Orkney Responder Service
Support Service

12 Lambaness
Papdale East
Kirkwall
KW15 1XQ

Telephone: 01856 873 535

Type of inspection:
Announced (short notice)

Completed on:
5 August 2025

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2010237161

About the service

The Orkney Responder Service is registered with the Care Inspectorate to provide a support service to people in their own homes. People are supported to live independently through telecare and a mobile responder service.

The mobile responder service consists of a team of trained staff with access to a fully equipped vehicle.

They provide both routine and emergency responder services to people in their own homes throughout the Orkney mainland and connected South Isles. It is available 24 hours a day, 365 days a year. The responder service is known as the red team. Additionally, the service had been operating a green team, which consisted of some staff who supported people for a short term period.

About the inspection

This was a short notice inspection which took place between Sunday 27 July 2025 and Tuesday 5 August 2025, between the hours of 0800 and 2100. 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 five people using the service and two of their relatives
- spoke with five staff and management
- spoke with four external professionals
- observed practice and daily life
- reviewed documents
- prior to the inspection we issued survey and received two back from staff members and two from external professionals.

Key messages

- People's health was monitored and changes escalated to the relevant health professionals to promote wellbeing.
- The staff team worked well together to promote a positive experience for individuals.
- To allow staff to contribute to the service, formal supervision processes need to be embedded.
- Personal plans were person centred and directed staff on people's needs and how they liked them to be met.

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

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 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.

People's health and wellbeing should benefit from their care and support. We observed a team of dedicated and compassionate staff who clearly cared for the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. One person told us 'it means that there is someone there when I need them the most'. This helped to make people feel valued.

Staff responded to changes in health care needs and liaised with external health professionals. This helped to keep people well. Staff would respond to requests for support following community alarm alerts or attend scheduled support for individuals following discharge from hospital. This reduced delayed hospital discharge and allowed individuals to stay at home.

We heard examples of staff spending time with individuals when they were at the end of their life. One external professional commented 'the staff team went above and beyond for them (person supported), and this allowed them to stay at home for end of life care, as per their wishes'. This promoted individuals' choice. We heard of instances when response times to unscheduled calls were delayed. This was due to staff supporting other people. However, we were reassured as communication was robust to keep people updated and at times 'emergency keyholders' were contacted to offer some support whilst waiting for staff to attend.

People benefited from access to a varied and well-balanced diet. Staff worked well with other departments to support the nutrition needs of individuals. This included arranging for shopping based on individual preferences. Staff offered support based on individuals' level of independence and preferences.

Medication was managed well, and individuals were supported to take the right medication at the right time. Medication support was limited in the service and based on the level of support individuals required. When this support was offered, this was included in the personal plan or risk assessment for the person.

Joint working with other departments or organisations promoted safety for individuals. This included the fire service, community nurses, occupational therapists and third sector organisations. There were plans in place for the introduction of a 'drop in' clinic at the local hospital. This was hoped to provide the opportunity for individuals to hear about the service prior to being discharged and allow for early relationships to be formed.

How good is our staff team? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Feedback from staff indicated that the staff team felt that they worked well together and offered each other support. This allowed for informal peer support. Although there were two teams operating, staff supported each other when possible.

Staffing arrangements were determined by regular assessment of peoples care needs and expressed wishes. The service would accept referrals for new support if the staffing levels supported this or would work in different ways to support individuals who needed it. The 'red team' supported community alarm responses whilst the 'green team' supported short term arrangements whilst individuals were awaiting alternative care arrangements.

Recent recruitment had been beneficial for the service. The provider had introduced new initiatives to attract staff into social care and working on the island. When permanent staff were unable to offer support, there was a system in place to redeploy relief or agency staff team to the service.

People should have confidence that the people who support them are trained, competent and skilled. Training was based on a training needs analysis with the management team engaging with the staff to identify the most relevant training to support individuals. We also heard of an instance when staff had sought external training opportunities to meet the changing needs people in the local community. This meant that the training available reflected the needs of people. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. We received mixed feedback from staff regarding training opportunities and asked the management team to revisit this with the staff team.

Staff practice was assessed using observations of practice. Observations of medication administration, telecare equipment, staff interactions and staff responses helped to ensure that staff worked consistently to expected standards. A management overview allowed for monitoring of what staff had received an observation and where this was still needed. This also included the supervision process. From reviewing this document and speaking with staff, we found that the supervision process was behind the planned scheduled. It is important for staff to have protected time with their line manager. The management team should focus on the staff supervision process to provide staff with an opportunity to reflect on their work, development needs and discuss what was working well and any changes needed (see area for improvement one).

Areas for improvement

1. The provider should ensure staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice.

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)

How well is our care and support planned? 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.

Personal plans helped to direct staff about peoples support needs and their choices and wishes. Due to the nature of the service, some individuals care delivery was shared through detailed risk assessments. These helped ensure staff were aware of risks and appropriate risk reduction measures required. Detailed referrals were used to confirm support needs. Personal plans and risk assessments were written in a person-led way and involved those supported, external professionals or those closest them. This had resulted in clear personal plans which included individuals wishes and preferences.

Referrals and guidance from external professionals informed risk assessments and personal plans. One external professional commented that 'staff will come back to us if we don't provide enough details in the original request'. We saw examples of external professionals making suggestions or requests and these had been used to inform the personal plans. This helped to keep people well.

Staff kept clear and accurate records of care delivered and what this meant for individuals. For 'crisis' calls this was captured in a report and for routine calls, care delivery was captured on documentation within the individual's home. These were used to share information with external professionals and evaluate care arrangements. This helped ensure that people were receiving the right care for them. The management team had been working with the providers IT department and there were plans in place to switch to a digital recording system. This would make information more accessible and enhance the management oversight of this area.

Six monthly 'check-ins' were in place and this allowed individuals the opportunity to share what was working well for them and also check that equipment was working as expected.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.