

Braeside House Care Home Service

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Edinburgh
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Telephone: 0131 270 3020

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Unannounced

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Service provided by:

Royal Blind Asylum and School

Service provider number:

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CS2003010617

About the service

Braeside House is a service operated by Royal Blind, a voluntary organisation founded by Royal Charter as the Royal Blind Asylum and School. The service has been registered since 2002.

The home is situated on a main bus route and has local shops nearby. Accommodation comprises of 70 single bedrooms with en-suite facilities, arranged over two floors. Each floor is divided into three separate units, each with dining and sitting rooms. Bedrooms are for single use and have en-suite facilities. Both floors can be easily accessed by stairs or a lift.

Parking and a sensory garden with a seating area are to the front of the building and there is also another garden area on the roof.

The home has a philosophy of care which is "to plan and provide our service in a way that has as its top priority meeting the needs and desires of the residents. Staff aim to communicate amongst themselves, and with others involved in care of residents, in a way that encourages open and effective exchange of ideas and knowledge so that good decision-making is enabled".

What people told us

During this inspection we spoke with 22 residents and 9 relatives. We received mixed views about the service. Relatives we spoke with were complimentary about the service comments included:

"Excellent care home, very happy. Mum has improved greatly since coming into the home. Very happy, meals good",

"Wonderful, very happy with the care. (My relative) usually stays in their room. The thing that could be improved is the cleaning of my relatives room",

"Wonderful, can't fault it",

Some residents were complimentary about their care: "Quiet and nice, I didn't want to come into a home but I like it now".

Residents and relatives raised with us that they had to wait a considerable time for call bells to be answered and thought that the service were short-staffed.

Some of the comments we received from residents were as follows:

"Have to wait a long time on answering the buzzer. Too long in fact",

"Staff don't seem to have a good knowledge of visual impairment. They don't say who they are when they come into my room. Staff change so I can't get used to their voices",

"I used to go to the dining room and when I was finished my meal wanted to go back to my room. Staff were too busy to take me back and now I just stay in my room for meals",

"Food is very good but I don't get a choice, I don't know what I am getting until mealtime. Staff come quite quickly when I press buzzer, sometimes I have to shout for help as I can't get to the buzzer".

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
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How good is our leadership?	not assessed
How good is our staffing?	3 - Adequate
How good is our setting?	not assessed
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

Residents experienced gentle, compassionate care that mostly protected their dignity. We observed warmth and kindness between staff and residents and genuine affection was seen in the way residents were cared for.

Whilst staff demonstrated the principles of the Health and Social Care Standards in their practice, further work was needed to help the provider develop a better understanding of how the principles shaped all aspects of care. For example, being staffed to enable assistance to be given to residents who wished to have a bath or shower everyday, to answer call bells promptly and not to have their medicines given at mealtimes.

Residents mostly enjoyed pleasant meal times where assistance was given promptly and discreetly. Residents were encouraged to take their time and enjoy the well-presented meals. This was important in ensuring that meals would be enjoyed in a sociable atmosphere. Overall, we saw meal times were positive experiences. Sometimes the number of residents needing individual assistance affected the experience of others such as when staff had to leave a resident to help another. We saw that some residents received assistance from up to three different members of staff with their meal. Better organisation of some mealtimes was needed to ensure that residents receive support from the same staff member, where possible. Not all staff remembered to tell residents when they were walking away, or what their meal was. This is especially important for residents with sight loss. Some relatives told us that the quality of the mealtimes was variable and we observed this during the inspection.

Mealtimes were interrupted by the administration of medicines. We discussed with the manager the benefits of changing this practice to both improve the residents mealtime experience and the availability of key staff to provide oversight and assistance.

Medication was safely managed. However, some aspects of medicines management could be better to ensure residents received their medication as prescribed and the effects measured. This was to ensure that any treatment residents received was safe and effective. **See area for improvement 1.**

Staff routinely assessed the risks of skin damage for residents because of the advanced age and frailty of the residents. This meant that preventative steps could be taken to protect residents skin and identify problems early. A range of specialist mattresses and beds were used and daily skin care carried out. Improvements were needed to provide assurance that residents who needed it were helped to change their position. **See area for improvement 2.**

Records which documented how wounds were cared for needed to be clearer. **See area for improvement 2.**

Staff assessed and monitored residents' risk of under nutrition. Good information was held within nutritional information sheets held in the pantry areas. Better understanding of how to fortify food could help staff to maximise residents calorie intake at mealtimes and snack times. Consistency of recording nutritional information across nutritional information sheets and care plans was needed. How this information was shared with the kitchen and information about residents preferences, needed to be improved. **See area for improvement 3.**

Residents who experienced falls had assessments carried out to determine any preventative measures which could be put in place. There was an overview of falls in the home which allowed the management to identify patterns and trends, this had recently changed. The new way of looking at this data was not as informative as previously. From the analysis most falls occurred between 7.30pm and 7.30am whereas the management action to reduce fall was to employ an additional staff member between 8am and 2pm. Further falls analysis is planned by the service to monitor the outcome of the changes made by them to try to reduce falls.

Residents money was kept safely. To ensure people's rights are safeguarded, residents should have an assessment of their ability to manage their money and clear records should be kept of how much control they wish to have and of those with delegated responsibilities for finances such as power of attorney or guardianship. Consideration should be given as to how residents can access their money at evenings and weekends.

Equipment was maintained in line with legislation, although this information was difficult to track. An equipment inventory was needed alongside maintenance and service records to show that appropriate checks had been carried out at the required intervals. A new electronic maintenance and repair reporting system had been introduced a week before our inspection. Staff were taking time to understand how this worked. We will follow this up at future inspections.

Additional safety measures were needed to prevent the risk of scalding from the resident accessible dining room sinks. The service agreed to rectify this urgently. Similarly we asked the manager to review the dangers posed by the stairwells for those with sight loss. Some modifications were needed to ensure residents did not inadvertently access these areas without any support they may need. Signage and information about planned daily events could be better presented to help residents with sight loss to be included.

Residents should expect to be able to choose to have an active life. We saw that there was a range of planned activities which residents could take part in. In addition activity staff were good at helping residents engage in stimulating and meaningful activities which they enjoyed. This individualised approach could be beneficial for more residents especially those more isolated because they preferred to spend time in their bedrooms. Although the home employed a large team of activity staff, the available time for activities was limited because they provided an escort to hospital appointments, took residents to and from the hairdresser in the home and assisted at mealtimes. More work was planned to gather views and assess and plan for individual activities.

Staff understood the importance residents placed on meaningful social contact. While we saw staff spend as much social time as possible with residents, this was affected by priorities in attending to residents' physical care needs. Staff, residents and some relatives, said there were not enough staff. We have therefore looked at staffing as part of this inspection **See how good is our staff team?**

Staff knew residents' care needs well and we saw them use their knowledge to offer residents comfort when they were anxious or distressed. However there were times that residents in distress could not be helped straight away as staff were busy helping others especially in the evenings. This had an impact on the individual resident and the other residents. Staff wanted to help, and we saw that it put staff in a dilemma when several people needed assistance at once.

Areas for improvement

1. To ensure that residents receive the medicines they need to improve or maintain their health, the provider should:
 - a) ensure residents receive medicines as prescribed and seek medical advice when doses are regularly missed.
 - b) ensure a consistent approach to the recording of the application of residents' topical creams
 - c) ensure a consistent approach to the recording of the effectiveness of analgesia on the medication administration recording sheets.
 - d) keep records of when checks are carried out of medicines given via a skin patch. This is to ensure care and support is consistent with the Health and Social Care Standards which state that " Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "My care and support meets my needs and is right for me"(HSCS 1.19).

2. To prevent skin damage the provider should improve how staff record if, and when, residents position should be, and has been changed. The documentation related to wound care needed to be made clearer and more accurate records of treatment kept. This is to ensure care and support is consistent with the Health and Social Care Standards 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).

3. To ensure residents receive a meal in accordance with their dietary needs, the way fortification of food was carried out needed to be better understood by staff. How residents who needed a special diet had their food preference catered for also needed to be clearer to residents, relatives and staff. This is to ensure care and support is consistent with the Health and Social Care Standards which state that " My care and support meets my needs and is right for me "(HSCS 1.19).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

3 - Adequate

From the information available to us we concluded that the service recruited staff safely and in line with good recruitment practice. Use of a risk assessment could help record the decision-making when pre-employment checks were unavailable or a decision not to employ was made.

Annual staff appraisals took place and were recorded in a meaningful way. Meetings to help support staff with their work were also being held in accordance with the supervision policy, or more frequently if needed. However records of the meeting were not kept. Keeping appropriate records could help the supervisor reflect and prepare for the next session and ensure any agreed action had been taken. **See area for improvement 1.**

Staff were kind and caring in their approach to residents. We observed that there were delays in answering call bells and attending to residents who could not ring for assistance. Staff said they found it upsetting when they could not help all of the residents who needed assistance and had taken their concerns to the manager.

We discussed the system to assess staffing with the manager and have asked staffing to be reviewed.

The system used to assess residents' dependency needs showed there were not enough staff hours available to provide direct care. The services calculation was not accurate because staff who did not provide direct care and staff employed for 1:1 care for two residents were included in the calculation. The manager's calculations did not take account of other staff tasks such as record keeping. We have made a requirement to ensure that residents could expect enough staff on duty to meet all of their needs. **See requirement 1.**

Requirements

1. Residents must experience high quality care and support by the right number of people who have time to support them by 7 May 2019.

This is to ensure care and support is consistent with the Health and Social Care Standard 3.15 which states "My needs are met by the right number of people", 3.16 which states "People have the time to support and care for me and to speak with me", and 3.17 which states "I am confident that people respond promptly, including when I ask for help", and in order to comply with Regulation 4(1) (a), (welfare of users) of the Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. Staff should support each other to work as a team to benefit people by ensuring staff supervision sessions are recorded in a way that the supervisor can reflect on the discussion and follow-up on any agreed actions.

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

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

Residents should expect their care plans to reflect all aspects of their wishes and care needs and give clear direction to staff about how to deliver their care. They should expect their care plans to contain accurate information that is updated when their care needs change. This is important in helping staff give consistent and safe care in the way residents want.

Care plans were completed to a good standard using the senses framework. Most care plans contained good person-centred information about residents' choices and preferences which would help staff give the care in the way residents wanted. More work was needed to develop and explore with residents their history and how it relates to their current dreams, goals and aspirations. For example many residents told us they would like to get out more but there was no plan to show how the service was making this happen.

There were a number of other ways in which we thought the service could improve care planning. We saw examples where plans needed more up to date or detailed information. For example, the outcome of the work from falls assessments and analysis needed to result in an individualised plan of care for falls prevention rather than the generic actions which we saw. Wound care plans needed to be kept up to date with the current treatment regime and accurately map each wound. **See How well do we support people's wellbeing?** This will help ensure residents receive the right healthcare from the right person at the right time.

Where residents had medication to reduce symptoms of stress and distress we expect each resident to have an individual care plan that sets out the actions that staff should take to help reduce symptoms prior to administering the medication. Evaluation of care needed to be more meaningful because it was unclear whether the planned care was working. Meaningful evaluations should show the benefits and outcomes of the care that residents experienced.

Accurate information about residents' legal status can help protect them if they were unable to make decisions about their healthcare and finances.

More could be done to ensure people are involved in directing and leading their own care and support. Some residents expressed clearly their wish for a daily bath or shower which was not highlighted in their care plan.

We found that there were some gaps in recording what communication had taken place with residents and their families. Bridging these gaps could help staff to use care and support plans to deliver care and support more effectively.

The service had the capacity to improve in the areas identified in this report.

Areas for improvement

1. Residents should benefit from dynamic care planning which consistently informs all aspects of care and support they are experiencing. In order to do so
 - (i) falls assessments and analysis needed to result in an individualised plan of care for falls prevention rather than the generic actions,
 - (ii) wound care plans needed to be kept up to date with the current treatment regime and accurately map each wound.
 - (iii) to reduce symptoms of stress and distress we expect each resident to have an individual care plan that sets out the actions that staff should take to help reduce symptoms prior to administering the medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 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

The service should develop a more planned approach to the assessment and planning of residents skin care needs. This should include, but not be exclusive of;

- a) clear, consistent recording of re-positioning needs, mattress settings and the application of topical creams/ ointments

- b) re-positioning charts should be completed in a timely manner
- c) staff should ensure that special mattresses are set according to residents' assessed needs. This takes into account National Care Standards, Care Homes for Older People, Standard 14, keeping well - health care

This area for improvement was made on 26 February 2018.

Action taken since then

Since this recommendation was made, the manager has submitted an action plan. We found that clear and consistent recording of repositioning needs and repositioning carried out still needed some improvement. Special mattresses were set according to residents assessed needs. Improvements were needed to the recording of application of topical creams and ointments. See **How well do we support people's wellbeing?**

Previous area for improvement 2

The service should complete regular monitoring of the environment to identify any risks from potentially hazardous aspects within the home and take actions to minimise these risks. This should include, but not be exclusive of;

- ensuring cleaning fluids and chemicals are stored securely
- ensuring hot water temperatures are within recommended limits and staff have access to thermometers to check these when assisting residents to bathe or shower
- opened foodstuffs and drinks are dated to help ensure these are stored in line with best practice in food hygiene and manufacturers guidelines
- ensuring window restrictors are not overridden.

This takes account of National Care Standards - Care Homes for Older People, Standard 4 - your environment.

This area for improvement was made on 26 February 2018.

Action taken since then

We have asked the manager to urgently address the risk of scalding from hot water in the pantry areas and she has agreed to do this. We have also asked the manager to review the danger posed to residents from access to stairwells. Window restrictor checks were carried out regularly. See **How well do we support people's wellbeing?**

Previous area for improvement 3

The provider should ensure that all staff have access to regular, planned, formal supervision in line with the organisation's policy.

This takes account of National Care Standards - Care Homes for Older People, Standard 5 - management and staffing arrangements.

This area for improvement was made on 26 February 2018.

Action taken since then

All staff had received supervision meetings with a line manager in accordance with the supervision policy. More frequent supervision meetings had been held both formally and informally to support staff with their work. However written records were not kept by the supervisor to help them check what had been discussed and agreed. There was a good format for annual appraisals which were recorded.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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