

Inspection report

Braid Hills Nursing Centre Care Home Service

77 Liberton Drive
Edinburgh EH16 6NS

Inspected by: Anne Dolan
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 27 November 2007

Service Number

CS2003010604

Service name

Braid Hills Nursing Centre

Service address

77 Liberton Drive
Edinburgh EH16 6NS

Provider Number

SP2003002354

Provider Name

ANS Homes Limited

Inspected By

Anne Dolan
Care Commission Officer

Inspection Type

Announced

Inspection Completed

27 November 2007

Period since last inspection

6 months

Local Office Address

Stuart House
Eskmills
Musselburgh
EH21 7PB
Office phone number: 01316534100

Introduction

Braid Hills Nursing Centre is a purpose built care home registered to provide care and accommodation to 126 residents. The Home has been registered with the Care Commission since 1 April 2002.

The home is situated within a residential area in South West Edinburgh set back off the main road and has landscaped flower beds, gardens and car parking facilities at the front and side of the Home and a large enclosed landscaped garden area to the rear.

The accommodation is provided on two floors and is divided into four separate units which facilitates small group living. Three of the Units accommodate a total of 101 older people and one Unit provides care for up to 25 younger physically disabled people.

Each unit has a separate lounge/dining area and additional lounge and quiet room areas.

Residents are accommodated in single rooms with en-suite facilities.

There are a number of communal assisted bathrooms and toilet areas within each separate unit.

A hairdressing room is made available within the Home.

There are separate kitchen and staff facilities within the home.

Braid Hills Nursing Centre has a Residents Charter which sets out the rights of residents based on the following principles:

Choice; Privacy; Dignity; Independence; Fulfilment and Citizens Rights.

The service employs a team of carers and nurses with varying degrees of skill, expertise and qualifications. The services aims to offer a home which would not entail moving, however, it was recognised that there are some aspects of care that might require residents to move, for example, if a resident required more specialised care in relation to progressive mental health or advanced disease process.

Basis of Report

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission this helps the Care Commission to review the service using accurate and up to date information.

The Self-Evaluation Form

The service submitted a self-evaluation form for both care services within the Home as requested by the Care Commission.

Views of service users

The Officers sent posters to the Home to advise residents and relatives of the impending inspection. Contact details for the Officers were also left if residents or relatives wished to discuss anything in private or if relatives were unable to visit the Home during the inspection.

The Officers sent out 60 relative questionnaires prior to the inspection. One was returned

prior to the inspection. It was agreed to wait a further two weeks after the inspection for the return of further questionnaires. No further questionnaires were returned within that time. Feedback from this questionnaire is reported upon within the 'Views of Carers' section in this report.

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus area(s) and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

This report was written following an announced inspection on 27 November 2007 from 09:30am until 17:00pm by Anne Dolan and Beryl Hogg Care Commission Officers. (The Officers).

Feedback was given to the Manager and Clinical Services Manager at the end of the inspection.

During the inspection process

Staff at inspection

The Officers spoke with the following during the two days of the inspection.

The Manager

The Acting Clinical Services Manager

Four Staff Nurses

11 Care Staff

Two Student Nurses

One activities co-ordinators

Two Domestics

Evidence

The Officers also looked at a range of policies and records including the following:

Restraint policy

Visitors policy

Documents pertinent to Protection of People

Service action plan

Staff training files

Minutes of staff meetings

Resident care files

The Officers also observed interactions between staff and residents.

Inspection Focus Areas and associated National Care Standards for 2007/08

The Officers took all of the above into account and reported on whether the service was meeting a range of relevant National Care Standards for Care Homes for Older People and National Care Standards for Care Homes for People with a Physical and Sensory

Impairment.

The main inspection focus for this Care Home Service was:

Standard 5: Management and staffing arrangements

Standard 19: Support in dying and death

Standard 99: Other issues

Inspection Focus Areas and associated National Care Standards for 2007/08

The Officer also inspected against the two Inspection Focus Areas identified for Adult Care Homes for 2007/2008

Protecting People

Palliative Care

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

There were no requirements identified from the last inspection.

Comments on Self-Evaluation

The service submitted a self evaluation form prior to the inspection within the timescale given by the Care Commission. The content of this was used as a basis for discussion throughout the inspection.

View of Service Users

There were 119 residents being accommodated during the inspection.

The Officers spoke with 25 residents during the inspection.

Residents gave positive views about the staff and the care they received.

Residents who were able stated that they were involved in the development of their care documentation but were not always aware that information given to staff was used to develop a plan of care. This was discussed with the Manager.

Residents stated they felt the Home was a safe place to live and felt confident that staff respected their privacy and dignity.

View of Carers

60 relative questionnaires sent out prior to the inspection. One questionnaire was returned to the Officers prior to the inspection.

This relative gave positive views within this questionnaire. This relative felt that privacy and dignity were not compromised and that they felt the home was a safe place for their relative to live.

The Officers also spoke with four relatives during the inspection.

Relatives spoken with on the day of the inspection were positive about the staff and care their relative received within all four units. Relatives commented that the Manager and the senior team were very supportive and that the Manager frequently met with relatives through her visits to the units.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

Not all aspects of this standard were inspected against at this time.

This inspection focused on one of the inspection focus areas for 2007/2008 inspection year Protecting People.

There was a policy and procedure on restraint. Staff stated they were aware of this policy. Staff had undergone training on this issue and further staff had been identified to attend this training.

There were risk assessments in place with regard to restraint including bed rails, pressure mats and wheelchair lap straps for those residents who had been assessed as requiring these interventions. These were updated on a monthly basis.

There were Manual Handling risk assessments in place for all residents. These were updated on a monthly basis.

The Home had a policy on adult protection. Staff stated they were aware of this policy. Staff were made aware of issues around adult protection through SVQ training and training provided by the organisation. Staff confirmed this and stated they were well supported by Senior Management regarding this issue.

The Home had numbers for STARRT (Short Term Assessment Review and Resource Team) and the Amethyst Team readily available. Staff confirmed they had been made aware of these.

The Home had a procedure in place to record any concerns regarding adult abuse.

Staff demonstrated familiarity with procedures in place.

The Home had a copy of the Area Inter-Agency Adult Protection procedure.

The Home had obtained copies of 'Risks Rights and Limits to Freedom' or 'Safe to Wander' documents. Staff were aware of these documents.

There was information available on EARS (Edinburgh Advocacy Resource Service).

There was a new set of documentation being introduced within the Home which had specific risk assessments in place to identify those residents who were at risk in relation to a number of issues such as falls and identification of those who may need restraint measures in place such as bed rails or wheelchair lap straps. Staff stated the new documentation was a positive

introduction to the Home and resident care needs and would eliminate duplication of records and was a user friendly format. Relatives also confirmed they had been made aware of the introduction of the new documentation.

Review of the documentation demonstrated that residents were fully involved with their assessment of needs and associated risks.

The Organisation had a child protection policy in place. This gave guidance on the roles and responsibilities for staff and for Managers. Appropriate contact numbers were made available in this policy.

There was guidance with regard to children visiting the Home displayed at the front foyer of the Home.

Staff were aware of the SSSC (Scottish Social Services Council) and had been issued with the SSSC codes of conduct.

This issue was discussed at induction, supervision and through training.

New staff confirmed they had undergone or were in the process of undertaking an induction programme. Staff stated they felt this was positive and were given sufficient information and training to undertake the job they were employed for.

Staff confirmed that they received one to one supervision and stated they felt this was a positive avenue to discuss development needs.

The organisation had developed a training plan and the training department of the organisation was in contact with the Home regarding training.

Non-statutory training was made available to staff within the unit. This included dementia awareness and first aid training. The Manager stated that the organisation was pro-active in relation to this issue. The Manager also stated she felt staff within the 4 units welcomed all training.

Staff confirmed that staff meetings were held on a regular basis and they had the opportunity to contribute to the agenda.

Areas for Development

It was acknowledged that the Home had guidance regarding children visiting the Home and a Child Protection Policy had been established within the Home. However this guidance did not inform visitors of the Home's responsibility regarding child protection. The Manager agreed to discuss this further with the Provider. Progress of this would be reviewed at the next inspection.

It was recognised that the introduction of the new documentation was in progress. All staff within the Home had undergone training on the documentation and had been advised of the timescale for the completion of the transfer of resident information. It was noted on the day of the inspection that 3 of the units had completed the transfer of resident files. The remaining unit was almost complete. Progress of this would be reviewed at the next inspection.

National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death

Strengths

This standard was inspected against the inspection focus area for 2007/2008 inspections Palliative Care.

There was evidence that the care within the Home followed a Palliative Care approach. There was an individual needs assessment undertaken on admission which was reviewed regularly. Staff were familiar with the concept of a Palliative Care approach. Each resident had a key worker. 12 residents were able to confirm who their key worker was. There was a section in the care records to document resident's wishes with regard to their end of life care. This included any arrangements an individual resident had made previously. The new documentation had a separate end of life plan which was updated as residents wished.

The Home had a copy of the 'Making good care better' document. These were standards which complimented the National Care Standards with regard to palliative care. The Manager advised the Officer that these standards will be incorporated into the new set of documentation that is being introduced in the Home as there was a section on end of life care and residents wishes on who should be involved with their care. Staff were familiar with the 'Making good care better' document.

There was a system in place for staff to seek further advice with regard to palliative care and end of life issues from specialist nurses. Staff were familiar with this system. Staff also informed the Officer that the Home had developed good communication links with the specialist nurses.

Staff spoken with on the day of the inspection felt there were good links with GP's with regard to palliative care.

The Clinical Services Manager and two of the Unit Managers were Palliative Care Champions and awareness of Palliative Care was being disseminated through the staff group. Staff confirmed this.

Arrangements had been made for further staff to undergo Palliative Care training which would include the wider issues regarding palliative care such as communication skills training to meet the more sensitive personal issues of residents and chronic disabilities requiring long term palliative care. Staff also confirmed this.

Areas for Development

It was agreed that progress of further Palliative Care training and documentation implementation would be reviewed at the next inspection.

National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations

Strengths

This standard was inspected against one issue.

An update regarding the current refurbishment of the whole home was discussed. The Officers also inspected parts of the accommodation which had been refurbished.

Residents stated that they had been involved in the initial and subsequent choices of colours and furnishings and were very happy with the work undertaken. Residents were aware that further work was to be undertaken.

The Young Person's Unit had been re-organised to include more seating areas within the main corridors and a modern living dining area. Relatives within this unit also commented on the modern upgrade.

Areas for Development

The works and refurbishment was still incomplete and further progress of this will be reviewed at the next inspection.

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

The Manager and Acting Clinical services Manager were advised that the Quality Assessment Framework would be the format for inspections from April 2008 and that the grading system would form part of that process. The Manager was also advised that the gradings would be included as part of the inspection reports from April 2008.

Requirements

There were no requirements identified from this inspection.

Recommendations

There were no recommendations identified from this inspection.

Anne Dolan
Care Commission Officer