

Bob Cooney Court Care Home Service

22 Bob Cooney Court
Aberdeen
AB25 3SP

Telephone: 01224 256 000

Type of inspection:
Unannounced

Completed on:
24 September 2024

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2003000217

About the service

Bob Cooney Court is a care home registered to provide a care service to a maximum of four adults with a learning disability. The provider is Cornerstone Community Care, which is a charity providing services in much of Scotland.

The service is located in a large ground floor flat. There is a small garden area. The service is well-situated for access to shops, including a supermarket, parks, and a bus service. The aim of the service is to support people who have a learning and physical disability to lead valued lives and to achieve their full potential within their local community.

About the inspection

This was an unannounced inspection which took place on the 17 and 18 September 2024. One inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service
- received views of one family member
- spoke with members of staff and management
- observed practice and daily life
- reviewed documents
- we did not receive any completed questionnaire.

Key messages

- People were well looked after.
- The staff team knew people well.
- People were able to join daily activities which they enjoyed.
- The environment was clean and well decorated.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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?

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 knew people well and we saw warm and respectful interactions. Care and support were person-led and flexible depending on the day-to-day needs of people. Where people were unable to communicate verbally, staff used different methods to facilitate communication, for example, picture cards and Makaton. This meant people had a voice and felt listened to.

We saw evidence of the people and staff planning the following week's menu to suit their likes and dislikes. People were encouraged to help prepare meals, snacks and drinks were available for people to help themselves. Where people required altered textured diets there were appropriate referrals to Speech and Language Therapy and detailed plans to support individuals to eat and drink safely. Therefore, people were able to enjoy a diet which was relevant to their needs.

Medication was managed and stored well. Records of administration were clear, and medication stock was audited regularly. This meant people's health benefitted from receiving the right medication at the right time.

People were able to access a variety of activities which they enjoyed, for example, bowling and basketball. We saw people being supported to go shopping. The service was continually looking for different activities for people, to ensure people had a variety of activities and developed new interests. Therefore, people were involved in meaningful activities.

How good is our leadership?

4 - Good

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

A service improvement (SIP) was in place which showed areas for improvement that were relevant to the service, for example, requesting repairs from the landlord. This meant information from audits were informing the overall plan. The plan would benefit from clear timescales and updates on progress as some target dates had passed. This would allow the service to continuously track improvements, completion of improvements and highlight areas which may require more action. Audits were undertaken regularly in many areas, for example, environmental and health safety. These lacked detail around any actions required and outcomes achieved (**see area from improvement 1**).

Accidents and incidents were recorded on the digital system. We could track actions taken, the outcome of these actions for the person involved and any improvements the service took to mitigate a re-occurrence. This meant people were confident the service was ensuring they were safe.

We did not see any evidence of the service seeking formal feedback from the people or their representatives. This meant people were not involved in the development of the service. The service should gain people's feedback using a range of methods that suit how they like to communicate (**see area for improvement 2**).

Team meetings had not been regular. The service assured us that the regularity of meetings would increase in the coming months. The minutes we reviewed had appropriate subjects for discussion, such as people's health and wellbeing and Scottish Social Services Council practice codes. This meant staff were able to reflect on their practice and share scenarios which would benefit people's care and support. We reviewed staff supervision and found the content to be good with discussion and feedback about practice and professional development. However, the provider acknowledged regular supervision was not in place (**see area for improvement 3**).

There was good oversight of staff training with staff receiving both e-learning and practical training, for example, medication and positive behaviour. Therefore, people could be confident staff were well-trained and competent.

Areas for improvement

1. To support continuous improvement, the provider should ensure the service improvement plan and audits reflect progress.

This is to ensure that 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. To enable people and their representatives to be involved in the development of the service, the provider should ensure they seek feedback about the service.

This should include but is not limited to using different communication methods to receive feedback.

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

'I am actively encouraged to be involved in improving the service I use, in the spirit of genuine partnership' (HSCS 4.7).

3. To support staff development and practice, the provider should ensure staff receive regular supervision and frequent team meetings.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their profession and organisational codes' (HSCS 3.14).

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 enjoyed supporting people living in the service and said they worked well together to ensure people

were able to enjoy life. A family member told us their relative was 'looked after by a good team.' Staff were observed working well together creating a pleasant environment for people. A key worker system was in place which meant people's care and support were overseen by staff who knew them well.

The rota was flexible to ensure people were able to go on trips on their preferred days. There had been an increase in staff during the day allowing people to enjoy external activities and maintain appropriate support for others staying at home. Therefore, the service continually adapted staffing to ensure people's social needs were met.

New employees were inducted well, and we saw an induction programme which included the provider's health and safety expectations, support and development sessions and training. The programme had a good mix of theory and practical training which allowed new staff to feel confident within their new role. The service recognised people using the service may take time to build a trusting relationship with new staff, therefore induction included shadowing current staff. Staff told us the induction programme was good, which increased their confidence in undertaking the role. This meant people felt safe and secure with new staff who understood their care and support.

The service had flash cards which contained information on the care and support required for individuals. These were for any temporary staff who would not know a person well. We felt these were a good addition to full care plans, supporting temporary staff and people living in the service. Therefore, people were benefitting from consistency in the care.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was very clean and tidy throughout. The communal areas, decor and furnishing gave a homely feel. People's rooms were clean and furnished well. The rooms were decorated to reflect people's interests creating a comfortable, individual space. The kitchen was designed as a domestic kitchen which people accessed either independently or with support.

The service had changed the use of one area within the large communal area, to a cinema room which could be closed off or left as open plan to the main lounge. There was a separate sensory room which provided a calm environment. This meant people had a variety of places to spend their day.

People were able to move freely throughout the home with the appropriate floor covering enabling people to walk without risk of trips and self-propel a wheelchair. The garden was accessible through the communal lounge, allowing people to be outside if they wished. This meant people had the freedom to be independent if they were able.

The assisted bath had been replaced since the last inspection, therefore in addition to the shower room there were sufficient washing facilities for the number of people living in the service.

How well is our care and support planned?**4 - Good**

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

The service was in the process of transferring from paper care plans to a digital system, therefore we reviewed both types of care plans.

Paper care plans were kept in people's room which meant they or their representatives were able to access the plan easily. We found the plans to be person-centred with a good level of information about how care and support were planned. These kept individuals at the centre of the support, and we could see the work undertaken by the service to involve people in writing the care plan. Reviews were undertaken and evidenced people's goals and how these would be achieved. Daily contact notes were outcome focused and gave a good sense of how people were able to achieve their goals. This meant people's care plans reflected their needs, wishes and aspirations.

The new digital care plan was accessed by staff on handheld devices. The plan included information on people's support needs and medication audits. Concerns had been raised about the amount of information which could be recorded compared to the paper plans. This could result in less person-centred recording which may not direct a person's care effectively. We raised this with the provider and will review this at the next inspection.

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

Requirements

Requirement 1

By 1 February 2023, the provider must ensure people access meaningful activities, so that people can get the most out of life.

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

- a) support people to explore their leisure, social, education and employment opportunities
- b) develop an outcome focused support plan for each person detailing how they will be supported to attend those activities
- c) regularly review people's activity support plans to ensure they continue to meet people's needs.

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

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

'I 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 am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

This requirement was made on 9 December 2022.

Action taken on previous requirement

An additional member of staff had been recruited during the day. This enabled people to access activities, whilst ensuring people within the home had sufficient care and support. Care plans reviewed were outcome focused with detail as how people wished to be supported to attend activities. With the increase of staff people were able to have 1:1 support. This meant people were benefitting from meaningful activities.

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

To ensure the service is well-led and managed, the provider should develop written aims and objectives in consultation with the people they support and staff. They should keep them under regular review as part of their continuous cycle of improvement and update them as required. The provider should share their aims and objectives with interested parties, such as, the health and social care partnership, people they support, staff and prospective new clients.

Please see guidance:

https://www.careinspectorate.com/images/Guidance_for_providers_and_applicants_on_aims_and_objectives.pdf

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 9 December 2022.

Action taken since then

The service had written the aims and objectives of the service which was reviewed as part of the continuous improvement plan. This meant people would be able to read about the service's aspirations.

Previous area for improvement 2

To ensure people have sufficient washing facilities, the provider should repair or replace the bath with a suitable alternative taking into account the needs and views of the people living in the service.

This is to ensure that care and support is consistent with the 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' (HSCS 5.24).

This area for improvement was made on 9 December 2022.

Action taken since then

The service had replaced the bath, therefore there was sufficient washing facilities to meet the needs of those living in the service.

Previous area for improvement 3

To ensure people's support focuses on their interests, activities and what matters to them, the provider should support people in developing their personal plan, with a focus on people's goals and outcomes.

This should include, but is not limited to:

- supporting people to identify goals
- supporting people to work on these on a regular basis
- recording progress and making any changes to the goals
- assessing people's outcomes as a result of meeting their goals.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 9 December 2022.

Action taken since then

Care plans showed people's goals and how these were achieved. We could see people's involvement in writing and reviewing their plan. This meant plans were personal and reflected the wishes of individuals.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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