

Braemount Nursing Home Care Home Service

21 Donaldswood Road
Paisley
PA2 8EA

Telephone: 01418 841 260

Type of inspection:
Unannounced

Completed on:
10 September 2024

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361022

About the service

Braemount Nursing Home is registered to provide a care service to a maximum of 90 older people of whom 60 may have dementia. The care home is operated by Advinia Care Group. The service is in a residential area in Paisley with good local transport links.

The home is a purpose built single storey building. People who live in the home reside in two self-contained units named Nethercraigs and Espedair. The building sits within extensive well maintained grounds. A separate building comprises of office space and the main reception, a large industrial kitchen and a laundry.

The registered manager is supported by seven nurses, one nursing assistant, five senior carers and a team of carers. Fifty eight people were living in the home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 03, 04 and 05 September 2024 between the hours of 07:30 and 21:00. The inspection was carried out by two inspectors and an inspection volunteer from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 13 people using the service and eight of their relatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- had contact with professionals linked to the service.

Key messages

- Management and staff knew people well and were good at building positive relationships with people and their families.
- Staff were highly motivated and committed to wanting to provide the best support to people.
- Care planning and health and wellbeing recording required improvement to ensure these are holistic and outcome focused.
- People were supported by a skilled and knowledgeable staff team.
- Quality assurance systems should be improved to enable the management team to have clear visions for improvement.
- Management were aware of improvements required to improve the consistency and quality of support for people.
- As part of this inspection, we assessed the service's self evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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, where strengths only just outweighed weaknesses. While we found some strengths that had led to some positive experiences for people, improvements are needed to prevent people having poor outcomes in relation to their health and wellbeing.

Support was provided by consistent staff teams that people were able to develop positive relationships with. We observed respectful and warm interactions between staff and people living in the home. Generally staff knew people well and used this knowledge to support people when they were upset or agitated. A relative shared with us "its been the best thing, the home is great and it has a nice vibe when x came to see it she was made to feel welcome".

We observed people having relaxed breakfast times, depending on when they chose to get up, which promoted choice. However, we heard from some people who were dependent on staff for mobilising that they weren't supported with their breakfast until much later than they would like. We were informed "It is now 10.30 and I haven't been taken down for my breakfast yet, I would much prefer to have this earlier as I am up from very early in the morning". It is important that people's choices are still taken into account, particularly when they are fully dependent on staff. (please see area for improvement one)

Most people told us that the food on offer was of a good standard. The provider had taken the decision to standardise their four weekly menu plan across all of their homes. This has meant some restrictions, with regards to people being able to contribute their views and preferences around food choices. We were assured however, that catering staff were striving to ensure that an alternative meal was available inline with people's individual choices. A relative shared "the food is generally of a high standard, something else would be available if x didn't want something from the menu, however I am not sure she would remember this, so may need reminding". To ensure choice is promoted for everyone, all people should be aware of this, particularly if they are not able to recall this themselves.

Where people required specialised diets, information was provided to catering staff to ensure this was prepared in accordance with people's needs. This included soft foods and food that required to be fortified to ensure this had a higher fat content in line with people's assessments. We saw that over previous months most people had been gaining weight, which suggested that their nutritional care needs were being met.

The service has a range of charts in place to monitor people's health and related activity, such as food and fluid intake, bowel monitoring and weight. The information noted was not always fully completed or accurate. This meant that there could be delays to people receiving the right care and support. Guidance on the level of monitoring required to support people's health and wellbeing should be clear. This should include setting out thresholds for when further action may be required. (please see requirement one)

We heard from some people and their families about how continence needs were being met. We were not always able to ascertain from care plans that support was being provided in a respectful manner. It is important that where a particular need has been identified, there is clear assessments provided by external professionals which are reviewed regularly and fully discussed with people and their families. Clear information should be recorded in care plans. (please see requirement two)

Safe systems were in place for the ordering, administration and recording of medication. Both units should ensure that they are following each step of the process in relation to the safe handling of medication. This includes regular stock tallies to enable stock checks to be effectively carried out and any errors identified. Protocols for medication prescribed "as required" were in place detailing when further action should be taken and the expected outcome. To ensure consistency of support these should be developed to give clear guidance in relation to when medication would be given in the first instance. The service had begun improving these before the end of the inspection.

Over the course of the inspection we had concerns regarding ongoing issues with the outdated "nurse call system". Similar issues with the system had been highlighted at a previous inspection. We observed and heard of issues with batteries for devices and not all people supported having access to devices to alert care staff when they needed support. To ensure people's ongoing safety, there must be a reliable and consistent "buzzer" system in place, whilst an upgrade to the current system is sourced and installed. (please see requirement three).

People should have the choice to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. People told us they enjoyed taking part in the strength and balance activities, which happens three times a week and can involve families, if they wish to get involved. Both activities staff and support staff were enthusiastic about organising activities. However, we were not able to see regular ongoing planned activities for people to get involved in. People and their relatives shared that they would like to see more organised activities and opportunities for people to get out. (please see area for improvement two)

Requirements

1. By 30 January 2025, the provider must ensure people's health, safety and wellbeing is promoted by establishing consistent methods of communicating and recording people's assessed support.

This should include but not be restricted to fully completed monitoring charts, recording of visits by external professionals that detail the outcomes of the visit and any follow up actions to be taken. Communication in relation to people's health and wellbeing should be effective both internally and externally.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18)

2.

By 30 January 2025 the provider must ensure that people living in the service have their needs effectively managed and met. To achieve this the provider must at a minimum ensure comprehensive assessments are carried out and updated regularly. Assessments should include the input from external professionals where this is an identified support need. The outcome of these assessments should be clearly recorded and communicated with people and their relatives and staff.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal Plans) 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 am assessed by a qualified person, who involves other people and professionals as required". (HSCS 1.13)

3. By 30 January 2025 the provider must ensure that people living in the service are protected and that their health, welfare and safety needs are effectively managed and met. To do this, the provider must, at a minimum ensure that:

- a) The current nurse call system is in good working order to ensure that people have the ability to alert staff when required.
- b) All staff have a clear understanding of their responsibilities in relation to the call system.
- c) Plans and timescales are set out for the proposed upgrade of the existing nurse call system.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

To ensure care and support is consistent with the Health and Social Care Standards which state: "I am confident that people respond promptly, including when I ask for help". (HSCS 3.17)

Areas for improvement

1. To promote the care and support of people who are dependent on staff to mobilise around the home, the provider should ensure people have choice in relation to their day to day routines, as well as having their care and support needs met efficiently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

2. The provider should enhance the provision of activities throughout the home to ensure these are designed around people's choices and preferences aimed to support better outcomes. This should include but not be limited to:

- a) Regular planned activities linked to individuals' preferences that provide stimulation and meaningful engagement.
- b) Creating opportunities for all people who live in the service to have access to meaningful activities.
- c) Improved availability of one-to-one support where people are unable or do not wish to be involved in group activities.
- d) Developing methods to evaluate activities that have been facilitated to inform future plans.

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

3 - Adequate

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

There was a service improvement plan in place covering a wide range of areas, which were updated and reviewed regularly. Actions identified in audits were being captured in the improvement plan. This helped the service to maintain oversight of areas for improvement.

People should benefit from a culture of continuous improvement. A range of audits were being carried out. Audits sampled covered a wide range of areas which included action plans detailing areas for improvement. Improvements are needed to ensure audits are completed to a consistent standard by all staff responsible for carrying these out. This is to ensure clear links are made between actions identified leading to improvement. (please see requirement one)

A monthly clinical risk and governance audit covering all key areas across the home was being completed by the manager. This gave clear information on each area including statistical information, areas of good practice and areas for development.

The senior team had access to a wide range of information in relation to people, however we were not always able to see how this oversight was influencing decisions about people's care and support. The senior team should have a clear understanding of people's overall needs to identify when actions are needed to enhance people's support. (please see requirement one)

The management team are able to access an overview of incidents and accidents. To enable leaders to identify areas of learning from accidents and incidents a standardised approach should be taken to recording. We saw how management feedback was recorded on incident forms along with details of any lessons learned which supported ongoing improvement.

Families shared that they appreciated the opportunity to be involved in relative's meetings to hear updates in relation to the service as well as being asked for their suggestions for improvements. Newsletters were also used to inform relatives of what has been happening across the home and any upcoming events, keeping people involved and connected.

We sampled a number of recruitment files and identified areas that were not in place inline with safer recruitment guidance. Over the course of the inspection, the service rectified this and began developing a clear process to be followed for all new recruits including the manager "signing off" on recruitment checks. This will ensure the safer recruitment of the staff team. (please see requirement one)

Gaps were highlighted in the internal checks carried out by the service. This included ongoing building safety, maintenance and fire safety checks in recent months. To keep people safe, internal and external safety checks should be carried out in line with organisation and legal requirements with any remedial actions completed without delay. The management team should maintain oversight of these checks and be assured that these are being completed appropriately. (please see requirement two)

Staff told us they felt supported by the management team. We were assured that staff were confident about seeking support and guidance outwith their skills and knowledge. This demonstrated a whole team approach to helping people to have positive outcomes.

Requirements

1. By 30 January 2025 the provider must ensure that robust and effective quality assurance processes are in place to ensure people experience consistently good outcomes. This should include at a minimum:

- a) The registered manager having complete oversight of the service and ongoing key activities including recruitment.
- b) The management team having clear oversight of people's health and wellbeing needs and actions required to promote and improve people's health and wellbeing.
- c) The registered manager ensuring audits are effective in improving outcomes for people. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay.

This is to comply with Regulation 4 (1)(a) (Welfare of users) 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 states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

2.

By 30 January 2025, the provider must ensure that the environment is safe and protects people who live, visit and work in the service from harm. To do this the provider must ensure that all building maintenance, servicing and safety checks including fire safety, are carried out in accordance with current legislation and as defined by the organisation. Remedial actions required must be detailed and taken without delay.

This is to comply with Regulation 4(1) (a) (Welfare of users) and Regulation 10(2)(b) and (d) (Fitness of premises) 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 states that: "My environment is secure and safe". (HSCS 5.17)

How good is our staff team?

3 - Adequate

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

Care and support should be consistent and stable because people work together well. Overall relatives were complimentary about carers and housekeeping staff sharing they have confidence in the support provided. Some relatives however felt that communication across the staff team could be better at times. Carers shared that they felt they worked well as a team and were good at helping each other out.

People's needs should be met by the right number of people. The service utilises a dependency tool to assess the staffing hours required. Whilst this takes account of people's needs and support requirements we were not assured that people's needs were fully met within the current staffing arrangements. Some people and families shared that they feel staff are always busy and don't feel that they have enough time to spend with people.

We were concerned that staffing arrangements in the evening were not sufficient to ensure people's safety and wellbeing were maintained. To ensure people's assessed needs are met the service should ensure there is an appropriate allocation of staff on shift at all times throughout the whole day. (please see requirement 1)

Staff had been receiving regular supervision. This gave staff the opportunity to discuss their role, workload, receive feedback on their performance and agree any actions required. We gave the manager some advice to consider exploring supervision training for the senior team to help develop skills and the quality of supervisions further. Meetings with senior staff and other staff team meetings provided good opportunities to discuss a range of topics including organisational updates, areas for development and any particular issues in regards to people supported. It is important to ensure that night shift staff have equal opportunities to engage in team meetings. At a minimum all staff should have the ability to contribute to discussion points and have access to the minutes of any team meetings. This should be explored further to support good communication and sharing of information between all staff.

People should have confidence in staff providing their support because they have the necessary training, competence and skills. There was a high uptake of online staff training across the staff team for a range of topics including adult protection, infection prevention and control and dementia. Additional training on an ongoing basis was provided by the care home support team when required. This provided assurance that the staff team were well trained and equipped to carry out their role.

Requirements

1. By 30 January 2025, the provider must ensure that effective staffing methods are in place to meet people's assessed care and support needs. This must include, but not be restricted to:

- a) Developing systems used to calculate people's assessed support needs to ensure staffing levels are responsive and aligned with support requirements both day and night.
- b) Ensuring staffing levels are responsive and adaptable to meet people's changing needs.
- c) Ensuring the skill mix and knowledge of staff meets people's assessed needs and outcomes.

This is to comply with Section 7 (1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people". (HSCS 3.15)

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 should expect to live in an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. Cleaning schedules were in place detailing housekeeping staff's knowledge and understanding of their role to maintain the cleanliness of the home. The home was clean, tidy and free from intrusive smells.

The management of laundry and linen was carried out by experienced and knowledgeable staff ensuring laundry management was in line with good practice guidance for care homes. This kept people safe and minimised the risk of infection.

An environmental improvement plan was in place detailing planned improvements across the home both internally and externally. Work was continuing to refresh and update bedroom decoration. We heard many comments on the overall improvements across the home over the past year and the difference this has made to contribute to a homely atmosphere. A resident told us "there has been lots of work getting done around here, it looks really nice now, much more like a home".

Open access was available to the newly developed garden area for people to enjoy. This was being utilised by people accessing the newly created exercise stations or by people relaxing with their peers, family and friends.

The service had a good level of external maintenance for equipment. However, in recent months the service has had limited access to internal maintenance support. This has resulted in gaps in the regular safety checks being undertaken. To keep people safe, internal and external safety checks should be carried out as determined by organisational and legal requirements and any remedial actions taken without delay. (see requirement one - "How good is our leadership?").

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.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. However, this was not always documented in care plans.

Care plans in general gave good information about people and their backgrounds. Information in relation to people's support was variable. We were not always able to see how support should be provided. Support in relation to managing stress and distress, continence and end of life care was not always well documented. Staff generally knew people well which may lessen the reliance on care plans. However, inconsistencies within care plans may cause confusion in relation to how staff are guided to provide support.

Reviews of care plans were carried out monthly. However, we were not always able to see how changes in people's needs over the course of the month were reflected in the review and subsequent care plan changes. Reviews should be evidence based to enable clear tracking where a change in people's needs are identified and demonstrate responsive care and support.

We heard mixed feedback in relation to families being involved in devising or reviewing support plans and attending reviews. Some relatives appreciated the opportunity to be involved in reviews, whilst others shared they hadn't been involved in the support planning process. A relative shared "We have been involved with reviews with the social worker and we have spent time with nurses to share information. We haven't seen the care plan in full but know that its there and gets updated". The service acknowledged the importance of developing good relationships and communication with relatives particularly in the early stages of transition.

To ensure consistent and safe care and support is provided, all care plans, risk assessments, reviews and associated documentation should be updated, ensuring that the information and guidance is consistent throughout these. (please see area for improvement 1)

Areas for improvement

1. To ensure that people receive the right support at the right time, the provider should ensure care plans are up to date and detail accurate information. This should include:

- a) Detailed care plans which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs.
- b) Detailed end of life care plans which are person specific, to ensure staff are fully informed of the person's wishes.
- c) Stress and distress care plans for people who display signs of stress and distress. These should be descriptive giving clear guidance on how support should be provided.
- d) Care plans containing accurate and up to date individualised risk assessments, which direct staff on current or potential risks and strategies to minimise any risks identified.
- e) Regular review of care plans with updates to ensure current needs are known. Care plans should be completed with involvement from people, relatives and advocates.

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

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

Using an environmental plan which is reviewed and updated using SMART (Specific, Measurable, Achievable, Realistic and Time Limited) goals, the provider should ensure people experience a setting which is homely, well looked after with clean, tidy, and well maintained premises, furnishings and equipment.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that: "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices". (HSCS 5.21)

This area for improvement was made on 27 October 2023.

Action taken since then

An environmental improvement plan was in place. This detailed internal and external planned improvements across the home. There were clear priority ratings for each action with planned completion dates. Work was continuing on refreshing and updating bedrooms.

Staff and people supported commented on the overall improvements across the home over the past year and the difference this was making to creating a more homely feel.

Going forward it is important to ensure there is an ongoing and continued focus to maintain high quality decor and facilities.

This area for improvement has 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
1.3 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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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