

Ballantrae Rural Initiative Care in the Community Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
28 October 2024

Service provided by:
Ballantrae Rural Initiative Care in the
Community Ltd

Service provider number:
SP2004004419

Service no:
CS2004073930

About the service

Ballantrae Rural Initiative Care in the Community Ltd (BRICC) is registered to provide a service to adults with support needs living in their own homes. The provider of the service is a voluntary board of trustees

Support was being provided to people living in the rural communities of South Ayrshire such as Maidens, Girvan, Ballantrae, Dailly & Barr.

The aims of the service are to support the care to suit the needs of each person, for the elderly, frail or people in need by providing a reliable, flexible, professional service so they can maintain their independence and live in their own homes for as long as possible.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 24 October and feedback was given on 28 Oct. 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 three people using the service and three of their relatives
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents and questionnaires

Key messages

- The service has a good core group of staff, who have continued to work hard to ensure they provide a good standard of care and support to people in the community.
- We received positive feedback about the quality and commitment of the care staff team.
- The service has been going through challenging times in relation to recruitment and staffing resources management have been providing cover to placements as well.
- Training needs have been identified in relation to understanding adult support and protection procedures and principles.
- The provider needs to plan for the future in terms of ongoing management support and development.

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

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| 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 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.

During this inspection process we continued to receive positive feedback from people who use the service, and their relatives, about the good qualities of the care staff. The service has also been able to maintain a good standard of continuity, so that people know the carers and feel confident they can trust them. This also ensures that vulnerable people in the community feel comfortable and reassured by the quality and standard of the carers looking after them.

We noted that the manager was providing some cover to people in the community due to staffing issues. Whilst this can be good to have that contact with people who use the service. This is not something that can be sustained long term, without having some detrimental effect on the overall quality of the service provided.

We could see that people benefited from their support and were able to remain in their own homes. This helped both their mental and physical well being. We noted that the service helped people to return home after a hospital admission, which again helped their recovery process in a positive way.

The service worked well with hospital and community based care professionals to provide and coordinate the kind of support each person required to help them live in their own home environment. The service supported people to access to a range of support from specialist health and social care professionals to ensure that their physical and mental health needs were met. We saw good evidence of people's health being monitored and reviewed.

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.

All care services should have effective systems in place to assess, monitor and evaluate the quality of services provided. This is done by collating evidence from different sources including, auditing procedures, and feedback from people who use the service and their relatives. This should also include and carrying out direct observations or spot checks on staff practice. This information should help drive service development and improve outcomes for the people being supported.

We saw that the manager had maintained a good standard of oversight within the service. This included the staff support and supervision programme, staff training needs and professional registration requirements.

People could be assured that the manager continually sought to update and improve the support they received. The manager ensured that staff were kept up-to-date with current legislation and best practice. The manager knew the people being supported well, including their relatives.

We discussed at feedback the need to ensure the management continue to look to the future in terms of planning and supporting the manager in their role. The current situation of the manager providing regular care cover cannot be sustained.

The provider needs to ensure they implement strategies to ensure the manager is able to concentrate on the oversight for continued improvement and development of the service. (See area for improvement 1)

Areas for improvement

1. The provider needs to ensure that the manager of the service is supported to undertake and complete the tasks associated with their job roles and responsibilities. The provider needs to ensure that the manager has the resources and time to allow them to fulfil the functions of their job.

This is to ensure that care and support is consistent with the Health and Social care standards. (HSCS) which state: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

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.

We saw that the service management demonstrated a good level of commitment to staff learning and development. New staff completed induction training and their progress was regularly reviewed. This meant that people being supported could be confident in a team of staff who were caring and competent

The provider ensured that staff undertook training appropriate to their role and applied their training into practice, to promote the safety and wellbeing of people receiving support. We saw there was a training plan in place to keep staff refreshed on all mandatory and online training.

Compliance was good and training was up to date. We saw that the manager offered assistance to staff who needed some support to complete online training. We also noted that some training in relation to adult support and protection procedures would be of benefit to the service management. (See Area for Improvement 1)

We observed good practice and adherence to training, which meant that training was effective. Staff observations were used to improve practice and promote a culture of learning. This meant that people were being cared for by staff who understood them, and were sensitive to their needs and wishes

Staff supervisions were happening regularly and being used productively. This meant that staff practice improved through effective supervision, however, it would be good to see opportunities for reflective practice being encouraged.

Areas for improvement

1. The service management need to ensure that the principles of adult support and protection procedures are understood and implemented within the culture and knowledge of the staff team within the service. We discussed this at the feedback meeting and advised the manager undertake further training in this area.

This is to comply with the Health and Social Care Standards, (HSCS) My support my life; Which states: I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organizational codes. (HSCS 3.14)

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.

At the time of inspection, the service was in the process of further developing and improving the care planning documentation. These plans would help to inform staff on how best to support people the way they wished. People's care plans were personalised and reflected their experiences and life history.

We discussed with the manager about how these could be further developed by detailing people's outcomes and goals and how staff can assist people to meet these. We would note we saw improvements to the content and detail of the care plans since the previous inspection.

We noted that manager and staff used personal plans to deliver care and support effectively. Each person had an up to date care plan which was reviewed and updated regularly, and as people's outcomes change. People were involved in directing and leading their own care and support, or where appropriate their loved ones were involved .

Future care planning was documented, which identified people's choice on where to be cared for should they become unwell. People's rights were respected and legal arrangements were clearly documented. The leadership team had been proactive in working with relevant professionals to ensure that people had the correct legal documentation in place, ensuring that their rights were upheld.

People's personal plans should be regularly reviewed. People's plans were monitored and updated as their needs changed.

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

We discussed with the manager the need to improve and develop the content and consistency of the care planning documentation and information contained within. The manager provided some examples of care plans with more detailed explanations of the care and support required and gave reassurances that these would be standardised across the range documentation used. We will continue to review the development and implementation of the care planning documents at the next inspection.

This area for improvement was made on 24 October 2024.

Action taken since then

We noted improvements to the standard of the care planning documentation. At present, the manager is the main person for completing the care plans and whilst the service remains small, this is achievable. However, at this inspection we noted the manager having to provide cover due to staffing issues. This has an impact on maintaining the ongoing review of care planning and service satisfaction.

This area of improvement has therefore been met.

Previous area for improvement 2

The service management need to continue to develop and maintain their quality assurance procedures within this organisation. This will ensure they are able to respond to feedback and evaluations of the service from people who use the service and their relatives, care staff and other professionals. This helps the management to gather and review information and communications to further enhance and develop the overall satisfaction with the quality of the service provided.

The management should continue to gain insights from people who use the service in their ongoing evaluations of the staff training and supervision procedures. This should also include changes and developments to the documents used throughout the service and the overall consistency and standard of these documents to ensure continuity.

The manager needs to continue to monitor and review ongoing quality assurance procedures that include but not limited to the following; staff training and supervision, communications and notifications, care and support planning documentation and reviews.

This area for improvement was made on 28 August 2023.

Action taken since then

This area of improvement will be repeated. The service at this time is undergoing challenges in sustaining the standard of service and the manager is having to cover shifts which has an impact on their ability and time to ensure the development and implementation of quality assurance procedures.

We will continue to review this at future inspections.

Previous area for improvement 3

The service management need to continue to develop and implement appropriate staff supervision and support sessions. This should also include a training needs analysis and ongoing training relevant to their roles and responsibilities of their jobs.

This area for improvement was made on 28 August 2023.

Action taken since then

The manager has been able to maintain a good standard of staff supervision within this service. This has been down to the fact this is a small rural community support service and people have regular contact with each other. This has helped the service to maintain some good standards of continuity of staff and people generally know their carers well.

This area of improvement has therefore been met.

Previous area for improvement 4

We discussed with the manager in detail the need to develop the care planning documentation and the need to ensure that more detailed descriptions and outcomes are included within these documents.

This area for improvement was made on 28 August 2023.

Action taken since then

The manager has worked hard to ensure the content of the care planning documentation is improved. This has included more detailed descriptions of the types of support each person requires but also including setting clear outcomes for the support that is provided and how this has benefited the person.

This area of improvement has therefore 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.

Detailed evaluations

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| 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 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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