

# Burnside Care Home Care Home Service

Borrowmuirhills  
Laurencekirk  
AB30 1HW

Telephone: 01561 377 400

**Type of inspection:**  
Unannounced

**Completed on:**  
7 June 2024

**Service provided by:**  
SCCL Operations Limited

**Service provider number:**  
SP2014012299

**Service no:**  
CS2014326117

## About the service

Burnside Care Home is a care home service for older people. The registered provider is Anavo Group. The home provides a care service to a maximum of 57 older people. Within the maximum of 57 places, two places may be provided for named adults under the age of 65.

The service occupies a purpose-built home on two floors in a residential area of the village of Laurencekirk in south Aberdeenshire.

## About the inspection

This was an unannounced inspection which took place on 4 and 5 June 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 four of their families
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

The home was clean and had a relaxed, homely feel.

Staff worked together as a team and knew people well.

Management of some aspects of medication administration needed to improve.

People told us they were happy living in the home and had confidence in the management team.

Activities need to be developed to include meaningful, one to one interactions with people unable to attend the wider group activities in the home.

**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?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - 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. Although there were some strengths which had made a positive impact, the outcomes for people were significantly reduced because some key areas of performance needed to improve.

People appeared well cared for. We were told, 'I think it's a great home', 'I feel 100% safe here' and 'I enjoy this place'. Some commented, 'The carers are superb' and 'Staff are all very obliging and caring'. Staff knew people well and this helped people receive the care and support that helped them look and feel their best.

Staff demonstrated a clear understanding of their responsibilities to protect people from harm and processes were in place for staff to report any concerns. People could feel safe that there were measures in place to protect them.

There was a range of activities for people to enjoy. Some people were enjoying a quiz together and there was lots of chatting and laughing. Activities staff were working hard to create meaningful activities for people. People were benefitting from visits from local school children, and some experienced trips out into the community on the minibus. Wish trees were in place where people added a wish and staff brought these to life. For example, one resident liked bowling before he came into the home. Staff arranged to take him to the local bowling club for the day which he enjoyed. As a result, people benefitted from activities that were important to them.

We were told, 'The group activities are great, but one to one activity is lacking' and, 'People in their rooms could do with a lot more activities'. We observed that there were several people spending time in their rooms through choice and sometimes due to frailty. Some people would therefore benefit from exploration of one-to-one activities more suited to them. Personalised, meaningful activity would increase a sense of wellbeing and keep people healthy. **(See area for improvement 1).**

People were encouraged to enjoy meals together in the dining areas of the home. Residents were enjoying their meals and benefitted from a range of food choices. Where people did not like what was on offer, they were able to choose something else. There was also a variety of drinks available around the home for people to help themselves. People told us, 'I get a choice at meals. There's two choices and another sheet with alternatives' and, 'Thumbs up to the food'. This meant people were having positive mealtime experiences.

The service was using a multifactorial falls risk assessment to minimise the risk of falls. A clear system was in place for monitoring all accidents with clear evidence of any actions taken and the outcomes. People could be confident that the service had good management oversight of reducing risks of falls and that measures were in place to protect them.

On the whole, management of medications was well managed. Although there were some improvements with regards to the completion of topical medication administration recordings (TMAR), these were not where they needed to be. TMAR sheets were not reflective of people's current prescription, nor compliant with the correct administration of topical medications and subsequent documentation. Further improvement was needed. This would help ensure that people received their medications appropriately. **(See requirement 1).**

Care plans were in place for people and held electronically. Most care plans were detailed and reflective of the person's care and support needs. Life story documents were detailed. This helped inform staff on how best to care for people.

Staff were experienced and knowledgeable, however, care plans for people experiencing stress and distress were not detailed. It was not clear how people were being supported during these times and what strategies were effective in reducing their distress. This is important to ensure people receive the specific support they need to reduce episodes of stress and distress and keep them comfortable and well.

The home was visibly clean and tidy with cleaning protocols in place and no intrusive odours. Infection prevention control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

### Areas for improvement

1. The manager should ensure that there are a range of opportunities and activities available to people who live in the home. This should include individual, one to one activities as well as group activities.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state; 'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)**

### 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.

Management had a service improvement plan in place. Some identified actions were overdue and not followed up. We discussed this with management, and we found them to be very responsive. They effectively addressed the issues raised by us during the inspection. These were immediately added to the service action plan. We had confidence that actions would be followed up appropriately and promptly, moving forward. This would ensure that any improvements in the service were leading to better outcomes for people.

People spoke positively about the management team. We were told, 'I have confidence in the management' and 'You know it will be dealt with if you have any complaints. The manager was observed to be accessible and visible to people living in the service, staff, and visitors. People were reassured that they were listened to, and any concerns were welcomed and responded to appropriately.

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

We observed that there were comprehensive staff handovers and a range of meetings throughout the home. This meant that staff were aware of issues or changes and people's needs were closely monitored. Daily flash meetings took place which were attended by the representatives from each staff group. This meant that the manager had a clear oversight of the daily plans and needs of the home.

Meetings were well attended. People told us 'I feel I can voice my opinions' and 'At meetings we can say what we think'. Consideration of alternative ways of engaging with people to gather feedback would be beneficial. This would provide opportunities for people to contribute more to service improvement and development.

Senior staff completed observations of staff practice. This process could be extended to include observations on how often staff interact with residents. This would ensure staff practice would involve spending more time engaging in meaningful connections with people. As a result, this would enhance people's wellbeing.

A robust system was in place to monitor people's finances. Regular, financial audits were being completed and people had access to their money when required. This promoted choice and gave people reassurance that their money was safe.

Documentation of accidents and incidents in the service was detailed. Management had a system in place whereby all accidents were followed up to ensure appropriate action had been taken and to minimise risks to people. The service should improve on the reporting of incidents such as wounds, to the Care Inspectorate and Adult protection team to promote people's safety and wellbeing. We will follow this up at our next inspection.

Management had good oversight of staff supervisions. All staff had regular one to one supervision which supported their needs and development. Staff told us, 'I would say this is meaningful as if any grumbles can talk about them there' and, 'Supervision is really helpful'. Staff felt listened to and any identified action taken forward to support them in their role.

## How good is our staff team?

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 a staff team who worked well together. We were told, 'It's a good team to be in' and, 'We work well as a team, it's a lovely place to work'. People told us they were happy and said, 'The carers are superb'. As a result, people had confidence in the team who supported them with their care.

People were being supported by a mainly stable, staff team, the core of which had worked at the service for a long time. Where the use of agency staff was required, management had ensured the same staff were being used as much as possible. This meant people were supported to meet their needs using a consistent approach.

The manager had oversight of all training, and compliance was on the whole, satisfactory. It was noted that not all staff had undertaken moving and handling training within the appropriate timeframes. This placed people at risk of potential harm. We discussed this with management and a plan was quickly put in place for all staff to complete this training with immediate effect. We had confidence due to the prompt response, that this would be carried out to maintain people's safety and wellbeing. We will follow this up at our next visit.

There was an organised process for recruitment of new staff, which aligned with current guidance as set out in the Scottish Social Services Council and Care Inspectorate guidance; Safer recruitment through better recruitment 2023. Monthly checks were taking place to ensure staff were registered with the appropriate professional bodies. This meant people could feel reassured that they were keeping people safe.

New staff underwent an induction process which included shadowing experienced staff members to learn about people's support needs. This meant staff were provided with the necessary information to undertake their role.

Staffing levels appeared appropriate to meet the needs of people in the home and here were warm interactions between people. However, there were missed opportunities where staff could have spent time with people.

## 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.

The service was clean and fresh in all areas and free from intrusive odours and noise. Some areas of the home had benefitted from redecoration and the housekeeping department were working hard to maintain the existing standard of cleanliness. This meant people could enjoy a calm, pleasant environment in which to spend their time.

People had single rooms with en-suite facilities, some of which had views over the countryside. Rooms were decorated appropriately and personalised with items from home. People told us 'It's a lovely environment' and, 'It's very clean and this lounge is very homely'. It was clear that people were happy and encouraged to personalise their rooms to make them feel more comfortable and at home.

A robust process for maintenance was in place and all required checks were completed and up to date. People felt reassured that the maintenance of the service was upkept to maintain their safety.

Some areas of the home such as bedroom door frames and handrails in some corridors, needed repainted. We discussed this with management and were advised that they would incorporate this into their daily walk rounds and arrange a plan of works with the maintenance person. Management also advised that a second maintenance person was starting soon, which would be beneficial for the service. This would ensure people were experiencing well maintained facilities throughout.

There were a variety of lounges and dining areas in the home. Some people enjoyed their own company and preferred to sit in their room. Staff respected their choices and carried out regular checks for safety and to ensure that people's needs continued to be met. All areas were bright and well-lit with comfortable seating. This meant that people could choose where to spend their day and have privacy when they wanted.

The maintenance person had taken photographs of the local area and of the gardens in different seasons, and these were displayed in frames in the corridors. The manager advised that these were changed to reflect the seasons. As a result, people in the home who were from the local area, had familiar points of interest around the home to discuss.

People had access to outside space in the large grounds surrounding the home. The gardens had a mixture of grassed and patio areas with seating which were maintained well. This meant people could access fresh air and outside space if they wanted to. We were told, 'I have been in the garden recently. The door is open and I can go out. I can press the button and it opens' and 'We do have trips out in the minibus, over to the coast'. This meant that people had access to not only the immediate outdoor spaces to get fresh air, but also access to the local community facilities, which contributed to their wellbeing.

## How well is our care and support planned?

4 - Good

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

The service used an electronic care planning system. Care plans were clear with lots of detail. A range of assessments also informed people's plans of care. This contributed positively to support their wellbeing. Senior staff had good oversight of clinical information, such as food and fluid intake, weights and wound care. This meant they could identify any changes for people and ensure that appropriate referrals were made to other professionals where necessary.

People had access to links to health professionals, such as speech and language therapist, community psychiatric nurse and podiatry. The service benefitted from the support from one local GP practice, who knew people well. This ensured people were getting assessed appropriately to optimise their health and wellbeing.

Care reviews were being held every six months and people had opportunities to feedback about their care. This enabled residents and their representatives to give their views on all aspects of their care. As a result, people felt central to their care planning.

Legal powers were documented in people's electronic care plans, and copies of legal documents were evident, such as power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware of who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. Detailed anticipatory care plans (ACP's) had been completed with people, which helped staff to identify what actions should take place when they reached the end of their lives.

There were a variety of risk assessments in people's files which were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes and ensure that current risk measures in place were appropriate.



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

### Requirements

#### Requirement 1

By 03 June 2024, the provider must ensure that topical medication is managed in a manner that protects the health and wellbeing of service users. In order to do this the provider must:

- a) Ensure that the service maintains a system for topical medications that is safe and complete. This must include an accurate record of all prescribed topical medications entering and leaving the service.
- b) Ensure that topical medicines are administered as instructed by the prescriber.
- c) Regularly review the efficacy of topical medication with the person for whom it is prescribed, ensuring that other health professionals are updated as appropriate.
- d) Demonstrate that staff follow policy and best practice in respect of topical medication administration records and documentation.
- e) Ensure that staff receive training and refresher training appropriate to the work they perform.
- f) Ensure that managers are involved in the audit of topical medication records.

**This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.**

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 requirement was made on 24 April 2024.**

#### Action taken on previous requirement

Although there were some improvements with regards to the completion of topical medication administration recordings (TMAR), these still needed to improve. TMAR sheets were not reflective of people's current prescription, nor compliant with the correct administration of topical medications and subsequent documentation.

Senior management were completing performance improvement audits, highlighting any issues. This information is given to the home manager and added to the service improvement action plan.

We discussed a six-week timescale for ensuring that the TMAR sheets are reflective of the prescription and fully compliant. The manager advised that they would never be perfect. We advised that we were aware of that and would be proportionate when reviewing progress, however, we need to see a significant improvement in the accuracy and completion of the prescription, directions and body maps.

This requirement was made as a result of a complaint investigation. This requirement had not been met and we have agreed an extension until 18 July 2024.

Not met

## Requirement 2

1. By 03 June 2024, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must;

- a) Ensure that residents and their representatives are provided with a copy of the complaints procedure.
- b) Develop staff awareness on how to recognise, investigate and respond to complaints.
- c) Ensure that the complaints procedure is followed.
- d) Ensure that complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken, and lessons learned to improve outcomes for people.

To be completed by: 03 June 2024

**This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.**

This is in order to comply with:

**Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**

This requirement was made on 24 April 2024.

### Action taken on previous requirement

Quality assurance processes were in place and directing improvements.

We received positive feedback from families regarding any concerns raised and the appropriate response from the manager.

The service had a complaints policy in place which was accessible to people. The complaints log demonstrated one complaint, which was followed through by the manager appropriately, to the complainant's satisfaction.

**This requirement was made as a result of a complaint investigation. This requirement has been met.**

Met - within 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

The manager should develop an action plan in consultation with the provider's maintenance and estates team, that describes the repairs and refurbishments that are required within the home to help ensure all areas can be cleaned effectively. This action plan should be updated regularly to confirm progress and completion of actions.

**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 23 October 2022.**

#### Action taken since then

There is an action plan in place that describes the various areas for improvement within the environment. Work is progressing as prioritised.

Regional maintenance manager has a three-monthly plan with priorities allocated.

Regional manager does quarterly audits of the service environment. Weekly action plans are issued to management with any actions.

The environment was clean and bright, many areas homely and comfortable and decorated well.

Some areas of paintwork in some corridors were chipped and required repainted. We discussed this with management to identify any areas of concern during daily walk rounds. This can then be given to maintenance to complete each week to keep on top of chips and scuffs on paintwork. We were confident that the management were responsive and will continue to maintain the environment and drive improvements forward.

**This area for improvement has been met.**

#### Previous area for improvement 2

The service should ensure that residents that managers have a strong oversight of staffing levels, skill mix and allocations. This is to ensure continuity of care and consistently positive outcomes for residents and newly recruited staff.

**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 organisational and professional codes'. (HSCS 3.14)**

This area for improvement was made on 24 April 2024.

## Action taken since then

When the service needs to use agency, they ensure the same staff are booked for shifts to maintain some continuity.

The manager attends monthly business meetings where people's dependencies are discussed and staffing needs to meet dependencies.

Seniors rotate and staff rotate around all units, all staff oversight of residents.

Staffing profile identifies areas of concern such as maternity leave, leavers, vacancies and monitor bank staff. Work and plan ahead to cover shortfalls.

DepenSys dependency tool used. Dependency for each resident Marion does each day. If staff weren't coping or felt needs weren't meeting needs would get in extra staff. Marion is supported by senior manager. Listens to staff re any changes in people's needs. Marion is visible on floor.

Allocations- Sharon senior nurse does off duty and she checks template to assess skillmix. Experience, leadership, knowing the staff. Consult staff re meeting people's changing needs. Allocation sheet by units.

Able to identify where to flex staff, for example, senior has care review today and so extra staff coming in at 11am to cover when she is off floor doing review.

Donna and Sharon supernumerary time to cover shortfalls and activities are too. Team approach. Everyday battle. When training planned, there are extra staff on to cover.

Induction-being developed. New starts get m and h and fire training and elearning before going on floor. Nourish system training. three days training then Shadow minimum of three days but can do more if needed. New induction will be more around focusing on basic care first. Then get supervision as a follow up.

Core group of staff are stable, with a low staff turnover.

**This area for improvement was made as a result of a complaint investigation. This area for improvement has been met.**

## Previous area for improvement 3

The service should ensure that simple systems of work are in place to improve communication with residents' representatives.

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

**'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me'. (HSCS 3.4)**

This area for improvement was made on 24 April 2024.

**Action taken since then**

Meetings- Development in progress for staff to do unit meetings.

An all-staff meeting was held to discuss the outcome of the recent complaint. Reflective learning.

Relatives meeting 5/6/24- good attendance and input from families. Regular meeting minutes viewed.

Other methods of feedback and communication- Management being open with everyone every day.

Families can email the manager directly with any concerns.

Open door policy.

The manager is visible in home. Families, residents and staff spoke positively about communication and support from manager.

Resident of the day-contact through units.

Care reviews taking place every six months.

Responsive to actions required.

**This area for improvement was made as a result of a complaint investigation. This area for improvement has been met.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
1.3 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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