

Briery Park Care Home Service

New Street
Thornhill
DG3 5NJ

Telephone: 01848 332 000

Type of inspection:
Unannounced

Completed on:
26 February 2024

Service provided by:
Abee-Mayu Gunpath

Service provider number:
SP2008968599

Service no:
CS2008169826

About the service

Briery Park is a care home service registered to provide care to a maximum of 31 older people with physical and/or sensory impairment. One of the places is available for respite care.

The provider is Abee-Mayu Gunpath.

The service is located in Thornhill town centre in Dumfries and Galloway, with easy access to local amenities.

The premises is a flat-roofed building on one level. There are small group living areas in the home, these include lounge and dining areas which have snack making facilities. All bedrooms are single rooms, with en suite toilet and wash hand basin.

There are gardens surrounding the home and an enclosed courtyard which offer places to sit outside. There are car parking spaces to the front and side of the building.

At the time of the inspection 22 people were living in the home.

About the inspection

This was an unannounced inspection which commenced on 20 February 2024 and continued on 21 and 22 February 2024 between 07:30 and 18:00 hours. We provided inspection feedback on 26 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 14 people using the service and observed interactions with other people;
- spoke with five relatives visiting the service;
- spoke with five visiting professionals;
- spoke with 22 staff and management, this included three agency staff members;
- reviewed the 17 Care Inspectorate feedback survey responses from staff, relatives and external professionals;
- observed practice and daily life; and
- reviewed documents.

Key messages

- We observed staff to be hard-working and caring.
- Aspects of medication management need to improve.
- The provider should review how they support people who experience stress and distress.
- Training completed and best practice should be used to improve outcomes for people.
- The induction of agency staff to the service should improve.
- The environment requires to be made safe and maintenance work completed.
- We made three requirements and seven areas for improvement.
- An improved quality assurance system is required in order to support continuous improvement within the service.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

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.

We observed some caring and friendly interactions between staff and people supported. The staff team were made up of both longer serving and new employees. A high turnover of staff and the use of agency staff meant people were sometimes cared for by staff who were unfamiliar with their needs, choices and preferences. People supported and most relatives we spoke with provided positive feedback about the staff team providing care and support.

Approaches to care and support focused on tasks and routine. There was limited information to evidence how people were supported to have their say. An example of this was the negative impact the environment was having on people's experience. During our visit staff were trialling different locations for mealtimes, however there were no consultations taking place with people supported on this.

It was positive to see support being provided by an Allied Health professional following a person requesting this input. The registered manager had made an appropriate referral for this service to meet this person's need.

There were a lack of opportunities for people to choose how they spent their time. This was restricted due to environment issues and staff availability. We observed a staff team who were very busy and had no time for prolonged meaningful interactions with people. There were missed opportunities for people to engage with each other within the home. The registered manager was referred to the Meaningful Connections Evaluation Tool to identify where improvements could be made in this area.

The provider had employed two staff members to coordinate and provide activities for people. On occasions some of these dedicated hours were used to provide care and support, due to staffing levels. At present opportunities for activities were not person centred or responsive. For example, available activities were limited to set times of the day or week. One group activity was offered during our time in the care home. We did not observe any one-to-one activities. There were long periods of time where people were unoccupied. As the environment and staffing levels improve, we would expect to see increased opportunities for people to engage in a variety of meaningful activities.

Visitors were welcomed to the home at various times throughout the day. We heard of previous visits from the local school and musicians to provide entertainment. People were able to go out with their family members into the local community and staff told us some people had been supported to go for a walk in the local area.

The provider had an adult support and protection policy and procedure in place. Staff also completed adult support and protection training to support them in this area to reduce the risk of people experiencing harm. Appropriate referrals relating to adult protection had been made to social work and other parties and the Care Inspectorate were informed.

People should receive the right service to meet their needs. Some people had been admitted to the care home to receive interim care. We found no clear pathway for planned care to support people to maintain their independence. We discussed with the registered manager the need to consider how people could be supported to take more controls of their medication when assessed to be able to. Facilities should also be available for people to make their own drinks and snacks. Without an enabling attitude within the care home people were at risk of losing their skills.

A medication policy and procedure was in place. It was positive to see medication was now stored securely within people's bedrooms. However, medication continued to be administered by only one staff member on shift. This meant there was a risk of people having to wait on their medication. Despite more staff being trained to administer medication, there was still progress to be made in making the administration of medication more person centred.

The administration of topical creams were recorded on both the Medication Administration Record (MAR) and on the electronic personal planning system. The entries were not consistently completed. The oversight in this area required to improve to ensure this was a recording issue and not an omission of people's prescribed topical medication.

Written protocols should be in place for all medication that is to be administered 'as required.' Administration, recording and monitoring of 'as required' medication was not following best practice to ensure people received the right medication at the right time. (See area for improvement 1).

An area for improvement about falls management was repeated in the last inspection report dated 7 December 2022. This has been restated; see 'What the service has done to meet any areas for improvement we made at or since the last inspection.' (See area for improvement 2).

The service had good links to health professionals. The staff observed people's health and well-being and promptly passed on any concerns so these could be discussed and acted upon. This helped ensure that people received the right support. Families told us that they were kept updated about changes in their relative's care.

Most people spoke positively about the quality of food at mealtimes. We found people were given choices and alternative options were available. There were plenty of food supplies which were fresh and sourced locally. The meals we observed were well presented and appetising. Refreshments and snacks were available and served to people throughout the day. This included nutritional supplement drinks where prescribed. Most people were observed to enjoy their meals.

Areas for improvement

1. The provider should ensure that the management of medicines are improved, 'as required' protocols should accurately record written information in line with prescribed instructions. Personal planning should demonstrate the evaluation of 'as required' protocols as being effective in supporting the right care for people at the right time.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS1.24).

2. The provider should ensure they keep people safe and healthy by reducing the risk of falls. To do this they should:

- (a) ensure they complete an appropriate risk assessment for each person;
- (b) ensure that measures taken to reduce the risk of falls to people are the least restrictive and help people, where possible, to remain active;
- (c) ensure if people's needs change, or they have a fall, reassess their risk, update their care plan accordingly and communicate these changes to staff; and
- (d) analyse all falls, accidents and incidents so learning and improvement can take place, to prevent future falls.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

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

People using care services should feel confident that quality assurance and improvement is led well within the service. The service had experienced a number of staff changes over the last year. This highlighted issues about the retention of staff. The inability to retain staff had impacted on the staff team and there was a lack of continuity for people supported. When the service were unable to cover shifts with their own staff or agency staff, the registered manager was relied upon to provide care hours. This resulted in reduced management hours. (See area for improvement 1)

The registered manager was very visible within the home, relatives and staff told us they were approachable, and they felt comfortable raising any concerns they had.

At the inspection completed in October 2021 we identified that the quality assurance within the service required to improve. With the support of the Health and Social Care Partnership (HSCP) the provider had over time developed their quality assurance policy, procedures, and processes. This included the implementation of a number of audits and improvement plans. During this inspection we reviewed the service's internal audits and found most of these were being completed. However, some were not fully completed and some were not up to date. We found a number of areas, for example, health and safety which were not being identified as highlighted throughout this report. The auditing and checking processes were therefore not ensuring that all people's health, wellbeing and safety needs were consistently being met. The provider oversight and governance required to improve in this area. (See requirement 1)

The provider and registered manager should review how they used feedback from others to support improvement. Some relatives shared concern with us in relation to the environment, the number of staff available on shift and the high turnover of staff within the care home. People supported and their relatives should be actively encouraged and supported to comment and influence the quality of the service provided. Completing lessons learned from accidents, incidents and complaints received should also be used to drive improvement within the service.

Where areas had been identified and were on the service improvement plan, we raised concern in relation to the timescales for completion. An example of this was the water ingress from the roof which was significantly reducing the facilities available within the care home. We have made a requirement about the impact of this on people's experiences under 'How good is our setting?.'

The provider and registered manager acted on the verbal feedback provided during our inspection visit and at the formal feedback session. Measures were taken at this time to reduce the immediate risks identified. The provider informed us that they would voluntarily stop admissions for a brief period to address some of the environmental issues. This gave us some assurance that responsive action was being taken.

We concluded that the provider had insufficient capacity at this time to maintain all previous improvement that had been made within the care home.

Requirements

1. By 24 May 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit,
- (b) develop action plans which include specific and measurable actions designed to lead to continuous improvements,
- (c) detailed timescales for completion/review,
- (d) alignment systems to good-practice guidance; and
- (e) ensuring staff who undertake quality assurance roles are trained and supported.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCP 4.19) and in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

Areas for improvement

1. The provider should review how the current management team structure supports the staff team within their role, to improve the quality of the service provided.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

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

We observed staff engaging with the people living in the home and observed some warm and caring interactions. Due to the temporary living arrangement staff were at times observed to be working under pressure to deliver care and support to people. We found there to be occasions when people needed to wait for support with their personal care needs, including dietary and toileting needs. We concluded that the environment and staff deployment did not always enable staff to be responsive to people's needs.

Staff vacancies had impacted on the provider being able to meet their staffing levels with their own employed staff. The provider had been actively recruiting to fill these vacancies as well as attempting to cover the hours with its own staff team. Unfortunately, it has not always been possible and the service regularly used agency staff. The provider requested the same agency staff to offer consistency. However, there were occasions when new agency staff attended. This meant that staff were not all familiar with the care home and people's needs. The induction process of agency staff to the service should be improved. (See area for improvement 1)

Staff had completed training in mandatory topics such as moving and handling and infection prevention and control to meet the support needs of people. However, most of this training was delivered from on-line learning. This meant there were no opportunities for face-to-face interactions to explore the topics and relate these to employees own experiences.

We saw that all staff were provided with 1-2-1 meetings with their line manager to discuss their practice. We highlighted the importance of observations in practice to assist with staff development. The provider had a responsibility to ensure that staff were confident and competent in the roles that they carryout. This will help people feel confident that those providing care and support have the right knowledge and skills. (See area for improvement 2)

It is essential that the staff team are confident and competent in the event of an emergency evacuation from the building. We established that the team had received on-line training but there were insufficient opportunity to put this learning into practice and be clear about fire safety procedures. This was identified at a Scottish Fire and Rescue Service visit undertaken in May 2023. The last fire drill undertaken by the service was in May 2023. The registered manager took immediate steps to rectify this.

Areas for improvement

1. The provider should develop its staffing contingency plan in relation to the use of agency staff. This should include a formal record of information provided to agency staff when they commence within the home. The record should include up to date information on people's support needs and essential information covering all aspects of health and safety, including fire safety.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. The provider should implement a process to assess staff competence against their roles and responsibilities. This is to ensure staff are using the skills and knowledge gained in training to improve their practice and support better outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes' (HSCS3.14).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People should benefit from high quality facilities which are safe and well maintained. The home is purpose-built to provide accommodation to 31 people. The accommodation and communal spaces are all on ground level with a courtyard in the centre. The design of the building allows the service to offer small group living. People should be able to choose from a variety of homely lounge and dining areas. However, we found that due to significant water ingress from the roof, most of these spaces were out of use. Some areas still required to be repaired and others were in the process of being redecorated. We found that the environment had a significant negative impact on the lived experience in Briery Park. (See requirement 1)

Whilst the provider and registered manager undertook environmental audits, it is of concern that the issues highlighted through our findings during the inspection had not been identified or actions taken. For example, we found that due to inadequate storage facilities the fire exit was routinely blocked. Internal doors which should remain locked were open and there were no window restrictors to secure the building from people exiting or entering the building. We also sampled the water temperature of some sinks which residents had access to. These were found to provide hot water which exceeded the safety regulations. A courtyard garden required maintenance to ensure that the pathways could be safely accessed by people. These safety measures are essential for the health and wellbeing of people living in the building. To keep people safe and reduce the risk of injury, we informed the registered manager of our concerns during the inspection in order for immediate action to be taken. These areas were also discussed with the provider during feedback.

On arrival we found the building to be warm and appeared to be clean and tidy. However, on closer scrutiny we found that improvements were needed in the cleaning of the environment. We found some moving and handling equipment to be dirty, a sling was badly stained and a mattress was badly soiled. Both general waste and clinical waste were observed routinely being placed on the ground at the fire exit. All contaminated furnishings and waste need to be removed to ensure that people are supported to live in a safe and clean environment.

Staff had received training in infection prevention and control measures. We observed domestic staff working extremely hard to complete their duties during their shifts. They had a good knowledge of appropriate cleaning materials but were not familiar with the National Infection Prevention and Control Manual for Scotland (NIPCM) and some of the practices were not in line with this. This is essential to prevent any cross-contamination within the environment and mitigate risk to people. (See requirement 2).

People's bedroom areas were comfortable, personal belongings decorated people's rooms to make them personalised.

One wing of the care home was closed due to refurbishment work. This work commenced in the Autumn of 2023 and there was no date for completion. The Care Inspectorate were not notified of this refurbishment plan, or the considerations taken to reduce the impact for the people living in the home. There was no formal consultation with people supported or their relative or representative. (See requirement 1)

The provider needed to update their Environmental Refurbishment Plan outlining the priority areas and timescales for completion. This is essential improvements to enhance the outcomes for the people living in the home. (See requirement 1)

Requirements

1. By 24 May 2024, the provider must ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

- (a) assessing the damage to the ceiling and any additional damage the water may have caused.
- (b) carry out immediate repairs to ensure the building is watertight and safe,
- (c) complete an assessment of all repairs required within and out with the premises,
- (d) put in place and implementing a plan for the upgrading of the premises and equipment which sets out all work required,
- (e) put in place contingency arrangement for areas that are not available to people to use,
- (f) how people experiencing care and their representatives will be consulted and involved,
- (g) timescales for commencement and completion of work; and,
- (h) notifying relevant external bodies such as the Care Inspectorate and Health and Social Care Partnership.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My environment is secure and safe' (HSCS 5.17) and complies with Regulation 4(1)(a) and 10(2)(b) & (d) and 14(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

2. By 24 May 2024, the provider must ensure people experiencing care have confidence they are protected from harm by way of safe infection prevention and control practices. This must include, but is not limited to:

- (a) ensuring staff know and understand best infection prevention and control practice, and implement this in the work that they do,
- (b) putting in place and implementing a plan to regularly monitor staff practice to ensure that all guidance is followed and take effective and immediate action where it is not.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

How well is our care and support planned?

3 - Adequate

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

The provider is currently working on guidance for new admissions to the home set out by Dumfries and Galloway Health and Social Care Partnership and the Collaborative Care Home Support Team. This related to the frequency of new admissions to the care home and the assessment and review process for people. The registered manager was also carrying out their own pre-admission assessments to establish if the service had the staff and skills to meet people's needs. This meant that people were benefitting from a multi-agency approach and an increased oversight by external professionals.

As detailed in the registration certificate issued by the Care Inspectorate, the service does not provide nursing care. Health needs were met by the local district nursing team and other health care professionals as required. Visiting professionals spoke positively about the care provided. They felt the communication was good and the registered manager and staff team escalated concerns in relation to people's health and wellbeing at appropriate times.

Staff received a 'handover' when they commenced their shift, some staff told us the quality of information shared at 'handover' varied and some felt that communication within the service could be improved. The registered manager should review the sharing of information to support staff to provide responsive care.

The provider was now using an electronic system for personal plans. The quality of the personal plans we sampled had improved since the last inspection in December 2022. However, some of the interventions relating to people's care required to be more descriptive. For example, the use of 'reposition regularly' and 'use if required' could be understood differently by staff members. Where instructions were unclear there was a risk of people's needs not being met.

Some information within people's personal plans was not up to date and the recording in care notes was not capturing all information which was important to assess and evaluate people's care needs. Personal plan audits should be used by the registered manager to increase their oversight in this area.

During our visit we identified that people who experienced stress and distress did not have care plans in place to support them in this area. A high number of staff had completed stress and distress training, but this had not been put into practice to improve outcomes for people. We observed different levels of stress and distress. Without safe and consistent interventions from staff members people are at risk of their needs not being met and their stress and distress escalating. (See area for improvement 1)

Whilst on shift all staff had access to a handheld device which gave them access to people's personal plans. The handheld device enabled staff to read and document information relevant to people's care and support needs. This was important due to the high turnover of staff and the number of agency staff who were working in the care home. However, some staff we spoke with told us they did not always have time to read people's personal plans and used the device for inputting tasks completed. Over three days we observed one person receive quite different interventions in relation to pressure relieving equipment and promoting skin integrity. This highlighted that care delivered was not always consistent and people were at risk of their needs not being met.

People supported and where appropriate their relative or representative should be fully involved in the development of their personal plan. It was not clear how people viewed their personal plan or obtained a copy now these were stored electronically. (See area for improvement 2)

Review meetings allowed the opportunity to evaluate if people's needs and what was important to them was being met. New admissions to the care home had a six-week review scheduled with their social worker. The registered manager had dates planned for people's six monthly review meetings.

Areas for improvement

1. The provider should ensure people's needs are assessed and monitored and care plans are in place to support people in all areas where care and support is required. Including, care plans for people who experience stress and distress.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as my 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).

2. The provider should ensure that people supported and where appropriate their relative or representative has access to a copy of their personal plan. Minutes of review meetings should also be made available.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCP 2.17).

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

The provider should ensure they keep people safe and healthy by reducing the risk of falls. To do this they should:

- (a) ensure they complete an appropriate risk assessment for each person;
- (b) ensure that measures taken to reduce the risk of falls to people are the least restrictive and help people, where possible, to remain active;
- (c) ensure if people's needs change, or they have a fall, reassess their risk, update their care plan accordingly and communicate these changes to staff; and
- (d) analyse all falls, accidents and incidents so learning and improvement can take place, to prevent future falls.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 25 January 2022.

Action taken since then

We sampled some personal plans for individuals who had had a fall and found that there were falls risk assessments completed. The manager had also introduced some tools to allow them to analyse falls, accidents and incidents. It was not always clear how this information was being used to prevent future falls and this was not always clear or personalised for the person in their personal plan. We found a number of environment trip hazards which were not being addressed or removed.

This area for improvement had not been met

Previous area for improvement 2

The provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

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).

This area for improvement was made on 19 December 2022.

Action taken since then

The provider with the support from the Health and Social Care Partnership had improved their quality assurance processes. Additional audits and tools were in place for staff to monitor the quality within the service. The electronic care planning system which had been introduced also allowed staff to monitor people's care and support. However, we found that some audits were not being fully completed and other areas were not up to date. A lack of governance and oversight had resulted in these areas not being identified and / or addressed and not driving improvement where required. We have made a requirement relating to quality assurance.

This area for improvement had not been met

Previous area for improvement 3

The provider should ensure that all new staff members complete an induction period when they commence employment. Induction records should reflect what has been completed and when. At the end of the induction period, the new employee and manager should sign the induction records to evidence both are satisfied that the employee's skills and knowledge are sufficient to undertake their role.

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 19 December 2022.

Action taken since then

The provider has introduced an induction booklet to ensure that all key areas of learning were covered during new employee's induction and probationary period. We saw that these were being completed. We also noted that the registered manager had introduced monthly supervisions for new recruits, this provided the opportunity to discuss any practice issues, obtain support and identify any learning and development needs.

This area for improvement had 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

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

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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