

# Inspire Bredero Drive Care Home Service

56 Bredero Drive  
Banchory  
AB31 5ZB

Telephone: 01330 824 569

**Type of inspection:**  
Unannounced

**Completed on:**  
4 November 2024

**Service provided by:**  
Inspire (Partnership Through Life) Ltd

**Service provider number:**  
SP2003000031

**Service no:**  
CS2003000326

## About the service

Inspire Bredero Drive is a care home for people with learning disabilities, situated in a residential area of Banchory, close to local transport links, shops, and community services. The service provides care and support for up to four people.

The accommodation is a leased property of a domestic specification on one level. There are four bedrooms, large kitchen, combined sitting and dining room, shared bathroom, and a shared shower room. There is access to an open garden to the front and enclosed garden to the rear of the property.

## About the inspection

This was an unannounced inspection which took place on 30 and 31 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.

In making our evaluations of the service we:

- spoke with two people using the service
- spoke with four of their family and representatives
- spoke with eight staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

**Key messages**

- Staff had developed meaningful relationships with most people.
- The provider needed to make improvements in team culture to ensure relationships are consistent, positive, and stable.
- Leaders need to recognise, record, and manage risk effectively to keep everyone safe.
- Leaders need to improve governance and oversight in order to effectively assess service function and performance.
- The provider needs to equip staff with a more comprehensive understanding of learning disabilities and associated conditions to ensure that people receive the right care and support to meet their individual needs.

**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?	3 - Adequate
How good is our setting?	4 - Good
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?

## 3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

People benefitted from comprehensive health assessments and staff supported them to attend health screening appointments. The service maintained regular contact with local health practitioners and engaged regularly with specialist services, such as the community learning disability team.

Staff knew people well and were able to recognise changes in their physical presentation which might indicate a deterioration in health. This meant that any change in people's health could be responded to quickly by appropriate services, potentially reducing the likelihood of any decline.

It is important that people can live an active life and participate in a range of recreational, social, creative, physical, and learning activities every day. Not all people living at the service experienced this. One person's family had organised and funded a timetable of activities themselves to ensure good personal outcomes for their loved one. Another person had recently experienced a decline in their abilities which may have been linked to lack of stimulation.

People were at risk from poor physical and mental health outcomes due to lack of movement and stimulation. People who were unable to express their needs sat in one place for extended periods of time, only moving to be supported to the bathroom. One person received their activities and meals in the same place they had sat all day, when another person independently stood up to move around they were gently guided to sit back down. Staff should ensure that people are being supported to move more throughout the day (see area for improvement 1).

Staff prepared a variety of meals, taking into consideration people's choices and specific dietary needs. Mealtimes were relaxed and people were able to take time to enjoy their meals. Staff encouraged and discretely supported people to safely eat and drink, adhering to guidance from health specialists.

Where people experience care and support in a group, the overall size and composition of that group should be right for them. They should be fully involved in all decisions about their care and support, even where their control and choice is restricted by legislation. One person was living far away from home and the people who were important to them. They had not been supported to use independent advocacy services or to understand and uphold their rights. This impacted negatively on both the mental and physical health of the individual and others living in the service (see area for improvement 2).

Some people did not feel safe. The provider had engaged with specialist services and focussed on the management of behaviours that challenge. Positive behavioural support plans were in place to support this and specific training for staff had been delivered to help manage behaviours. However, the provider failed to recognise some of the physical difficulties for staff in the application of the plan while attempting to keep everyone safe and they had not appeared to consider the impact that incidences of negative behaviours had on others. As a result, behaviours that challenged continued, causing distress to all involved (see requirement 1).

## Requirements

1. By 22 December 2024, the provider must make proper provision for the health, welfare, and safety of people experiencing care and support.

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

- a) Ensure that there are sufficient resources in place to effectively manage behaviours that challenge the service.
- b) Ensure that information about all individuals impacted by an event is recorded and reported to appropriate bodies and welfare guardians.

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 am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I am listened to and taken seriously if I have a concern about the protection and safety of myself and others, with appropriate assessments and referrals made' (HSCS 3.22).

## Areas for improvement

1. To support people's physical and mental wellbeing, the provider should ensure that people are provided with:

- a) Encouragement, support, and opportunities to move frequently throughout the day.
- b) Opportunities to participate in a range of activities, indoors and outdoors every day.

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).

2. To support people's rights, choices, and wishes are respected, the provider should ensure people are supported to access independent advocacy services.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3); and 'I am supported to use independent advocacy if I want or need this' (HSCS 2.4).

## How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

The provider had quality assurance processes in place which linked well to the service improvement plan. Where issues were identified, they were recorded, tracked, and actioned through the improvement process. However, processes failed to pick up some of the issues identified throughout the inspection. This contributed negatively to outcomes for people.

Evaluation of people's experiences were limited. There was no evidence of observations of staff practice which meant that poor practice was not identified or addressed. People told us that there were limited opportunities to provide feedback outwith care reviews, while some people's representatives felt they may be viewed negatively if they raised concerns.

It is important that people experiencing care, their families, representatives, and staff are supported to meaningfully contribute to service improvement. This would lead to a more dynamic and holistic improvement plan which continues to meet the needs of individuals.

Assessment and management of risk was below the standard people living and working in the service should expect. The provider had not considered evidence from known historical risks which impacted on the assessment and management of present risk. Risk assessments were not updated following significant events, which led to an underestimation of what might be required to keep people safe.

Arrangements for reviewing incidents had not been followed effectively. This meant that themes or root causes of incidents had not been identified and lessons had not been learned, resulting in an increased risk of incidents recurring (see requirement 1).

Leaders worked well together. However, there were poor relationships between leaders and care staff. A "blame culture" was described and staff did not feel listened to or valued. While staff were able to demonstrate what actions they should take when they have a concern, they did not feel confident that issues would be addressed by leaders. Action is required by the provider to prevent further decline which may impact negatively on outcomes for people (see area for improvement 1).

## Requirements

1. By 22 December 2024, the provider must ensure that service users are safe.

This includes but is not limited to:

- a) Where a risk has been identified that may cause harm to a service user, staff, or visitor to the service, a risk assessment is undertaken and recorded in writing and a management plan is put in place to minimise the risk.
- b) Action is taken to make all staff aware of and familiar with relevant policies and procedures in order to ensure the safety of all service users.
- c) Where a risk, concern, or allegation of harm has been identified or reported by staff or to staff, appropriate action must be taken to keep people safe and notify relevant authorities.

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 am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

### Areas for improvement

1. To promote the wellbeing of staff and people's confidence in the service, the provider should improve upon whole team culture.

This should include, but is not limited to, improving how leaders engage and collaborate with team members to benefit personal outcomes for people experiencing care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience a warm atmosphere because people have good working relationships' (HSCS 3.7); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

While there were relationship concerns identified between leaders and care staff, care staff worked well together and were respectful of each other. They engaged with people in a kind and caring manner, responding quickly to their needs.

Overall, people appeared to have positive nurturing relationships with staff and staff worked well together to support people to achieve personal outcomes. One person said, "Staff are good with me when I get stressed and anxious" and "They help me stay calm and make me laugh".

While staff were visible in the service, they were sometimes engaged in domestic tasks and unable to give full attention to people experiencing care. The provider told us they did not regularly review the numbers of staff required but rather made an assessment at people's six-monthly care reviews. This meant that staffing numbers were rigid and unable to effectively respond to changes in people's needs (see area for improvement 1).

Compliance rates for staff completion of mandatory training was high and where some employees had struggled to complete training, the provider had taken action to support them.

People's outcomes could be significantly improved when they are supported by a staff team who have a greater understanding of particular disabilities and behaviours and how these impact people's daily lives. Some staff wrongly assumed that some people's cognitive ability was greater than had been assessed by professionals and engaged with them in a way that would make it difficult for them to understand what was being asked of them.

Some staff had completed basic training about supporting people with learning disabilities. However, a greater understanding of mental capacity and decision making is necessary to ensure that person-centred support is always delivered (see area for improvement 2).

## Areas for improvement

1. In order ensure that the needs and personal outcomes for people can be met, the provider should ensure that they review dependency levels every four weeks or more regularly when the needs of people have changed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned, safe way, including if there is an emergency or unexpected event' (HSCS 4.14); and 'My needs are met by the right number of people' (HSCS 3.19).

2. In order to improve personal outcomes for people experiencing care, the provider should make available, and support staff to complete, further training specific to learning disabilities, mental health, and associated conditions. This should include but is not limited to adults with incapacity.

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 professional and organisational codes' (HSCS 3.14).

## How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, outweighed the areas for improvement. The strengths will have a positive impact on people's experiences and outcomes. However, improvements are required to ensure that people consistently have experiences and outcomes which are as positive as possible.

People were free to access all areas of the care home, including outside space to the rear of the building. However, space was becoming increasingly limited due to outbuildings being needed for additional storage space. Leaders should be mindful of this for future planning.

The landlord had not completed previously agreed work to the exterior of the property, leaving doors and windows looking shabby and unkept. The provider should continue to engage with the landlord about the upkeep of the building to promote the dignity and respect of people experiencing care.

The internal environment was warm, welcoming, and appeared clean. However, infection prevention and control practices had declined, in that the provider no longer followed systems or completed quality assurance processes identified in the best practice guidance 'Care Home Infection Prevention and Control Manual' (<https://www.nipcm.scot.nhs.uk/care-home-infection-prevention-and-control-manual-ch-ipc/>) (see area for improvement 1).

One person's room had been set up to replicate a bedsit type accommodation, this led to a feeling of independence for the occupant. While it was positive to see this arrangement, we did raise concerns about the lack of floor space to manoeuvre safely around the room and that the space was quite cluttered. This was not in line with specific guidance provided by specialist health professionals. Leaders must ensure that people's environments remains safe and that guidance in relation to specific environmental management is followed to reduce negative impact on people's personal outcomes.



Household tasks were largely being completed by staff. However, some people engaged in household activities to promote independence. They were supported to do their laundry, clean their room, or become involved in shopping and meal preparation. This contributed positively to feelings of achievement for individuals.

Some people accessed the kitchen freely to make snacks and drinks. However, it was noted that a lock had been fitted to a cutlery drawer as a control measure in reducing risk for one person. The provider should be mindful that they do not reduce the freedoms of others in risk management application.

People had access to the internet. However, there had been some issues in relation to poor connection which had impacted on one person's behaviours and the staff's ability to access and input information in people's electronic personal plans. We discussed this with the provider during the inspection, immediate actions were taken to seek a solution.

### Areas for improvement

1. To ensure that the quality of the environment and infection prevention and control measures are maintained to a good standard, the provider should ensure that there are effective systems and processes in place and that records are kept in line with best practice guidance.

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); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

### How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

The provider had invested in a new electronic system for care planning and were still in the process of transferring information from paper files. Staff told us that they already saw a benefit to people in that they were spending less time writing up paper files.

Some people's plans contained more detail than others and staff sometimes had to work between two systems. This increased the risk of important information being missed. During the inspection we highlighted that an essential piece of health information was missing from one person's plan.

Personal plans contained good information about people's goals and aspirations. When we spoke with staff, they demonstrated a good working knowledge of what people wanted to achieve and how they would be supported to achieve this. This contributed positively to people receiving person-centred care and support.

People should be able to easily access their personal plans. While access to electronic plans was not yet available, the provider was in the midst of ensuring that this could take place for people's welfare guardians.

People told us that that they, and their representatives, were involved in regular care reviews. The provider tracked and tried to action quickly any issues that were identified as part of the process. This led to people's care and support being adjusted to meet their identified needs.

Some people needed positive behavioural support plans to help them achieve their outcomes. However, when we spoke with external professionals they told us that they had experienced some difficulties in gathering initial data for the completion of the plans and that they were not confident plans were being followed consistently. This could impact negatively on the way in which people's future care and support is organised and delivered.

Recording of people's daily care activities and information provided about incidents needed to improve. Greater detail is necessary so that leaders of the service and external professionals are able to understand root causes and circumstances of significant events.

Personal plans contained information about people's guardians. However, some plans did not contain the necessary paperwork to support the legal frameworks. Outcomes for people could be improved if leaders and staff had improved knowledge of their responsibilities in relation to adults with incapacity.

## 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
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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