

Braehill Lodge Care Home Service

2 Balmachie Road
Carnoustie
DD7 7SR

Telephone: 01241 852 534

Type of inspection:
Unannounced

Completed on:
21 March 2024

Service provided by:
Braehill Limited

Service provider number:
SP2003000045

Service no:
CS2003000384

About the service

Braehill Lodge is a care home for older people situated in a residential area of Carnoustie. It is close to local transport, shops, and community services. The service provides residential care for up to 24 people and there were 24 people living at the service at the time of this inspection.

Accommodation is arranged over two floors, in single bedrooms with en-suite facilities. There are two lounges, bathroom, dining room and activity room for people to use. The service has an accessible landscaped garden to provide outdoor space for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 18 and 19 March 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 nine people using the service and nine of their families;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with one visiting professional.

Key messages

- We saw kind and caring interactions between staff and the people they support.
- Staff knew people well.
- People were able to be involved in a wide range of activities and interests.
- The service was well led.
- The service would benefit from developing an improvement plan.
- Improvements are required to the home environment.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our setting?	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?

4 - Good

We evaluated different parts of this key question as good and very good, with an overall grade of good. Several strengths impacted positively on outcomes for people and clearly outweighed the areas for improvement.

People experienced compassionate, respectful, and dignified care. The home had a relaxed, pleasant atmosphere and we saw kind and caring interactions between staff and the people they support. Staff clearly knew people well which ensured people's care was carried out in accordance with their preferences. There were positive, supportive, and friendly relationships evident which helped people to feel valued. One person told us they "couldn't get anywhere better" and another told us that the "care is excellent". Relatives were very complimentary about the service.

It was evident that people's choices and views were acted upon, and that staff were committed to improving the quality of life and experiences for people. One relative told us how their family member "likes a rum and coke in the evening and staff ensure she gets this".

People were supported to enjoy a range of meaningful activities and opportunities. There was a weekly activity plan which included entertainment, pizza making and art. People had fun in the home, and we observed people to be smiling and laughing. One person told us there is "always something on". This ensured people were spending time purposefully to promote their wellbeing.

People had the opportunity to access the community. This included ice skating, the use of adaptive bicycles and day trips to places of interest. This helped to reduce isolation and promoted wellbeing.

Contact with animals provided something special and magical to people in addition to human interaction. People had the opportunity to be around animals through visits from birds of prey and Shetland ponies. During our inspection, the home had an incubator and was hatching chickens which brought excitement and joy to the home.

People were able to stay connected to family and other people who were important to them. This was supported well and helped people keep up with the relationships that mattered the most to them. One relative told us that they "always get a nice welcome" when they visit.

People benefitted from regular access to health care professionals including district nurses, podiatry, and GPs. Staff were responsive to changing needs and sought advice when required. One visiting professional told us the staff are "good at picking up the phone" if they had any concerns about a person's wellbeing and will "follow any advice given". This meant people's health benefitted from the right healthcare from the right person at the right time.

A range of assessments were in place for regular monitoring and evaluation of matters that can impact on a person's health or wellbeing. This included skin condition, weight, and mobility. This kind of monitoring assisted people to keep good health, as it meant any concern was identified early and was then, usually, easier to address.

People had personal plans which contained good information to lead and guide staff how best to support the person. People's care was reviewed within the regulatory timescales. This helped people receive person

centred and up to date support.

The service had a medication policy in place and regular audits took place. However, the labels on some prescribed creams were illegible and some did not contain the date of opening. This meant staff did not have clear directions when supporting people with their medication and people were at risk of receiving medication past its shelf life. We brought this to the manager's attention and had confidence that improvements would be made.

People's nutritional and hydration needs were being met. People enjoyed their meals in an unhurried relaxed atmosphere. People living in the service spoke naturally amongst themselves and this contributed to the homely feel of the service. Food was home cooked, well presented and looked nutritious. People told us that the food was good. We saw that people were regularly offered fluids throughout the day. The kitchen staff had a good overview of people's nutritional needs. This ensured people's food and diet was tailored to their needs.

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.

People benefitted from an experienced and well organised staff team who knew them well. The service was well led and benefitted from a committed and experienced manager who was focused on supporting the team to deliver good care. One relative told us that "from the minute I walk in, I know it's well run" and another told us how they had "confidence in the management team". This had contributed positively to the oversight of the service and led to improvements.

Managers were observed to be accessible to residents, staff, and visitors. An open-door policy and a wellbeing chair were described by staff who told us they felt able to raise any issues or concerns with management. This contributed to staff feeling valued.

Quality assurance processes were in place and had directed improvements. A range of audits were in place and completed regularly. However, these had not always generated an action plan to detail clear actions with timescales where deficits and/or areas for improvement had been identified. This meant there were no record of all the improvements being carried out. On walking round the home, we saw areas for improvement that had not been identified within the quality assurance processes in place. A more robust approach was needed to ensure people continued to receive good outcomes.

People were regularly included in decision making processes. People's views about the service were considered during regular resident and relative meetings. For example, people had commented that they did not like the way the chips were cooked and as a result an air fryer was purchased for the home. A questionnaire had also been used to gather feedback from residents and relatives. This meant that people were regularly consulted about their support and the service that they receive.

We recommended that a service improvement plan is developed to drive improvements and change forward. This should be regularly reviewed and updated following actions being identified within quality assurance processes and discussions with people who use the service and their relatives.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and

learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

Where people needed support to manage their finances, there were robust policies and procedures in place to keep their monies safe.

Staff training records showed staff had access to a variety of training to support them to carry out their role. This included subjects such as infection control practices and dementia care. Staff undertook reflective accounts following training which allowed them to consolidate their learning into practice. This meant staff had the necessary skills, knowledge, and competence to support people.

Staff reported feeling supported in their role. Systems were in place to support staff development which included supervision sessions, wellbeing chats and observation of practice. This helped ensure a competent and confident workforce. Staff we spoke to were happy working within the service.

How good is our setting?

3 - Adequate

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

People benefitted from warm, comfortable, and welcoming communal living areas with plenty of fresh air and natural light. People could choose to spend time in communal areas or their bedrooms and had the right to privacy when they wanted. The environment was generally clean and tidy, with no evidence of intrusive noise or smells. However, we found some areas of the home had not been cleaned to an appropriate standard and were cluttered. For example, the communal bathroom was cluttered, there was clean clothing and towels uncovered which left them exposed to infection and we found the bath aid to be rusty which would make it difficult to clean. This put people at risk of infection.

We found the kitchen did not meet acceptable standards, the floor, cupboards, and surfaces were not in a good state of repair. This meant they would not be easy to clean, and people were at risk of infection. The management team took immediate action to clean, remove, and repair items to support effective cleaning and to prevent the spread of infection, however, further refurbishment was required. We have made a requirement. **(See requirement 1).**

Some pieces of furniture and fixtures were beginning to show signs of wear and tear which meant surfaces were not intact and would make effective cleaning difficult. For example, a sideboard was worn and chipped. This meant people were at risk of infection. We pointed this out to the management team who agreed to address this, and they disposed of the sideboard immediately.

Cleaning schedules were in place, however, we found some gaps in staff recordings. A recent reduction of available domestic hours had contributed to this. Care staff supported additional cleaning in addition to their care and support duties. We therefore recommended that there is greater management oversight to ensure cleaning tasks have been completed.

We found that personal protective equipment (PPE) was readily available within the home. Staff were observed to be carrying out safe infection control practices throughout our inspection. This reduced the risk of infections and improved standards for people.

Requirements

1. By 31 May 2024, the provider must ensure people experience care in an environment that is safe, well maintained and minimises the risk of infection.

To do this, the provider must, at a minimum:

- a) Ensure that the premises, furnishings, and equipment are clean, clutter free, and well-maintained at all times.
- b) Ensure cleaning schedules are adhered to.
- c) Carry out regular quality assurance checks to ensure the environment is clean and well maintained.
- d) Carry out an environmental audit that identifies all areas of refurbishment for work required.
- e) Develop an action plan that describes the action to be taken, who is responsible and timescales for work.
- f) Share the action plan with the Care Inspectorate.

This is to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) 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 environment is safe and secure'. (HSCS 5.19).

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 manager should review medication management to ensure that there are adequate stocks of medication for people. Any difficulties with stock or supply of medication should be discussed with the prescriber.

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

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

This area for improvement was made on 17 February 2022.

Action taken since then

We checked the medication stocks within the home and found these to be adequate. Systems were in place to help identify any shortfalls in supplies and communicate this with the prescriber if required.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that there is an ongoing programme of maintenance and refurbishment that ensures areas for improvement are quickly identified and action taken to help ensure effective cleaning is possible.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 17 February 2022.

Action taken since then

The provider undertook regular maintenance checks of the environment. There was a system in place to report any faults and repairs which were signed off when completed. However, we found some areas of the home required refurbishment, for example, the main kitchen. This had been identified by the service, but no plans were in place, or actions taken. This meant we could not be assured people experienced care in an environment that was safe and well maintained.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 4, 'How good is our setting?'.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	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 setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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