

Burnfoot Coach House Care Home Service

Ecclefechan
Lockerbie
DG11 3LG

Telephone: 01576 300 661

Type of inspection:
Unannounced

Completed on:
15 February 2024

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2004073607

About the service

Burnfoot Coach House is registered to provide a care service to a maximum of 19 older people with mental health problems, and to provide a care service to a maximum of 38 older people in Burnfoot Hall. The service is provided by Mead Medical Services Limited.

Burnfoot Coach House is a period stone villa with modern extension, both over two floors, with access between floors via lift or stairs. The home is situated outside the village of Ecclefechan set within 20 acres of parkland and gardens.

The home is divided into four smaller homely areas: The Hall and Annan View (38 bedrooms); Dalton Green (10 bedrooms), and Hoddam Heights (9 bedrooms). Each has their own living room and dining area. All bedrooms have ensuite toilets with wash hand basin, and many had ensuite shower facilities. Shower and bathing facilities are available for people to use when required.

There is access to a variety of gardens for people and their visitors to use. The home has ample parking at the front of the property.

At the time of inspection, there were 56 people living in the home.

About the inspection

This was an unannounced inspection which took place on 12, 13 and 14 February 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 13 people using the service and 10 of their family
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were supported by kind and caring staff.
- Independence was promoted.
- The service must ensure safe medication administration.
- The service had an informative service development and improvement plan.
- Staff received regular supervision.
- People were able to move freely around their home.
- Care plans were person centred.

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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

During the inspection we were able to see positive, kind, and caring interactions between staff and the people being supported. Staff clearly knew people well.

People's wishes were respected and accommodated in how they wanted to spend their time. We were able to see evidence of activities that take place. This included activities within the home, as well as outings and accessing the local community.

Those supported had a say in their home. Their opinions and feedback was sought on how to improve the service, and on staff performance.

People were encouraged to have meaningful relationships. We were able to see staff supporting people with this in a person-centred way. This included setting up areas for people to spend time together in a way that was right for them.

Independence was promoted. This included supporting people to carry out their weekly shop at the local supermarket.

Those supported had access to a wide range of external professionals who were involved in their care. The service had clear clinical oversight of people's nutrition, wounds, and falls. There were clear treatment plans in place. We were able to see that although there were people who were at higher risk of falling, appropriate risk assessments and equipment were in place to minimise risk as much as possible. This did not impact on people's ability and being able to mobilise independently.

During the inspection, we looked at medication management. There were clear protocols in place to inform and guide staff on the use of 'as required' medications. Covert medication pathways were in place for several people. These were reviewed regularly by medical professionals. Medication administration charts were completed appropriately. We suggested that the 'as required medication' administration and coding used be documented in a more formalised way. The management team acted on this immediately putting a new chart in place.

The service had been having some issues with stock of medication. They were working with the GP and Pharmacy to resolve this.

However, we did have concerns in regards to some people not receiving their medication. We found that people were regularly missing medication due to being asleep, or medication rounds running late, which impacted the next dose of medication. People not receiving their medication has the potential to impact their health conditions and how they are feeling. **(See Requirement 1)**

Requirements

1. By 10 May 2024, the provider must ensure the health and wellbeing of people by ensuring safe administration of medication.

In order to do this, the provider must, at a minimum, ensure:

- a) medication is given in a manner that allows people to get the intended benefit of the medication;
- b) people should receive the agreed doses of their medication each day;
- c) people receive their medication at the time that is right for them; and
- d) ensure effective systems are in place to assess and monitor medication management.

This is to comply with Regulation 4(1)a) and (d) (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:

'My care and support meets my needs and is right for me' (HSCS 1.19)

and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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.

It is important that care services have effective systems in place to assess, monitor, and evaluate the quality of services provided. This is done by gathering evidence using audit tools, feedback from people using the service and their relatives, and carrying out direct observations of staff practice. This information should help drive service development and improve outcomes for people they support.

We were able to see that the service had a service improvement and development plan in place. This was a live document that was informed by the quality assurance process. We saw that it was reviewed and updated regularly, and gave a clear oversight of the improvement and development journey of the service.

There were a range of audits and checks in place. We could see a tracker was used for these which detailed who was responsible for each audit and when they were due to be carried out. Any actions from these audits were detailed in the service improvement plan.

We did find some issues regarding medication administration which we felt was not picked up by the medication audit. This is detailed under 'Key Question 1 - How well do we support people's wellbeing' and has impacted on the evaluation of this key question.

Key staff members were involved in the quality assurance processes. This included team leaders and maintenance staff. Having these key members of staff involved promoted responsibility and accountability within the team.

The service gathered feedback from people supported and their relatives. We were able to see actions from the feedback gathered informed the service improvement plan. This ensured people were involved in the development of their home.

We were able to see that when accidents and incidents took place the management team dealt with these appropriately.

How good is our staff team?

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 receiving care services should be supported by a competent, skilled, and knowledgeable staff team. We found that staff had access to a range of both mandatory and additional training courses which were relevant to the needs of those receiving support.

The service had an informative induction process. There were clear timescales in place for completion of training as well as specific areas of responsibility which ensured that staff understood their role. This ensured that staff were prepared to support people who lived in the home.

Following training courses, there were assessments carried out to ensure competency in areas such as moving and handling, and medication. The staff who delivered training also worked on shift and would observe and address any practice issues. We discussed with the management team that this could be improved by documenting these instances in a more formalised way.

Each staff member had a supervision booklet and received regular one-to-one supervision. Supervisions were completed with feedback from people who used the service and their relatives. The format and questions within the supervision document promoted and encouraged staff to reflect on their practice.

We were able to see that regular team meetings took place for each department in the home. This gave staff the opportunity to discuss any issues, keep up-to-date with any changes, and share their learning.

Team leaders were given areas of responsibility and accountability through involvement with the quality assurance processes in the service.

How good is our setting?

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 found that the home was set up in a way which encouraged small group living. Those who were able to, could mobilise freely throughout the area that they lived. This included access to enclosed garden areas. People could go outside when they wanted.

There was clear signage throughout the service. This directed people to where they wanted to go.

Those who were able to, had access to kitchenette areas where they could make their own drinks and snacks. There was also access to drinks and snacks in lounge areas for people to help themselves to.

People had large individual bedrooms which they were able to personalise to their taste. Bedrooms had access to individual toilet facilities. Some had their own full ensuite.

During our walk round, we found one of the communal bathrooms was being used to store wheelchairs. This was discussed with the management team and these were removed. We discussed the need to find alternative storage for these.

We did find that the dirty laundry area was lacking appropriate hand washing facilities. This was discussed with the management team and they took immediate action to rectify this.

There was a clear maintenance programme in place which ensured the home was kept to a good standard. All relevant maintenance certificates and health and safety checks were in place. This ensured people lived in a safe environment.

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.

The service used electronic care planning and assessment documents. These were easy to access and contained the relevant information to inform and guide staff.

The care plans and assessments were detailed and contained some very person-centred information. These were reviewed and updated on a regular basis. This meant that the most up-to-date information was available to inform and guide staff on how to support people the way they wished to be supported. For those living with dementia, we were able to clearly see and track their dementia journey. People's skills and abilities were detailed within care plans to ensure independence was encouraged and promoted.

Risk assessments were used when an increased risk to the health and wellbeing of people was identified. This informed staff practice to ensure risks to people were reduced.

People and their families were fully involved in reviewing their care and support. As part of the 'Resident of the Day' process, there were opportunities for people to inform staff of what was working for them and what needed changed. We were able to see actions from reviews taking place. We found reviews to be informed and meaningful.

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

Requirements

Requirement 1

The provider must ensure the healthcare needs of people living at Burnfoot Coach House are met. Staff must seek timely and appropriate medical advice when there is a change to a person's presenting health condition.

To be completed by: 14 April 2023

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement was made on 30 March 2023.

Action taken on previous requirement

We were able to see clear evidence of timely and appropriate medical advice being sought when there was a change to people's health conditions. This was documented clearly in people's daily records.

Met - outwith timescales

Requirement 2

The provider must review the care home's risk assessment policy and procedure to ensure the environment is safe and can meet people's needs.

To be completed by: 15 April 2023

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland 4 of 5 (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states:

'My environment is secure and safe' (HSCS 5.17).

This requirement was made on 30 March 2023.

Action taken on previous requirement

We found that the service had reviewed their risk assessment policy and environmental risk assessment. This ensured the environment was safe and met people's needs.

Met - outwith timescales

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 better meet best practice in supporting people's care in relation to changes to health and future planning, the service provider should:

- Ensure proactive assessment when mobility or health changes to enhance quality of life and prevent prolonged periods in bed as far as possible.
- Review system used to support falls prevention.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 1 December 2022.

Action taken since then

The service had clear oversight of people's mobility and health changes. People were encouraged to mobilise. There were appropriate risk assessments and equipment used to minimise the risk to people without impacting on their independence.

Previous area for improvement 2

To support infection prevention and control practice in-keeping with national guidance, the service provider should:

- Review cleaning schedules in keeping with national cleaning specifications.
- Ensure areas remain clutter free to allow ease of cleaning and enhance use of facilities.
- Review laundry and waste transportation to ensure this is safer.

- Define accountability for infection control areas clearly, and audit to ensure continuous improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state "My environment is secure and safe". (HSCS 5.17)

This area for improvement was made on 1 December 2022.

Action taken since then

The service had cleaning schedules in place which were in line with national cleaning specifications. Laundry and waste was transported appropriately. There was clear accountability for infection control and regular audits taking place.

Previous area for improvement 3

To support good outcomes for people, the provider should encourage people experiencing care and/or their representatives to have meaningful discussions around quality of life.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 1 December 2022.

Action taken since then

The service had 'Resident of the Day' where care plans and risk assessments were reviewed. People and their families were involved in this. There was clear oversight of people's reviews.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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