

Janet Brougham House Care Home Service

1 Banchory Road
Dundee
DD4 7BS

Telephone: 01382 307 190

Type of inspection:
Unannounced

Completed on:
19 March 2024

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003000476

About the service

Janet Brougham House is run by Dundee City council. It is a care home for older people situated in the Douglas area of Dundee, and close to community resources, such as shops and churches.

The service provides care for up to 24 people, is all ground level and divided into three suites each for eight people. Each suite has its own lounge, sun room, accessible bathroom, additional toilets and kitchen area for drinks and snacks. At the time of inspection, there were 23 people living there.

All bedrooms are single rooms with en-suite toilet and showers. The bedrooms are large enough for people to bring their own additional furniture. In addition, each bedroom has its own patio door for people to access their own small garden.

The home has a dining room for residents to have their meals and this is where entertainment and activities are held. There is a secure garden area where residents can go for a walk or sit out. There is also a central sheltered courtyard where residents can sit in privacy. The service is built with features and facilities to promote independence of people with dementia, including lots of natural light as well as signage, symbols, and colour schemes to help people find their way around.

About the inspection

This was an unannounced inspection which took place between 14 March and 18 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 six people using the service, six relatives and six members of staff. We spoke to the manager and senior staff and also observed practice and daily life within the home.

We reviewed many documents including, but not limited to:

- 5 Care Plans;
- Meds Error Records;
- Resident medication records and associated audit;
- Residents' Meeting minutes (all three suites);
- Staff Meeting minutes (all three suites);
- Management Team Meeting minutes;
- Staff training records and plans;
- 'Resident of the Week' documents;
- Maintenance records;
- Manager and Senior Audits;
- Falls Audit;
- Personal Finances and associated audit;
- Kitchen Audit;
- Risk Assessments;

- Service Questionnaires and Development Plan;
- Cleaning records (incl. night cleaning);
- Recruitment Records.

Key messages

- Kind and warm interactions between staff and residents.
- Residents were happy and settled.
- Staff did a good job of encouraging and motivating people.
- Staff clearly knew residents well.
- Good variety of activities and outings were planned.
- In our walk rounds we did not see much evidence to show that people had purposeful occupation.
- We saw that there was a good menu which was consulted upon.
- Personal plans were person-centred and contained comprehensive information.
- People's right to make choices and take informed personal risk was integral to the ethos of the care home.
- The service needs to improve their quality assurance processes to ensure they are effective and support continuous improvement.
- The home was cleaned to a high standard.
- There should be more consultation on the service's Improvement Plan.
- Residents had been involved in recruitment.
- We were impressed by the manager's immediate response to areas of concern and improvement that we raised.

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?	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 this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with compassion, dignity and respect by staff members who knew them well. They benefitted from having consistent staff who had a good knowledge of their needs. Support was delivered respectfully, and we observed warm and caring interactions between people and staff. One person told us, "I am very happy here, they are very good to you." Relatives told us they were very happy with the care and a family member remarked ".... (my relative) hasn't looked so well for years".

The care home was clean, warm and had a relaxed atmosphere. People were encouraged to personalise their bedrooms as they wished with items of furniture and belongings, and this ensured people could make decisions about their living environment that were meaningful to them.

There were regular visitors during the inspection and relatives told us that they felt welcome when they visited, that staff were friendly and that they were treated kindly. They were able to directly support their family members if they wished to do so. Because existing relationships were encouraged and nurtured, people were able to maintain important connections.

Food was appetising, meal choices were varied, and people participated in menu planning. People told us they enjoyed the food and one person said, "I am fed well". As there were no set breakfast times, this promoted people's choice and independence, allowing them to get up when they wanted in the morning. People could eat their meals where they wanted to at a time that suited them. We observed mealtimes to be organised and unhurried and people who required assistance with eating and drinking were supported by staff in a dignified manner.

People always had access to fluids and could access snacks from the small servery kitchen on each suite if they were able to do so. We discussed with the leadership team that all people being supported should have access to snacks and they immediately added fruit bowls to each suite which ensured people could decide when they wanted to enjoy a snack.

Staff encouraged and supported people to maintain their skills, mobility and independence and promoted their right to make choices and take informed personal risks. They were focussed on what people could do. This demonstrated that people were recognised as experts in their own experiences, needs and wishes.

We saw and heard about a variety of activities people had participated in and during inspection, we saw group and one to one activity taking place including, a Saint Patrick's Day party involving local children, musical entertainment, hand massage, hairstyling, and dominoes. Some people were supported to attend community groups such as the community choir and community centre. The service advised they planned to further develop community links which in turn would support people to remain active members of their local community. Other than scheduled activities, we observed opportunities for people to engage in meaningful activity were sparse. People told us there was "not enough to do" and that they wanted to do more. We discussed this with the leadership team who agreed to address this which will, in turn, ensure that people have opportunities to participate in activities which they are interested in, thus promoting purpose, and preventing boredom.

Care plans and risk assessments were detailed, person-centred and promoted people's health and wellbeing. These were reviewed and updated regularly, and relatives were included in discussions about people's care arrangements. People's healthcare needs were regularly assessed and reviewed, and there were strong links between the service and external professionals ensuring that people had the right support at the right time. People's medication was managed well and there were robust medication management systems in place which were subject to regular audits, and this helped to ensure individuals were supported to take their medication safely. The service had recently introduced "resident of the week" which meant the service reviewed an individual's care plan each week and this ensured people's changing care and health needs, interests and wishes were being monitored.

We observed that the laundry room was clean, tidy, and organised, however, it lacked designated areas to enable the separation of clean and soiled laundry items. We discussed this with the leadership team who took immediate action by creating the separate areas required and this then minimised the risk of cross contamination and infection.

How good is our leadership?

3 - Adequate

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There was a wide range of quality assurance measures in place which covered infection, prevention and control, care and support, maintenance requirements and management processes. We sampled records and found gaps in cleaning schedules, mattress audits, maintenance checks, staffing audits and individual care tasks and neither auditing nor staff practice had identified these omissions. Decisions were being made at an operational level but not always communicated to the manager, making overall oversight difficult. Therefore, we could not be confident that the leadership team consistently knew what was working well and what improvements were needed. Ineffective oversight puts people at risk of harm and as a result, we will be making a requirement relating to this. **(See Requirement 1)**.

People, their family members and visiting professionals were regularly consulted about their experiences and wishes through questionnaires, residents' and relatives' meetings and a comments book. People were actively involved in the interviewing and selection of new staff members. Relatives found the leadership team approachable and felt confident that any issues they raised would be actioned. As a result, people felt respected and listened to because their wishes were used to shape how they were supported.

We encouraged the service to include these views and ideas in their improvement plan and to make use of the Quality Improvement Framework for care homes for adults and older people to support self-evaluation which they agreed to do. We discussed with the service how the "resident of the week" initiative could assist in streamlining auditing and oversight processes and they considered introducing peer audits as they recognised the importance of "fresh eyes".

Requirements

1. By 31 May 2024, the service must make sure that there are appropriate and quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met, and that they experience positive outcomes.

This must include, but is not limited to:

- (a) implementing audits which enable the quality of the service to be monitored and which identify areas for improvement;
- (b) ensuring any identified areas for improvement are addressed without delay;
- (c) ensuring appropriate and effective leadership of the service at all times.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

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	5 - Very Good

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

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 cànan eile ma nithear iartras.

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.