

## Braid Hills Nursing Centre Care Home Service

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Edinburgh  
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Type of inspection: Unannounced  
Inspection completed on: 31 January 2018

**Service provided by:**  
BUPA Care Homes (ANS) Limited

**Service provider number:**  
SP2003002354

**Care service number:**  
CS2003010604

## About the service

Braid Hills Nursing Centre is a care home that is registered to provide care to a maximum of 95 older people, some of which will have dementia, and to a maximum of 24 adults with a physical disability. It is owned and run by Bupa Care Homes ANS Limited ("the provider").

The home is situated in a residential area to the south of the city of Edinburgh, close to local bus routes. The building sits back from the road, and is surrounded by landscaped gardens. There is off-road parking available at the front of the building.

Accommodation is provided on two floors, and access to the first floor is by stairs or passenger lift. The home is divided into five units: Kingsknowe provides care for younger residents with physical or sensory impairment; Dalmahoy and Muirfield provide care for older adults who are physically frail; and Hermitage and Swanston provide care for older adults who have dementia or other memory problems. Each of the units has a lounge and dining area, a quiet room, and shared assisted bathrooms. All bedrooms have an en-suite toilet and wash basin. There are central facilities in the home for cooking and laundry.

The website for Braid Hills Nursing Centre states that; "as everyone is different and has different needs, we make sure that every resident living with us has their own personal care plan that's unique to them and them alone".

## What people told us

Prior to our inspection we received 36 completed care standards questionnaires. 33 respondents agreed or strongly agreed that, overall, they were happy with the care they received in the home. Some responses identified areas where standards could improve, including the number of trained and skilled staff on duty and the type of food on offer. We also heard that some felt they were not encouraged to discuss their views about the home and that they disagreed that the home was hygienic and free from smells. We looked at these points during our inspection.

During our inspection we talked to a number of residents in some detail about the care they experienced in the home and spent time with others around the home.

Comments from residents included;

"I like a lie in and I get a lie in"

"its not home, but the next best place"

"I don't really get out into the garden"

"plain fare but I get what I like" (comment from one resident when talking about the food on offer)

"very good quality of care, although I would like to go out on my own"

"I have lots of my own things in my room"

"I feel well looked after"

"the staff respect my privacy"

"clean and tidy, very homely".

Staff appeared to know residents well and supported them in a patient and kind manner. When some residents were unsettled, staff used their knowledge to engage residents in activities or conversation, which resulted in positive outcomes on their mood.

We received positive comments from relatives/carers on the standard of staff and the care provided by the service. Relatives told us they felt the communication from staff was good and were informed of any changes in their relatives care and support. Two relatives spoke very highly of the care their loved one received in the home. They felt that their relative was looked after in an empathetic, caring way and received person centred care. They felt that staff were responsive to the change in their relative's health and talked of how well staff had supported their relative during this time.

Comments from relatives/carer's included;

"outstanding"

"couldn't be better"

"mum is well looked after"

"I don't like how (relative) does not get out to the garden on sunny days, as she has to wait till it's a garden activity only. She is upstairs.....she is able to be out on her own, it's just the problems she has reaching it"

"could do with more carers as the patients we have now are more in need of assistance".

## Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

The service had an improvement plan in place that helped them to plan and progress any actions needed to support improvements in the home. This could be further developed by including areas for improvement identified at this inspection.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	not assessed

## What the service does well

Overall, the home was clean and tidy during our inspection and appeared well maintained. Housekeeping, maintenance and safety checks were completed, helping to ensure that the environment and equipment were maintained, clean and safe for use.

Since the last inspection there had been significant investment in upgrading the environment, including a new lift, heating and water system and flooring. Some areas around the home had been redecorated. Staff had worked to make some of the communal areas more homely for residents.

Residents and relatives/carers were encouraged to give their views on the service in a variety of ways and were kept up-to-date with changes. Relatives told us they felt the communication from staff was good and were informed of any changes in their relatives care and support.

Residents appeared well cared for and content in the home. Staff were supportive and caring towards residents and appeared to know them well. Residents were attended to promptly when they needed assistance, whilst

being supported to be as independent as possible. Staff appeared motivated to provide a very good standard of care, with a comprehensive training programme and good team approach supporting this.

Care plans contained detailed information on residents' abilities and needs, which were described in a personalised way. Risk assessments and supplementary care plans were used to help assess and plan care for specific or short-term needs.

Residents' skin care needs were well documented and measures were taken to help prevent skin damage from pressure. Documentation was in place to assess, plan treatment and evaluate any skin wounds and was regularly monitored by management.

A range of group and one-to-one events and activities was on offer to residents. Staff had worked to provide activities more consistently throughout the home and to take more account of residents' interests and what they enjoyed. We observed staff and residents spending more social time together.

Medications were stored safely and, overall, administration records were completed well. The service had implemented a new way of working with GPs, pharmacists and health professionals to review residents' health needs in conjunction with their medical treatment and medication. This helped ensure that the medication prescribed remains a necessary part of individual residents' care.

The management team regularly monitored key aspects of residents' health, care and the environment, including accidents and incidents. This helped ensure that appropriate actions were taken in response to any concerns and helped identify any patterns or issues. A system to monitor that all care plans were audited at regular intervals was implemented during the inspection. We will follow this up at future inspections.

## What the service could do better

There were a variety of ways for people to comment on the quality of the service. However, the service should consider how they gather the views of residents who are less able to offer these through the opportunities currently in place (see recommendation 1).

Further improvements could be made to some aspects of medication management;

- where medication is given through a skin patch, a system should be in place to monitor that patches remain in place for the prescribed duration
- the outcome of medication given on an 'as required basis' should be recorded, in order to evaluate the effectiveness and continued need for the medication being given
- the service should review the storage of medication in one unit of the home to ensure that medications stored in residents' bedrooms are kept within recommended temperatures.

The service should develop the completion of some care records to better evidence the care and support residents need and receive (see recommendation 2).

Whilst we saw many residents enjoying pleasant and sociable meal times, the experience could be improved for some. Menu changes should be communicated to staff and residents prior to mealtimes and clearer information provided on the choices for residents on altered texture diets. Two residents who needed full help with their meals, were assisted by different staff during their meal. The service should take steps to minimise disruption for these residents in order for them to have as enjoyable a meal as possible.

The service could further develop their social program by including more opportunities for physical activity and by evaluating events to ensure that the programme continues to reflect the activities that residents most enjoyed.

The service should continue to develop the home environment to ensure this is as positive and supportive as possible for people with dementia. We directed the service to "The King's Fund Enhancing the Healing Environment Care Home Assessment tool", which provides good practice guidance with this.

There were lingering malodours in some areas of the home. We were advised that actions had been taken to try to eliminate these, however, the provider must take steps to ensure that all residents are able to enjoy living in a home free from unpleasant odours. We discussed other ongoing improvements needed in the home environment, including consistent labelling of perishable food and drinks, on-going redecoration and addressing the presence of some sticky floors in some areas of the home.

The service should review their system for storing, recording and monitoring lost property or unnamed items.

We found that one unit of the home did not meet the staffing levels for one evening shift time as described in their staffing schedule. We discussed this with the management and found that this had been misinterpreted. We have asked the service to review this and to monitor staffing in one other unit where levels were below average according to their calculations of residents dependency levels (see requirement 1).

## Requirements

### Number of requirements: 1

1. The provider must ensure that the staffing schedule minimum staffing level is met at all times. The number of persons working in the care service must be appropriate for the health and welfare of service users.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments SSI 2011/210 Regulation 15(a) - requirement about staffing.

Timescale: for completion by 31 March 2018

## Recommendations

### Number of recommendations: 2

1. The service should continue to put into place different ways for residents and relatives to express their views, and have an influence on the quality of service they receive. Particular attention should be given to finding ways to make sure that residents with dementia are able to have their views made known and listened to.

This takes into account the National Care Standards Care Homes for Older People Standard 11 - Expressing Your Views, the Nursing and Midwifery Council (NMC) Guidance for the Care of Older People 2009, the Scottish Government's Standards of Care for Dementia in Scotland 2011, and the SSSC Code of Practice for Employers Section 1.5.

2. The service should develop the completion of some care records to better evidence the care and support residents need and receive. This should include but not be exclusive of;
- more consistent completion of oral care records and evidence to show that good practice guidance has been followed where staff are unable to provide residents with oral care for prolonged periods of time
  - ensuring care plan sections are updated with changes or information contained in monthly evaluations
  - ensuring that care plans contain information on resident's current preferred bed times
  - the minutes of care reviews should contain improved recording of resident's and relative's/carer's views.

This takes account of National Care Standards, Care Homes for Older People, Standard 6 - Support Arrangements and Standard 14, Keeping Well - health care.

## 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).

## Inspection and grading history

Date	Type	Gradings	
14 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Nov 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Dec 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
25 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
19 Dec 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
24 Jan 2013	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good

Date	Type	Gradings	
3 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
16 Jan 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good Not assessed
6 Oct 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good Not assessed
13 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
30 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
15 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
19 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
15 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed

Date	Type	Gradings	
21 Nov 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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