

# Blackwood Care Edinburgh West Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
30 May 2024

**Service provided by:**  
Blackwood Homes and Care

**Service provider number:**  
SP2003000176

**Service no:**  
CS2016344470

## About the service

Blackwood Care Edinburgh West is part of a national not for profit charity organisation that provides support to people with physical disabilities, learning difficulties and older people. Accommodation is provided on an individual tenancy basis with additional care and support hours for each individual person dependant on their assessed and agreed packages of care. Support is provided to people living in their own homes and ranges from personal care and support with medications to socialisation and community engagement.

## About the inspection

This was a short notice inspection of the service which took place on 13,15,16 and 28 May 2024. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- visited two of the four housing projects, and the 24/7 element of the service which supports people remotely
- spoke with people using the service and their families across two projects and the 24/7 service. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff
- observed staff practice and spoke to people about their daily life
- reviewed a range of documents

## Key messages

- Team leaders, who managed the day to day services were professional, supportive and knowledgeable about peoples' care. This meant people could be confident their health and wellbeing needs were being met.
- People were supported in a way which suited them. Staff support was managed around the person which promoted social activities, mental health and wellbeing.
- The online support system 'clever cogs' was used in a proactive way to allow people to access support and advice to maintain and benefit health and wellbeing.
- Personal plans and associated risk assessments need to ensure accurate information is held where people have complex health needs which need specific support.
- Further work was needed to ensure risk assessments were detailed and reflected any identified risks for the person's care.
- A better overview of personal plans was needed to look at consistency across all the services which were part of Blackwood West Edinburgh.

## 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?	4 - Good

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 overall as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

Blackwoods provided remote support across the Lothians, Stirling and Glasgow using a bespoke technology enabled system called Clever Cogs. This allowed people to access advice, where needed, 24 hours per day, seven days per week. This meant people could be confident they could access support at any time and be able to speak with a member of staff. In emergency situations, staff could also provide direct support to the person. Where people used the system to call for advice, staff could also direct them to the right agencies based on their individual needs. For people who experienced mental health, this was an invaluable service to stop isolation and support wellbeing. People we spoke with using this part of the service said, 'I would be in dire straits without it', 'gives me piece of mind, someone is at the end of the phone to help me' and 'I would be lost without this'.

Care and support was delivered by small groups of staff who knew people well, this allowed service users to build meaningful relationships with staff. People were encouraged to live as independently as possible, including being able to live in their own home with complex care needs.

People were involved in decisions about their care and support and were supported to build, maintain or regain their confidence. Staff in the service understood their role in supporting people's access to healthcare. They recognised changing health needs and shared this information quickly with the right people.

For people with more complex needs there were gaps in information regarding risk and care that need updated. Staff were knowledgeable about people's care and there were no indications that the gaps in information had led to any concerns. However, given gaps in nutrition and eating were highlighted at the last inspection, it was disappointing to find contradictory information in personal plans. The information in the paper copy of some of the plans differed from those online. As staff accessed the paper copies, it was essential these were up to date and reflected the care to be given. For some people there was a lack of detail about how to carry out specific healthcare tasks. We discussed with the manager, a new staff member would find it very difficult to provide healthcare support based on the information available in the personal plans of some people.

At the point of inspection, we asked the manager to address this immediately and ensure that personal plans accurately reflected risk, health professional guidance and detailed care accurately. This was completed and information regarding health and wellbeing in the personal plans was updated prior to the completion of the inspection. However, as this had been highlighted at the previous inspection, this has affected the grade for the service and links into key questions two. (See area for improvement 1)

Medication records for some people were inconsistently recorded with gaps in records. However, as these were being effectively audited and actioned where gaps were identified, we have not made an area for improvement.

There was a lack of information about medication in some personal plans. This included in what specific circumstances a person would need 'as required' medication to be given and risks associated with specific medications. (See area for improvement 1)

## Areas for improvement

1. Personal plans should accurately reflect care provided and give clear instruction to all staff. This would include:

- detailed risk assessments, including medication where specific advice is indicated
- ensuring information that relates to health, including but not limited to, skin integrity, nutrition, continence, moving and positioning and medication is accurate, and reflective of any health professional input and best practice
- ensuring all information held within the plan accurately reflects the care provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

Blackwood as an organisation provided a variety of opportunities for involvement and engagement throughout their services. Detailed audits of each of the four projects under the registration of Blackwood West had been undertaken by the quality improvement team. Prior to this process each individual team leader completed a self-evaluation of the service, which was used to assess how each project was performing. The outcome of both the self-evaluation and quality audits reflected the Care Inspectorate grading criteria and quality frameworks. This was a robust quality assurance framework. The audits were completed in April 2024. The manager told us the improvement plan would follow and encompass actions from the audits.

However, we were concerned that improvements in risk assessment and personal planning was highlighted at the previous inspection and the issues were again found at this visit. Quality assurance checks, if effectively completed, would have highlighted the issues regarding some of the personal plans. We found a lack of effective overview for some people. Whilst resolved prior to the completion of the inspection, this has affected the grade for this key question. This is because the inconsistencies in information should have been identified through audits and overview.

Each project had a team leader who was responsible for the day to day running of that project. However, the manager was responsible for the overview of the service. We discussed with the manager that moving forward there should be a consistent approach to quality checks on an ongoing basis, this could be via weekly or monthly reports from team leaders, or sampled documentation. This was highlighted at the previous inspection.

The individual projects overall were well managed with supportive and knowledgeable senior staff.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate.

The manager and team leaders carried out one to one meetings with staff. This gave an opportunity to

reflect on their practice and identify any training needs. However, further development of these would be of benefit. We discussed looking at models where reflective practice was used for staff to discuss what had gone well or what they may have done differently. This would also link into the improvement of the quality of some of the documentation, such as daily notes.

Team meetings were held with the team leaders and in each project. These gave an opportunity to share practice, and organisational developments.

Most staff we spoke with said they were well supported and felt valued as a team member.

## How good is our staff team?

**4 - Good**

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

All staff were registered with the Scottish Social Service Council (SSSC) and as such were subject to their codes of conduct. There was extensive underpinning knowledge of each person's care by the more established staff.

Staff had access to a range of training opportunities. Staff induction was well managed with staff undertaking mandatory training before supporting people as well as opportunities to learn from more experienced colleagues. However, whilst staff told us of access to training and that they could ask for this, there was no service overview in terms of a development plan based on the specific needs of people supported. We could see staff had access to a range of Individual healthcare training, but as good practice this should be recorded on a training and development plan.

Staff had the opportunity to discuss and share ideas through regular team meetings. Staff told us there was an open-door policy with team leaders and should any advice be needed; this was supportive and professional. One of the team leaders had temporary responsibility for two projects. Should this become permanent, thought should be given to a second part time team leader or senior staff member to ensure consistency in care and support to staff.

Staff were allocated to support people on an individual basis. Where there were staff absences relief staff were used to cover support. No agency staff were used. This aided consistency in care. People we met were happy with their support. Not all people supported knew in advance who would be supporting them, but they commented they did not see any issues with this.

## 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

Personal plans should accurately reflect care provided and give clear instruction to all staff. This would include:

- detailed risk assessments, and where the individual did not wish to adhere to health professional guidance, records of conversations about this
- detailed individual care which can be audited and triangulated through daily notes
- ensuring information that relates to skin integrity, nutrition, moving and positioning is reflective of health professional input and best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

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

#### Action taken since then

Whilst this area for improvement was specific to an individual, which had been put in place, there are elements of the personal plans which still need to be address. For this reason, we have made a revised area for improvement about personal planning and risk assessment .See under key question one in the body of the report.

#### Previous area for improvement 2

A full overview of medication should be undertaken this would include:

- introducing audits of medication
- ensuring there are detailed records of as required medication within personal plans, including in what circumstances this is given
- including details of the level of assistance needed with medication and any relevant instruction for medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 2.23 If I need help with medication, I am able to have as much control as possible.

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

#### Action taken since then

There were audits of medication in place. There was clear guidance in about the support a person required with their medication, however further information was needed for some people. We have included medication under an area for improvement made under key question one.

## Previous area for improvement 3

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved. This would include:

- quality assurance systems in place support a culture of continuous improvement. The system effectively enables areas for improvement to be promptly and accurately identified
- where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible
- staff completing audits receive training, to ensure that audits make improvements to the service
- ensuring that people are supported to express their views and that this is properly recorded in order that evaluation is well evidenced
- policies and guidance of the organisation are reflective of practice, where this is not the case, policies must be amended/reviewed.

This is in order to comply with the Health and Social Care Standards which states “I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes” (HSCS 4.1).

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

### Action taken since then

There was a comprehensive quality assurance system in place. This had been completed across all four projects under the Blackwood West Edinburgh registration. Whilst there were detailed audits in place, these did not address the issues identified at inspection. This is discussed further under key question two.

## 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are 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

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