

Inspire Bredero Drive Care Home Service

56 Bredero Drive
Banchory
AB31 5ZB

Telephone: 01330 824 569

Type of inspection:
Unannounced

Completed on:
7 February 2025

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 follow up inspection which took place on 31 January 2025 between 09:15 and 17:00. The inspection was to assess progress made with requirements and areas for improvement made at the last inspection which took place on 30 October 2024. 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 four people using the service and one of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Further improvement is necessary with risk assessment and management.
- Staffing resources better met the needs of the service.
- The provider should continue to cultivate a healthy team culture.
- Further improvement is needed with staff training.

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

Requirements

Requirement 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).

This requirement has not been met and we have agreed an extension until 28 February 2025.

This requirement was made on 4 November 2024.

Action taken on previous requirement

The provider had made some changes to work patterns to better meet the needs of people experiencing care. Information in people's personal plans informed staffing arrangements. For example, where people needed support to enjoy their preferred routines and activities, staff were made available to support. Staff worked flexibly, changing their rota and covering vacant shifts so that people could attend appointments and activities.

Agency staff were used to support the service with the same staff booked, where possible, to ensure that people were supported by someone familiar to them. Concerns remained about entire shifts being covered by agency staff and further consideration is needed about the experience and skill mix of staff on shift.

The service had made some improvement on reporting incidents to relevant parties. However, during the inspection we found three incidents, one of which was significant, had not been reported to or responded to appropriately.

This requirement has not been met and we have agreed an extension until 28 February 2025.

Not met

Requirement 2

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).

This requirement has not been met and we have agreed an extension until 28 February 2025.

This requirement was made on 4 November 2024.

Action taken on previous requirement

The provider failed to identify a risk, record effectively in the personal plan, and report an incident of harm experienced by a supported person. As a result, the the risk remained for the individual experiencing care.

This requirement has not been met and we have agreed an extension until 28 February 2025.

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

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).

This area for improvement was made on 4 November 2024.

Action taken since then

People were being supported to access activities more frequently throughout the week. However, concerns remain that some people, while in the service, sit for extended periods of time without encouragement or support to move.

Further improvement is necessary to support people with meaningful engagement and physical activity throughout the day. Sitting for long periods of time impacts negatively on people's physical and mental health.

This area for improvement has not been met.

Previous area for improvement 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).

This area for improvement was made on 4 November 2024.

Action taken since then

It was positive that the provider had contacted welfare guardians by email to advise of the availability of independent advocacy. This meant that the people who had legal authority to make decisions on behalf of those who lack capacity had the appropriate information to decide whether advocacy could further support people to express their views about their care and support and to uphold their rights, choices, and wishes.

Our previous inspection highlighted the importance of people being fully involved in decisions about their care and support, even where their control and choice are restricted by legislation. We discussed with the provider, and with the Health and Social Care Partnership, the importance of ensuring that where restrictive decisions are made on behalf of people who lack capacity, these decisions are made and recorded in accordance with the principles of the Adults with Incapacity (Scotland) Act 2000. This ensures that decisions are the least restrictive they can be and that they provide maximum benefit to the person.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 4 November 2024.

Action taken since then

The provider had begun to address team culture. Staff meetings had taken place offering an opportunity for open communication. Rapport building sessions had commenced to improve relationships and communication. Most staff had had opportunities to engage with these activities. However, further time is needed to cultivate an effective and healthy team culture.

This area for improvement has not been met.

Previous area for improvement 4

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).

This area for improvement was made on 4 November 2024.

Action taken since then

For everyone using the service, a provider should keep individual records of four weekly assessments of physical, social, psychological, and recreational needs and choices, as to how they will deliver their care.

People's plans contained information in relation to assessment of need. Some care plans had been reviewed when changes had taken place but not as frequently as required. Outcomes for people had not been negatively affected but the provider realised the importance of record keeping and will ensure that records are updated.

This area for improvement has been met.

Previous area for improvement 5

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).

This area for improvement was made on 4 November 2024.

Action taken since then

Limited progress had been made with this area for improvement. The provider had been unable to source training specific to the needs of the people using the service. Plans were underway to develop bespoke training which would contribute to positive outcomes for people experiencing care.

This area for improvement has not been met.

Previous area for improvement 6

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).

This area for improvement was made on 4 November 2024.

Action taken since then

Cleaning schedules had been reinstated. The schedule contained information regarding cleaning frequencies and responsibilities. We saw that there were some omissions in the record keeping, however we saw that staff were completing tasks and that the environment was clean. Cleaning schedules would contribute positively to ensuring the safe management of the care environment.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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