

# 16 Barlink Road, Elgin Housing Support Service

16 Barlink Road  
Elgin  
IV30 6HL

Telephone: 01343 548 622

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

**Completed on:**  
15 October 2024

**Service provided by:**  
The Moray Council

**Service provider number:**  
SP2003001892

**Service no:**  
CS2012306398

## About the service

16 Barlink Road is a housing support and care at home service provided by Moray Council. The service is registered to provide support to four adults. At the time of inspection, the service supported four adults with learning disabilities and complex needs.

The accommodation is a large bungalow and comprises of four bedrooms, three lounges, shared communal kitchen and laundry facilities, and a large enclosed garden.

## About the inspection

This was a short notice announced follow up inspection which took place on 15 October 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

During this follow-up inspection, we increased the evaluation for quality indicators 1.3, as the service had made meaningful progress to improve outcomes for people.

In making our evaluations of the service we:

- spoke with three people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- Improvement was evident in most required areas made during the previous inspection. As a result, people's needs were being met more effectively.
- People were supported to eat and drink safely, by staff who knew their professional guidance.
- Leaders had improved oversight, and analysis, of people's stress and distress. This resulted in improved care plans, to support a consistent approach to behaviour.
- Staff had improved knowledge of medication procedures.
- People benefitted from improved access to information, such as pictorial information to support them to make choices.
- Further improvement is required to ensure that staff are suitably trained and skilled in their role.

**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
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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 regraded this key question from adequate to good, in response to the improvements that had been made since the last inspection.

People were supported to eat and drink safely, with staff following their care plans. Improvements had been made to how the service monitored patterns in behaviour and also recording the use of 'as required' medication. People benefitted from improved tools to support them to communicate well. People could be assured that the service had made improvements that benefitted their health and well being.

See Requirement 1 under section 'What the service has done to meet requirements made at or since the last inspection'.

See Areas for improvement 1, 2 and 3 under section 'What the service has done to meet areas for improvement made at or since the last inspection'.

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

### Requirements

#### Requirement 1

By 14 October 2024, the provider must ensure that staff understand and follow all necessary professional guidance including, but not limited to, Speech and Language Therapy guidance. To do this the provider must, at a minimum, quality assure that staff practice reflects professional guidance to keep people safe.

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

**This requirement was made on 18 July 2024.**

#### Action taken on previous requirement

Staff had improved knowledge of people's Speech and Language Therapy (SALT) guidance. Team discussions had taken place, and staff told us how they kept people safe. One person was supported to drink safely, with staff remaining with them. This was reflective of the person's SALT guidance. Leaders had begun observing staff practice, which included an observation when people were eating and drinking. People had been referred to SALT, where required, to ensure their guidance met their needs. People were supported by staff who knew the professional guidance that kept them safe.

**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 that people benefit from a proactive approach to their needs, including stress and distress, the provider should ensure that patterns in behaviour are monitored and analysed. Investigations carried out by leaders should be discussed with the staff team, to ensure that learning is shared, informs care plans and leads to a consistent response to behaviours.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

**This area for improvement was made on 18 July 2024.**

#### Action taken since then

Staff supported people with kindness and respect. One person displayed mild anxiety, and staff supported them in a calm and positive way. This resulted in the person carrying on with their day without further anxiety. People were supported by staff who understood their needs.

The provider had created new documents to record, monitor and analyse patterns in stress and distress. People who experienced changes in their behaviour were supported to access appropriate professionals to support them to manage their anxiety. Leaders had improved oversight, allowing for incidences of stress and distress to be investigated. Leaders shared findings from investigations with the staff team, resulting in care plans that reflected people's changing needs. This should result in a consistent staff approach, to people's stress and distress. People could be confident that the service had a positive approach to stress and distress.

**This area for improvement has been met.**

#### Previous area for improvement 2

To ensure that people benefit from safe medication practices, the provider should ensure that staff complete appropriate recordings in relation to medication and are familiar with medication stock audit procedures in the service.

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

**This area for improvement was made on 18 July 2024.**

#### Action taken since then

Leaders had improved oversight of people's use of 'as required' medication. Staff made improved recordings of the outcome of people taking these medications.

Although there were occasional gaps in recording, the manager was aware of this and took steps to improve staff practice. People could be confident that staff monitored the effectiveness of their medications.

Leaders had supported staff, through team discussion and peer support, to improve understanding of medication audit procedures. An external pharmacist review was carried out, which supported further improvements to the service's audit procedures. Staff told us they were more confident in completing stock counts of medication. Medication was audited to a good standard. People could be confident that staff monitored their medication, to ensure this was available to them.

**This area for improvement has been met.**

### Previous area for improvement 3

To ensure that people can communicate well, the provider should review people's communication needs and ensure that information, which will enhance their lives, is accessible and presented in a way they will understand.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs' (HSCS 2.8); and 'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

**This area for improvement was made on 18 July 2024.**

#### Action taken since then

People had been referred to SALT to review their communication needs. Although they were still waiting to be assessed, the service had made improvements to enhance the availability of information to people. Staff used alternative communication methods such as Makaton, a form of sign language, and pictorial information. People could now see the day, their allocated support worker and make choices of activity and menu. This was under ongoing review to ensure it met people's needs. The service should continue to explore alternative communication methods to ensure it meets people's ongoing needs.

**This area for improvement has been met.**

### Previous area for improvement 4

To ensure that people are supported by a trained and competent staff team, the service should ensure all staff attend relevant training courses and that leaders observe staff practice to ensure staff are competent in their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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' (HSCS 3.14).

**This area for improvement was made on 18 July 2024.**

### Action taken since then

Leaders had begun assessing staff competency. This included observations in dignity and respect, communication, infection control, medication, epilepsy and SALT guidance. This encouraged staff reflection to improve practice, should areas for improvement be identified. Leaders should continue to embed this competency assessment, ensuring all staff benefit from this. This should result in people experiencing care from a competent staff team.

Further improvement is required to ensure all staff are suitably trained for their role. The service was responsive to immediate training needs. For example, arranging training for all staff on the safe use of a new hoist, due to one person's changing needs. However, there continued to be gaps in some training courses, such as epilepsy and positive behaviour support. We were assured that the provider had a risk assessment and action plan to ensure that staff could access training in the near future. This should result in people being supported by a skilled staff team. We will review this at future inspections.

**This area for improvement has not been met and will be reinstated.**

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good



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Dundee  
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