decision to reactivate CCTV.
- Consideration as to whether current CCTV system is 'fit for purpose' and possible replacement with a more advanced system.
- The need to develop a written protocol on the use of the system including multidisciplinary assessment of the benefits and risks.
- Review all available guidance and 'best practice', including Mental Welfare Commission and Care Inspectorate, in developing protocols and practice.
- Ensuring the system is commensurate with GDPR.
- Developing bespoke training for all staff responsible for operating the system.

The service had also conducted a review of restricted areas within the building including access to one of the kitchens and the laundry room. People supported in the service had been consulted about this and padlocks had been removed in some areas of the laundry. The appointment of a facilities lead will help with regular review of maximising the use of all areas of the building for the benefit of people.

Met but there will be a new Area for Improvement to ensure improvements are sustained over time and become embedded within practice across the service.

Met - within timescales

Requirement 3

By 30 November 2023, the provider must ensure that quality assurance processes are conducted 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 are 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 requirement was made on 20 September 2023.

Action taken on previous requirement

The management team had drafted a new Service Improvement Plan (SIP) which was structured along the Key Questions used by the Care Inspectorate. This was detailed and well structured and formed the basis of a robust Quality Assurance (QA) system. We also saw evidence of a renewed focus upon audits, key performance indicators (KPI) and the service intending to develop a KPI calendar for in early 2024. There were weekly, semi-structured management meetings discussing a range of relevant issues. We discussed the need for more structured QA-focussed meetings with an agenda linked to the SIP.

Whilst efforts had gone into developing a detailed and well-structured SIP, there was a need to build robust

QA processes to ensure that:

- The SIP was regularly reviewed and actions prioritised and followed up.
- Team and management meetings would benefit from more structure in terms of agenda-setting and ensuring links across all meetings to the QA system/SIP.
- All auditing systems monitored and regularly spot-checked.
- Evidence that feedback from people, staff and other stakeholders was used to develop and improve the service.

This Requirement is not met but will be amended to reflect improvements and extended for follow up inspection in 2024.

Not met

Requirement 4

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).

This requirement was made on 20 September 2023.

Action taken on previous requirement

The service provided evidence of cyber security accreditation and there had been rigorous testing of data storage and related IT security including all computers and mobile phones. The service had taken steps to improve security of data which was now held electronically and was cloud based within the Access care management system or in Centred's own cloud. This ensured:

- Rapid restoration of critical business applications in the event of any emergency.
- An additional layer of data protection provided to back up files and data offsite.
- This ensured that data was safe from cyberattacks, ransomware, and other data breaches.
- The service can add or remove storage capacity as needed.
- Data was automatically backed up at regular intervals.

The service needs to continually review its use of paper systems (and the security of hard copy documents) considering the removal of specific documents under previous management.

Met but there will be an Area for Improvement to ensure improvements are sustained over time and become embedded within practice across the service.

Met - within timescales

Requirement 5

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 elevated 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).

This requirement was made on 20 September 2023.

Action taken on previous requirement

The service had completed a review of restrictions in kitchen(s) and laundry (padlocks removed) including consultation with people. There were plans to remove extractor hood in kitchen and this had been cleaned since the last inspection. There was evidence of training around IPC for all staff and two hand-gel dispensers were added to hall area since last inspection. Standards of cleanliness had improved throughout building, and this was backed up by improved recording of the cleaning schedules.

There was evidence of identified refurbishment works completed in main lounge, plans to rewire building and install metres into some rooms to facilitate potential conversion of some rooms into tenancy-based accommodation. Evidence of plans to refloor throughout building and replace all fire doors following recent fire inspection.

A new facilities manager was appointed to oversee development of refurbishment plan.

A flat damaged by a previous resident locked and awaiting refurbishment and the bathroom with mould is locked pending refurbishment works. Some areas of the building were still poorly lit and there needed to be an assessment of lighting throughout the building by the Facilities Manager.

We saw a fire extinguisher in a hall area hanging dangerously from loosened mounting bracket and this was dealt with immediately by the manager. Regular detailed 'walk-throughs' of the building (as part of QA processes) by senior staff would help to identify such risks.

Met but there will be an Area for Improvement to ensure improvements are sustained over time and become embedded within practice across the service.

Met - within timescales

Requirement 6

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).

This requirement was made on 20 September 2023.

Action taken on previous requirement

The development of the new Service Improvement Plan had enabled the service to 'capture' a range of identified areas for improvement in relation to support planning. There was some evidence of some improvement with focussed support by management to key workers and the development of new templates to assist improvements in focussing upon support plan outcomes. Management are proactively engaging with other services to identify 'best practice'. We saw some improvement in the regularity of support plan reviews and the service is considering moving to a digital platform to manage all support planning activities.

However, there were still considerable improvements required across the whole area of support planning. This Requirement is not met but will be amended to reflect improvements and extended for follow up inspection in 2024.

Not met

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

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 carefully consider 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).

This area for improvement was made on 20 September 2023.

Action taken since then

Evidence that that meetings with NHS Highland are ongoing in discussing the services aims. (See Service Improvement Plan).

The service was still in the process of reviewing the aims and objectives of the service and the criteria for referral and admission and so this area for improvement has not been met.

Previous area for improvement 2

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).

This area for improvement was made on 20 September 2023.

Action taken since then

We have seen a significant improvement in the sending of SCSWIS Notifications to the Care Inspectorate so this area for improvement has been met.

Previous area for improvement 3

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
- c) 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 area for improvement was made on 20 September 2023.

Action taken since then

The service still needed to develop a coherent training tracker and training planning system. The service was looking at moving its training platform from LearnPro to Turas.

The service had made efforts to ensure all staff were provided with ongoing (recorded) direct observation of practice but there were still improvements needed in this area and evidence that this was being:

- Sustained over a period of time.
- Embedded in practice.
- Discussed within supervision and annual appraisal.
- Used to inform the Service Training Plan.

Previous area for improvement 4

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).

This area for improvement was made on 20 September 2023.

Action taken since then

The management team were working to ensure that all staff were provided with ongoing (recorded) direct observation of practice but there were still improvements needed in this area and evidence that this was being:

- Sustained over a period of time.
- Embedded in practice.
- Discussed within Quality Assurance meetings.
- Reflected within the Service Training Plan.

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 and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	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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