

# Braehill Lodge Care Home Service

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Carnoustie  
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**Type of inspection:**  
Unannounced

**Completed on:**  
2 September 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. There were 23 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 26 , 27 and 28 August 2024. The inspection was carried out by one inspector 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 five of their families;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with three visiting professionals.

## Key messages

- People's health needs were supported well.
- Some areas of medication administration needed to be improved.
- Staff worked well together and were responsive to people's needs.
- The service should develop an improvement plan.
- The home was clean, tidy, and well maintained.
- People's personal plans were person-centred.
- As part of this inspection, we assessed the service's self-evaluation of key areas.
- We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

## 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 staff team?	5 - Very 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?

4 - Good

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

Staff were respectful, patient and kind in their interactions with people. People praised the care they received from staff and told us they were happy living there. People living in the home spoke naturally amongst themselves and this contributed to a homely atmosphere. One person told us "It's a good place to stay" and another told us that "the staff are all very nice and kind".

We found that people looked well, they were well presented and appeared comfortable within their environment. This meant people's dignity, sense of identity and wellbeing was being promoted.

People's health benefitted from good engagement with other health professionals. Staff recognised changes in people's health or presentation and sought appropriate referrals and advice from appropriate healthcare professionals. We heard from one visiting professional that staff were "proactive" and responsive to any advice given. Another visiting professional told us "It's one of the best homes". This approach helped people keep well and ensured their health needs were being met.

People's health was regularly monitored. This included people's skin condition, weight, and mobility. This kind of monitoring promoted people's health and ensured that any changes to people's health were identified and responded to quickly.

People's social needs were promoted well. There was a weekly plan of activities available to people. These included visiting entertainers, crafts and movie afternoons. People had the opportunity to participate in community activities such as wheelchair ice skating and the use of tri-shaws. One family representative told us the "level of entertainment is fantastic". Important events, such as people's birthdays and national holidays, were celebrated in the home and in the garden area. One family representative told us "It's the attention to detail that make it so special for people". These opportunities enhanced people's mood and wellbeing.

People could choose to take part in a monthly church service held within the home. This enabled people to maintain links with the local church and promoted their spiritual wellbeing.

People enjoyed their meals in an unhurried relaxed atmosphere. Meals were homecooked and well presented. People's individual dietary needs and preferences were catered for. Where people required support or prompted to eat or drink, this was done sensitively and respectfully. People told us that the food was good. The cook checked that people were enjoying their meal during the meal service and offered alternatives and extra portions. We saw people were regularly offered fluids throughout the day. Where people required their fluid intake to be monitored, we found this was managed well. This meant people's nutritional and hydration needs were being met

Some areas of medication administration needed to improve. The service had a medication policy in place and regular audits took place. However, we found 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. The service was aware of this and was working to address it. We found one person to have a topical cream in their room

which was not prescribed to them. Where 'as required' medication had been prescribed, people benefited from having protocols in place to guide staff. However, this could be improved by ensuring the impact of receiving this medication is recorded. We have made an area for improvement. **(See area for improvement 1).**

People's health benefitted from safe infection prevention and control practices and procedures. The general environment was clean and tidy. Personal protective equipment (PPE) and hand sanitisers were readily available throughout the building. This helped to minimise infection and keep people safe.

### Areas for improvement

1. To ensure people receive their medication in the way it has been prescribed, the provider should ensure all topical medications are clearly labelled and dated when opened. Where medication is given "as required" the effect of receiving the medication should be clearly recorded.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

### 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.

The service was well led and benefitted from an experienced management team who were focused on supporting the team to deliver good care. This had contributed positively to the oversight of the service and led improvements.

Quality assurance processes were effective. There were quality assurance systems and tools in place to help the management team to identify and prioritise improvements. Audits and meetings generated identified actions to be taken which were signed off as completed once achieved. This meant we could be confident that improvements were driven forward.

The service did not have an overall service improvement plan in place. We recommended this developed as a dynamic tool that is regularly discussed, reviewed, and updated with staff, residents, families, and other stakeholders. This will support the continuous improvement of the service. **(See area for improvement 1).**

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. The manager undertook a monthly analysis of accidents. This supported good outcomes for people and reduced the likelihood of repeat occurrences. Notifications of adverse events had not always been made to the Care Inspectorate. Going forward there will be an expectation that the Care Inspectorate are notified as per our guidance. This was raised with the manager during the inspection, and we were confident this would be actioned. We will follow this up at our next inspection.

People's views about the service were considered during residents' and relatives' meetings. As a result of these meetings nail care activities have been reintroduced and changes have been made to the menus. One

relative told us they felt "listened to" and another highlighted that it was good to hear updates about the service. This meant that people were regularly consulted about their support and the service that they received.

Staff completed training that was relevant to their roles. This included topics such as adult support and protection, infection control, dysphagia and the management of falls. The service had received a grant from a local college, this has provided staff with greater learning opportunities. The service had supported staff to undertake SSSC open badges to enhance their learning. This meant staff had the necessary skills and knowledge to care for and support people.

Observations of staff practice were assessing learning and competence. This helped to highlight good practice as well as areas for improvement.

The management team were observed to be visible and accessible to people living in the service, staff and visitors. Staff and relatives told us they felt able to raise any issues or concerns with management. This contributed to people feeling valued and listened to.

## Areas for improvement

1. To ensure people benefit from a culture of continuous improvement, the provider should develop a service improvement plan, this should be created with input from the people who live in the home, their families/representatives, staff, and stakeholders.

This is to ensure 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).

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

Staff were welcoming, warm and working hard to support people. We observed staff working well together in a supportive and respectful manner that helped to create a positive team spirit and warm atmosphere for people living in the home. One relative told us "Staff are all fabulous and easy to speak to". Staff reported feeling supported in their role and were happy working within the service.

Staffing levels appeared appropriate. Staff were visible and attentive to people when they needed assistance. Buzzers were answered quickly, and people said that they got the care and support they needed. One relative told us that they were "Amazed at how quickly call buzzers were answered" and staff will "run when an emergency one goes off". A dependency tool helped to inform the staffing arrangements for the service. Staff were deployed effectively on each shift using an allocation sheet. Following information shared by staff to the management team, additional staff had been put in place to support people at busy times of the day. This meant staff had time to provide care and support and engage in meaningful interactions with people.

Staff reported feeling supported in their role. Systems were in place to support staff development which included supervision sessions and wellbeing chats. This helped ensure a competent and confident workforce.

### 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.

People benefitted from a warm, comfortable home. The environment was generally clean and tidy, with no evidence of intrusive noise or smells.

The home was accessible, and people could move freely throughout the home; they could choose to spend time in the communal areas or spend time alone in their bedrooms. Furniture had been laid out in communal areas in a way that encouraged socialising.

We observed that people's bedrooms were personalised, bright and homely. This contributed positively to a comfortable living environment. The service made good use of signage throughout the home to support people with a sensory or cognitive impairment.

There was a landscaped garden and seating areas to the front of the property which people could enjoy. The area to the rear of the property was cluttered with items and equipment waiting to be disposed of. We recommended that this area was cleared as a matter of priority to keep people safe.

Maintenance checks were taking place. This enabled any issue to be identified and resolved quickly.

### 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.

We found people's personal plans to be well written, with good information to lead and guide staff how best to support the person. People were regularly consulted about their personal plan. This helped ensure care and support delivered was person centred and meaningful to them. The service evaluated people's plans each month. This ensured they remained accurate and reflected people's needs.

People and their family members participated in reviews of their care, which were carried out within regulatory timescales.

Appropriate supplementary charts were being completed to inform assessments of stress and distress. This helped understand and support people who were experiencing stress and distress.

People had anticipatory care plans in place. This ensured people's specific wishes and preferences regarding their care were known should their condition deteriorate.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. The service had consent forms in

place which were signed by the person, or their relative, should there be any restrictions of movement to ensure safety put in place, for example, bed rails or a sensor mat.

Daily recordings of care and support were of a varying standard. We observed some were task orientated. This did not reflect all aspects of the care and support or people's views, feedback or outcomes. The manager had identified this as an area for improvement and training was to be arranged to address this.



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

### Requirements

#### Requirement 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)

**This requirement was made on 21 March 2024.**

#### Action taken on previous requirement

We found the home, furnishing and equipment to be clean and clutter free.

There were cleaning schedules in place and on the whole, these were being adhered to. We had no concerns regarding the cleanliness of the home at the time of the inspection.

The manager undertakes a weekly walk round of the home to ensure standards are maintained.

The service undertook an environmental audit of the home and identified areas of refurbishment that were needed. As a result, a new kitchen had been installed and new seating purchased for the lounge areas.

**This requirement has been met.**

**Met - within timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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