

Briery Park Care Home Service

New Street Thornhill DG3 5NJ

Telephone: 01848 332 000

Type of inspection:

Unannounced

Completed on:

18 February 2025

Service provided by:

Abee-Mayu Gunputh

Service no:

CS2008169826

Service provider number:

SP2008968599



Inspection report

About the service

Briery Park is a care home service registered to provide care to a maximum of 31 older people with physical and/or sensory impairment. One of the places is available for respite care. The provider is Abee-Mayu Gunputh.

The service is located in Thornhill town centre in Dumfries and Galloway, with easy access to local amenities.

The premises is a flat-roofed building on one level. There are small group living areas in the home; these include lounge and dining areas, which have snack making facilities. All bedrooms are single rooms, with ensuite toilet and wash hand basin.

There are gardens surrounding the home and an enclosed courtyard which offer places to sit outside. There are car parking spaces to the front and side of the building.

About the inspection

This was a follow up inspection which took place on 18 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 two staff and management, and reviewed documents.

Key messages

Some progress was noted with meeting the requirements made at the last complaint visit.

How well do we support people's wellbeing?

We noted that some progress had been made in responding to the requirement on nutrition resulting from the complaint visit on 3 December 2024. In our discussion with the management team, and from our review of the records, we could see that further progress could be made to ensure all staff are familiar with, and adhering to, the service policy and procedure on nutrition. Furthermore, the completion of nutritional risk assessments, care plans and food monitoring records should be improved to ensure consistency in the approach to supporting people's nutritional needs.

Areas for improvement

1. To ensure confidence that people's nutritional needs are being met, the provider should ensure all staff are familiar with the service policy and procedure, and that nutritional risk assessments, care plans and food monitoring records are consistently completed.

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

Requirements

Requirement 1

By 10 February 2025, to support the safety and wellbeing of people, the provider must ensure that the approach to falls management is improved. To do this, the provider must at a minimum, ensure:

- a) all staff are familiar with, and follow, the guidance set out in the falls management policy and best practice guidance on managing falls in a care home setting
- b) staff have received training and guidance on falls management
- c) staff complete accident and incident reports fully and promptly
- d) post fall monitoring of people is implemented with all observations recorded
- e) staff assess people for injury and symptoms of pain and provide pain relief as appropriate
- f) in line with guidance, staff request prompt medical advice where someone has experienced a fall.

This requirement was made on 3 December 2024.

Action taken on previous requirement

The service policy/procedure and best practice guidance on falls management had not been signed by care staff to ensure understanding. Learning and development for staff in respect of falls management had not been provided since the original complaint investigation. Care plans and risk assessments had not been appropriately completed for all people, and we noted examples of people who were considered at high risk of falls, for whom no care plan was available. Accident and incident forms were completed where falls had occurred, however some important information about the falls people had experienced was not recorded, and the actions taken by staff were not clear. For example, we could not evidence how staff assessed and managed people's pain after experiencing a fall. We noted that work had been done to introduce post falls monitoring forms and a post falls checklist to guide staff, and our sampling confirmed that these were being completed. We have suggested that the frequency of expected post falls clinical observations should be clarified to support staff practice. Overall, we noted some improvement but were not satisfied that sufficient progress had been made in fully meeting the requirement in respect of falls management. We have therefore agreed an extension to 25 April 2025 for this requirement to be met.

Not met

Requirement 2

By 10 February 2025, to ensure the nutritional needs of people are well met, the provider must, at a minimum:

- a) ensure all staff are familiar with and adhere to the service policy and procedure on food, fluid and nutrition
- b) ensure nutritional risk assessments are completed and reviewed regularly, and in response to changes in people's needs
- c) liaise with, and make referral without delay to relevant healthcare services where concerns about people's nutritional needs are identified
- d) ensure improvement in the systems of communication between care and kitchen staff, to ensure a coordinated approach to people's nutritional care needs.

This requirement was made on 3 December 2024.

Action taken on previous requirement

Progress had been made in respect of the requirement relating to nutrition. Communication between care and kitchen staff had improved, with the cook now reporting better access to information relating to residents' dietary needs, and any issues relating to weight loss. Weekly nutritional reports are now shared with the kitchen, and information on residents' needs are posted at each servery area. Written evidence confirmed that staff were liaising appropriately with external health care services. The policy on nutrition had not been shared with staff since the original complaint investigation, and this should now be done as a priority. Some nutritional risk assessments, care plans and food monitoring records needed to be improved to ensure they were being completed fully and consistently, offering an accurate account of people's nutritional needs, and how they will be met. Overall, we were satisfied that there had been some improvement in meeting this requirement. Further work is needed to ensure the standard and consistency of recording supports the approach to people's nutritional needs, and that this is underpinned by a thorough understanding of the service policy and procedure. We have therefore restated this requirement as an area for improvement.

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.

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