

# Inspection report

## Brae Cottage Residential Home Care Home Service

Brae Cottage  
89 Queen Street  
Broughty Ferry  
Dundee DD5 1AF

**Inspected by:** Paul Clemson  
**(Care Commission Officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 6 March 2007

**Service Number**

CS2004075101

**Service name**

Brae Cottage Residential Home

**Service address**Brae Cottage  
89 Queen Street  
Broughty Ferry  
Dundee DD5 1AF**Provider Number**

SP2003000084

**Provider Name**

Brae Cottage Residential Home

**Inspected By**Paul Clemson  
Care Commission Officer**Inspection Type**

Unannounced

**Inspection Completed**

6 March 2007

**Period since last inspection**

7 months - 4.07.2006

**Local Office Address**Central East Region  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

## **Introduction**

Brae Cottage Residential Home is a small privately run care home located centrally in Broughty Ferry, Dundee.

The premises comprise a converted two-storey building with 14 bedrooms, three of which could be shared with the agreement of the residents. There is a pleasant lounge, a dining room and a conservatory which provides an alternative seating area. Outside there is a garden area which is enjoyed by some residents in better weather.

The statement of aims and objectives for the service says that Brae Cottage Residential Home aims to provide care, "In a safe, warm and supportive environment" in which "residents and relatives are encouraged to share views and ideas which can positively enhance the quality of everyday life for the individual".

On the day of this unannounced inspection there were thirteen service users within the home with one senior carer, one care assistant and a cook, who prepared meals for the service users, on duty during the early shift.

The purpose of this unannounced inspection was to follow up requirements and recommendations which were made at the previous inspection of this service which took place on 4 July 2006.

## **Basis of Report**

During the inspection visit which took place on 6 March 2007, the Care Commission Officers:

- spoke with the Manager/owner
- spoke with the Senior Carer on duty to seek information in regards to the delivery of care within the home
- spoke with two members of staff
- examined five service users care plans
- spent time observing staff practice interaction with service users
- inspected the premises
- spoke with seven service users
- On 13 March 2007 the Care Commission Officer contacted a Care Commission Professional Advisor for infection control on the same day feedback was given to Manager/Owner in regard to infection control procedures with regard to laundry procedures.

## **Action taken on requirements in last Inspection Report**

The following requirements were made on 4 July 2006. The Manager/owner response to each requirement is also detailed.

Requirement 1.

1. The provider must review and take appropriate action for the procedure of laundering service users' clothes and storage of cleaning materials; also all staff must be made aware of their duties and responsibilities regarding policies and procedures for infection control. SSI 114, Regulation 4. (1) (a) (d). SSI 114, Regulation 13. (a) (c) (i) (ii). Timescale: 2 months.

- On the day of the inspection the owner stated senior carers were allowed to launder service

users clothing. The owner stated that recently some staff had not followed the homes procedures for laundering clothing and as a consequence she had sanctioned the present arrangements 'only senior carers have laundry duties'.

Action:

On 13 March 2007 Care Commission Officer Paul Clemson gave verbal feedback to the Manager/Owner in response to contacting the Care Commission Professional Adviser for Infection Control. The Care Commission Officer advised the Manager/Owner that the Care Commission Professional Adviser for infection control would be part of the inspection team and would give further advise in regard to this matter if needed at the next inspection of the home.

This requirement is not fully met and therefore will be followed up at the next inspection of the home (see requirement 1)

Requirement 2.

2. The provider must carry out a quality assurance audit to identify areas of the care service which require repair or replacement. A plan requires to be submitted to the Care Commission to indicating to when these identified areas will be complete. Timescale: 3 Months)

Action:

- Although some limited progress appeared to have been made regarding this requirement the Manager/Owner must meet this requirement fully as a priority. The Manager/Owner stated that some areas for repair such as the ground floor bathroom had not been functional due to replacement parts not being freely available to purchase and delays in obtaining suitable parts required, meant that the bath had been out of use for a period of time. It was evidenced on the day of inspection, work had been completed to decorate and repair a ground floor shower room from a recent leak within the care home and work to meet Tayside Fire and Rescue Service requirements. During a phone communication with the Manager/Owner on 13 March 2007 the Manager/Owner stated she was in the process of making a judgement wether to replace the bath identified at the inspection as being defective. The Manager stated she was doing a costing exercise to assess if the bath needed repaired or replaced.

This requirement is not fully met and therefore will be followed up at the next inspection of the home. (see requirement 2)

Requirement 3.

3. The manager is required to use a suitable tool to assess the dependency needs of residents which includes their social and emotional needs. This is to comply with SSI/114 Regulation 19 Records and National Care Standards - Care Homes for Older People - Standard 5- Management and Staffing arrangements. Timescale: 1 month of the date of this report.

Action:

- The Manager/Owner stated she was unable to assess the dependency needs of residents which included their social, emotional needs due to the unavailability of an appropriate tool.

However The Owner/Manager stated that a new care planning regime (not implemented at the time of inspection) would have elements in the care plan to assess dependency needs of residents.

This requirement is not fully met and therefore will be followed up at the next inspection of the home. (see requirement 3)

Requirement 4.

4. The Manager is required to ensure that all service user's care plans are fully completed and provide comprehensive information on how their health and welfare needs are to be met. Plans of care must be clearly communicated and followed by staff and should identify current best practice guidelines. SSI 114 Regulation 4(1) Welfare of users - a requirement to make proper provision for the health and welfare of service users. SSI 114 Regulation 5(1) Personal plans - a requirement to ensure that each service user has a personal plan which sets out how their health and welfare needs are to be met. Timescale: 3 months of the date of this report.

- The Manager/Owner stated that a new care planning regime would be implemented for all service users once she had trained all senior carers and piloted this document. The Manager/Owner stated she had high standards and advised the Care Commission Officers since the last inspection report in July 2006 she had now sourced a suitable care planning format. The Manager/Owner stated the document would be implemented at such time she felt was appropriate.

This requirement is not fully met and therefore will be followed up at the next inspection of the home. (see requirement 4)

#### **Comments on Self-Evaluation**

Not applicable.

#### **View of Service Users**

A service user who spoke with the Care Commission Officer expressed positive comments in regard to the home and members of staff.

#### **View of Carers**

There were no relatives present during the inspection visits.

## **Regulations / Principles**

**Regulation :**

**Strengths**

**Areas for Development**

## **National Care Standards**

### **National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations**

**Strengths**

On the day of inspection the home was running according to their agreed schedule of staffing as being a minimum of two carers on duty.

A programme of refurbishment and upgrading of the premises was planned.

On the day of the inspection the Care Commission Officers were able to evidence that work had been completed in parts of the home identified at the last inspection. These areas included the ground floor shower room ceiling and some of individual service users' room doors.

During the inspection the staff were observed as being very conscientious in delivering care to the service users. Their approach was sensitive and they worked very hard to try and meet the basic needs of the service users.

**Areas for Development**

Whilst it was recognised by the Care Commission Officers that the review of requirements made in the last inspection report dated 4 July 2006 by the provider were being progressed, it was of serious concern that timescales agreed by the Manager/Owner to address the requirements had not been fully addressed. (see action taken on Requirements made in the last inspection report Requirements 1, 2, 3, and 4) This will be addressed at a further inspection early in the next inspecting year.

On the day of inspection Care Commission Officer Paul Clemson made the following observations:

- empty red laundry bags were placed within a domestic waste bin. The Manager/Owner advised the Care Commission Officer that these bags were used in accordance with the manufacturers guidelines. The Care Commission Officer stated that he would contact the Care Commission Adviser for Infection Control for further advice in regard to this matter. (see further Requirement 1)

A member of staff on duty who spoke with the Care Commission Officer was unable to give the appropriate responses to questions asked by the Care Commission Officer in regard to the homes procedure for laundering service users' clothes.

Service user clothing was found to be mixed together inside a laundry basket.

- Although some limited progress appeared to have been made regarding Requirement 2 of the last inspection report the Manager/Owner must meet this requirement fully as a priority.

The Manager/Owner stated that some areas for repair such as the ground floor bathroom had not been functional due to replacement parts not being freely available to purchase, delays in obtaining suitable parts required meant that the bath had been out of use for a period of time. It was evidenced on the day of inspection work had been completed to decorate and repair a ground floor shower room from a recent leak within the care home. During a phone communication with the Manager/Owner on 13 March 2007, the Manager/Owner stated she was in the process of making a decision to replace the bath identified at the inspection as being defective. (see further Requirement 2)

The Care Commission Officer evidenced that an upper floor shower room sink that the water flow was found to fluctuate from a flow of water to a trickle. the Manager/Owner stated that she was aware of some issues in regard to this matter and would be addressed as appropriate and take action.

A service user identified to the Manager/Owner commented in regard to the stiffness of a sink tap in his room. The Manager/Owner stated that she would take the appropriate action to address this matter.

- The Manager/Owner stated she was unable to assess the dependency needs of residents to include their social, emotional needs due to the unavailability of an appropriate tool. However the Owner/Manager stated that a new care planning regime (not implemented at the time of inspection) would have elements in the new care plan to assess dependency needs of residents. (see further Requirement 3)

- The Manager/Owner stated since the last inspection she had sourced a suitable care plan to be used within the home. The Manager/owner stated she had experienced many difficulties obtaining a suitable care plan. The Manager/Owner stated at present she was in the process of training the senior carers she employed to use this document and will pilot the care planning structure before implementation. (see further Requirement 4)

**Enforcement**

No enforcement action had been initiated by the Care Commission in respect of this service.

**Other Information**

None.

**Requirements**

1. The provider must review and take appropriate action for the procedure for laundering service users' clothes, also all staff must be made aware of their duties and responsibilities regarding policies and procedures for infection control. SSI 114, Regulation 4. (1) (a) (d). SSI 114, Regulation 13. (a) (c) (i) (ii). Timescale: 1 month.

2. The provider must carry out essential repairs to the home which require repair or replacement. A plan requires to be submitted to the Care Commission indicating when these identified areas will be complete.

Timescale: action plan 1 month of the date of this report.

Timescale: completion of work 2 months from the date of this report.

3. The manager is required to use a suitable tool to assess the dependency needs of residents which includes their social, emotional needs. This is to comply with SSI/114 Regulation 19 Records and National Care Standards - Care Homes for Older People - Standard 5- Management and Staffing arrangements.

Timescale: action plan 1 month from the date of this report.

4. The Manager is required to ensure that all service users' care plans are fully completed and provide comprehensive information on how their health and welfare needs are to be met. Plans of care must be clearly communicated and followed by staff and should identify current best practice guidelines. SSI 114 Regulation 4(1) Welfare of users - a requirement to make proper provision for the health and welfare of service users. SSI 114 Regulation 5(1) Personal plans - a requirement to ensure that each service user has a personal plan which sets out how their health and welfare needs are to be met. Timescale: 2 months from the date of this report.

**Recommendations**

There were no recommendations made during this inspection.

**Paul Clemson**

**Care Commission Officer**