

## Braeburn Home Care Home Service

35 Inverleith Terrace  
Edinburgh  
EH3 5NU

Telephone: 01313 321 481

**Type of inspection:**  
Unannounced

**Completed on:**  
28 February 2025

**Service provided by:**  
Braeburn Home

**Service provider number:**  
SP2008009800

**Service no:**  
CS2008176891

## About the service

Braeburn Home is located in a quiet residential area of Edinburgh close to the Royal Botanical Gardens and the amenities of nearby Stockbridge. The home provides care and support for up to 17 older adults.

Braeburn Home is an independent charity governed by a voluntary Board of Directors.

The home is a large Victorian three storey house with a lift. Each person living in Braeburn Home has their own bedroom with an en-suite toilet and immediate access to a bathroom.

There are lounges on both the ground and first floors, a dining room and a spacious hall set out with seating and fireplaces. There is a large, sheltered garden with a summer house.

At the time of the inspection, 16 people were living in Braeburn Home.

## About the inspection

This was an full inspection which took place between 18-27 February 2025. 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 eight people using the service and five of their family representatives. We spoke with staff and management, observed practice and daily life, reviewed a wide range of documentation and spoke with one visiting professional.

## Key messages

The care home environment was welcoming, clean and well maintained. Some improvements were needed to the garden area in order to make it more private.

Some people experiencing care and their family representatives felt the service was too reliant upon the use of agency staff.

The service should provide more consistency of opportunity around outings and one to one support for people experiencing care.

Staff worked effectively as a team. There was good leadership evident throughout the staff team.

Management were described by staff, residents and family as being visible, approachable and responsive.

The service were proactive at seeking involvement from healthcare professionals as people's needs changed.

## 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?	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?

4 - Good

We evaluated the service's overall performance in this key question as good. This meant positive findings outweighed areas for development.

People who experienced care told us they felt respected and valued. Staff were described as being kind and always seeking their views, likes and preferences. Care was good and delivered at a pace which suited the needs of the individual " I never feel rushed (by staff), they are always patient and kind".

Relatives said staff knew their loved ones well, saying that they had confidence in their ability to recognise changes in people's presentation and seek appropriate intervention when required, "they know xxxx well and it provides me with great reassurance that they know when they need additional support".

People were supported to eat well. Where special diets were required, for example with gluten intolerance or via altered texture foods, these were well catered for. Detailed care planning guidance helped staff provide this type of support effectively.

We observed the dining experience for people living at Braeburn, noting that staff were good at assisting people who needed direct support to eat . Staff recognised the value of uninterrupted one-to-one support for people who needed this type of assistance. From our observations, this support was well provisioned.

Medication was stored appropriately, with efficient systems around stock management and administration. Audits indicated that medication administration was effective and followed the prescriber's guidance.

Staff spoke well about approaches to people who presented with stress-distressed behaviours, explaining how they sought to alleviate emotional discomfort without resorting to the use of mood-altering medication, using distraction and re-directing people where appropriate.

We considered provision for activities which helped enable people to get the most from life.

We saw a Therapet visit which clearly delighted the people taking part. Other people said they enjoyed attending singing groups and sensory stimulation provided through Namaste Care approaches. Where possible, people were encouraged to exercise and to use the garden facilities.

Some family members felt there needed to be a greater focus placed on this aspect of care giving in the service, with more opportunities for outings away from the home. Some people said they would like more one-to-one time with staff.

We looked at recordings associated with activities and spending one-to-one time with staff, we saw some variation in social and recreational outcomes for people across the past year. We discussed this with management, identifying increased participation in activities as an area for improvement (see area for improvement 1).

The service had recently recruited dedicated activities staff and have plans to increase social and recreational provision. There is an activities calendar, and we were advised of plans to provide more outings and place more focus on one-to-one time with people who prefer to spend time in their rooms.

When we observed people's presentation, they were generally well groomed and suitably attired. We did see some people who needed their nails cleaned or hair brushed, albeit this was far from typical. Staff should ensure that these aspects of personal care are consistently provided.

People were supported to access essential health and community-based services, seeing the likes of general practitioners, opticians, podiatrists and dentists when circumstances required.

We received positive feedback from an involved health care professional who confirmed that the service refers appropriately and pro-actively when changes to people's presentation necessitate external intervention. This approach contributed to positive health and wellbeing outcomes.

Aspects of how contact with professionals was evidenced could be developed further. We suggested to management that the service maintain a standalone log or chronology of these events, ensuring recordings indicated the outcomes arising from any such contact.

### Areas for improvement

1. The service should ensure that people have access to a consistent provision of social and recreational opportunities. This should extend to; people who are unable to leave their rooms, people who prefer spending time in their rooms and people who wish to participate in regular outdoor activities.

Health and Social Care Standards-1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

### How good is our leadership?

#### 4 – Good

We evaluated the service's overall performance in this key question as good. This meant positive findings outweighed areas for development.

We saw a service improvement plan, noting that it identified the need for more direct input from stakeholders in service development. The improvement plan is a dynamic document which can be added to as the year progresses.

When we considered the outlined areas for development it wasn't always clear as to the timeframe for actions to be undertaken or who would progress them. In order to measure progress and outcomes, this is something that would add value to the plan.

There were a range of formal and informal opportunities through which people could share their views and contribute to service development in the home.

Management were well known to people and their family representatives. They were visible on the floor at the home and had an "open door". It was clear from our discussions that people felt management were approachable and these informal conversations ensured they were listened to. One person said "I know the management team, they are always friendly and welcome my views and opinions".

Monthly resident's meetings have now been convened and will enhance opportunities for sharing views and contributing to service development.

A quality-based satisfaction survey was in place, but people experiencing care didn't fully engage with this.

We also noted a similar survey for family representatives. The survey approach would be enhanced by re-establishing a similar opportunity for staff members and seeking ways in which to support more participation from all key stakeholders.

Management undertook wide ranging audits, across all aspects of care and service delivery. This allowed them scrutiny and oversight of how support was delivered, identifying any areas for development.

A key quality process involved management conducting regular "walk-around" observations in the home. They considered a wide range of issues during these events, including maintenance and facilities, the dining room experience and observations of staff practice. These walk arounds also provided direct opportunities for people to comment on any aspect of their support.

We suggested to management that their direct observations of staff practice could be developed further, embedding them into existing systems around quality oversight. Direct observations should be detailed, cover key aspects of care delivery and be used in reflective discussion during staff supervision and appraisal.

Accidents and incidents were managed and documented well. We felt confident that there was appropriate analysis and learning from unplanned events.

## How good is our staff team?

### 4 - Good

We evaluated the service's overall performance in this key question as good. This meant positive findings outweighed any areas for development.

People were recruited in line with national best practice guidance. This meant staff at Braeburn were suitable for working with vulnerable individuals.

People told us that staff were attentive to their needs and responsive when they needed care and support. Staff were described as being respectful in the way they provided support, they didn't rush people and always sought their views on how care was delivered.

Staff were generally described by family representatives as being welcoming and knowledgeable about the needs of the people they supported. When they spoke about staff, family members had confidence they were offering their views from an informed perspective, based on insight and knowledge of the supported person, " they know XXXX well, picking up on small changes in how they present".

Some people and family representatives commented on the use of agency staff in the service, offering the view that this sometimes meant there was less focus on personalised care and more emphasis on functional aspects of care delivery. The service management recognised that the use of agency staff had it's challenges but also stated that they sought to deploy the same agency staff whenever possible.

Staff themselves told us the service was well provisioned, but also acknowledged some challenges working with agency staff, mostly associated with knowledge of the supported person and being less proactive at creating opportunities for spending time with people on a one-to-one basis.

The service should continue seek ways to minimise the use of agency staff through on-going recruitment. This will help enable greater continuity of staffing in the home.

When we spoke with staff across various roles within the service, they consistently identified values that

reflected best practice, as found in the Health and Social Care Standards, and in the providers aims and objectives. Staff said there was a good skills mix in the service and that they worked effectively as a team.

Staff had undertaken a range of training commensurate with their roles and responsibilities. We noted a significant number of staff had refreshed their learning around supporting people with Dementia. Staff said this learning had helped develop aspects of their practice around supporting people experiencing cognitive change.

We felt there were areas of practice where staff would benefit from further training or refreshing existing knowledge.

Some staff advised they would like to develop their knowledge of end-of-life care provision and felt they would benefit from more in-depth learning around managing people's stressed-distressed presentation.

Broadening the scope of staff learning is an area for development for consideration at the next inspection.

### How good is our setting?

**4 - Good**

We evaluated the service's overall performance in this key question as good. This meant positive findings outweighed any areas for development.

The home was clean and free from any malodour. It provided a safe and welcoming environment for the people experiencing care.

Domestic staff recorded their cleaning schedules, and we noted these were well maintained, with a strong focus on infection prevention and control approaches. It was clear from discussion with domestic staff they understood key principles associated with maintaining a safe home environment.

There was an on-going programme of refurbishment, with plans to decorate and replace carpets and other flooring. Management undertake regular assessment of the home environment during "walk abouts". This helps ensure there is oversight of when facilities need attention and upgrading. Some bedrooms and communal areas of the home would benefit from being refreshed and we noted plans to progress this.

Maintenance was recorded well with a good level of facilities management checks undertaken. This included, but was not limited to: Legionella based testing of water tanks, checking water temperatures were within safe ranges, servicing of equipment used during moving and handling and fire safety measures.

We found some bathroom equipment needed repair or replacement and highlighted this to management. Management responded appropriately and have acted to replace the items in question.

There were garden areas to the front and sides of the home. There was scope to develop these outdoor spaces. The service's improvement plan recognised this and highlighted the provision of fencing which would make the garden space more private and ensure more separation from the parking and the care home entrance and driveway.

### How well is our care and support planned?

**4 - Good**

We evaluated the service's performance in this key question as good. This meant positive findings outweighed any areas for development.

People told us that they felt consulted around their support needs and were empowered to participate in directing how their care was provided. There were some good examples around how this was put into practice, including: medication administration fitting in with people's routines and daily lifestyle. This helped promote person-led care delivery.

Family representatives advised that they were consulted around care and support planning. They contributed to information- giving around people's routines and preferences of daily living, as well as their recreational and emotional needs.

Personal plans captured information about people's life history and spiritual needs. There was detailed guidance around the likes of skin care, mobility and communication. The plans offered insight into people's routines, promoting independence and their likes and dislikes.

Some plans would benefit from more detailed information on how stress/distress might present and how to offer people reassurance, expanding upon strategies around re-directing or distracting people.

There were good informal approaches to care and support planning. People felt able to indicate their views and wishes to staff on an on-going basis. This was a routine element in care and support planning.

Personal plans were routinely updated to reflect changes in people's presentation.

Service reviews were taking place on a regular basis. Review presented an opportunity for people and their family representatives to discuss the personal plan and outcomes arising from care in a formal way, with a greater overview of all aspects of support.

There were opportunities to develop reviews, with a greater focus on outcomes and a more evaluative emphasis on key aspects of care provision. Where there were challenges or issues raised around aspects of people's presentation, staff should document how these matters would be approached. The review should fully capture the views of PWEC and their representatives (see area for improvement one- below).

## Areas for improvement

1. To ensure personal planning reflects people's outcomes and wishes, the provider should ensure people are fully involved in review meetings in a way that is meaningful to them.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).



## 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

To ensure people's needs, outcomes and wishes are primary drivers for change and improvement, the provider should ensure their views and opinions are reflected in the service's improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. (HSCS 4.7)

**This area for improvement was made on 6 October 2023.**

#### Action taken since then

The service have developed an improvement plan and sought the involvement of people who experience care in elements of this document. This is work in progress, but the area for improvement is met.

#### Previous area for improvement 2

To ensure best outcomes for people experiencing care, the provider should ensure staff have the opportunity to attend meetings for support and supervision on a regular basis and in line with the provider's policy and procedure. This should include, but is not limited to facilitating and promoting effective staff discussion and involvement through individual and team forums.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My care and support is consistent and stable because people work together well' (HSCS 3.19)

**This area for improvement was made on 6 October 2023.**

#### Action taken since then

Staff have a supervision planner and supervision and appraisal was delivered in line with provider policy. There were opportunities for staff to discuss their practice and wider issues associated with work during 1:1 time and at regularly convened team meetings. This area for improvement is met.

#### Previous area for improvement 3

To support improved outcomes for people experiencing care, the provider should ensure staff access training appropriate to their role. This should include, but is not limited to, training in dementia and the administration of topical medication.

This is to ensure 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 professional and organisational codes' (HSCS 3.14)

**This area for improvement was made on 6 October 2023.**

## Action taken since then

A significant number of the staff team had undertaken or refreshed their learning around Dementia. Staff had undertaken topical medication administration as part of their wider training approaches and staff development day. This area for improvement is met.

## Previous area for improvement 4

To ensure personal planning reflects people's outcomes and wishes, the provider should ensure people are fully involved in review meetings in a way that is meaningful to them.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17)

**This area for improvement was made on 6 October 2023.**

## Action taken since then

Reviews were taking place, but remained as an area for improvement, needing more evaluation of outcomes arising from care and greater emphasis on capturing the view of people and their representatives on the quality of the support provided. We repeated this area for improvement.

## 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
1.1 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 staff team?	4 - Good
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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