

Inspection report

Braid Hills Nursing Centre Care Home Service Adults

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Edinburgh
EH16 6NS
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Inspected by: Andrea Herkes
(Care Commission officer)

Type of inspection: Unannounced

Inspection completed on: 13 December 2010

Contents

	Page Number
Summary of this inspection report	3
Section 1: Introduction	
About the Care Commission	6
About the National Care Standards	7
What is inspection?	8
How we decided what to inspect	10
What is grading?	11
About the service we inspected?	12
How we inspected this service	14
Section 2: The inspection	17
Section 3: Other information	
Other Information	21
Summary of Grades	22
Terms we use in our reports and what they mean	24
How you can use this report	26
People who use care services, their relatives and carers	26

Service provided by:
BUPA Care Homes (ANS) Limited

Service provider number:
SP2003002354

Care service number:
CS2003010604

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Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

Quality of Care and Support	 4 Good
Quality of Environment	N/A
Quality of Staffing	N/A
Quality of Management and Leadership	N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

What the service does well

The service has continued to develop the participation strategy to offer methods for residents, and relatives/carers to participate in assessing and improving all aspects of the service with resident and relative/carers forum meetings to commence in the New Year .

Residents met at this inspection spoke highly of the quality of service they received. Officers saw that residents were offered choices in their daily

routines and that staff showed consideration to individual resident's needs and preferences.

What the service could do better

We saw that the annual quality assurance survey had been undertaken but the results of this were still to be collated and shared with residents, relatives/carers and staff.

The Manager said that she had been made aware of concerns about the quality of the catering at times in the home. However, this had since been improved as the Catering Manager had now returned to her post in this home after a period of overseeing the catering in another home managed by BUPA.

What the service has done since the last inspection

Since the last inspection some work has been done to ensure that staff were aware of the participation strategy and how they could contribute to progressing action plans from survey outcomes. However, the Manager said that further work was still to be undertaken with staff and it was anticipated that this would take place once the outcomes of the most recent quality assurance survey had been collated.

Conclusion

It was evident through discussion the Manager and staff on duty that they were committed to improving the quality of the service provided through regular review and assessment involving residents and relatives/carers.

Who did this inspection

Lead Care Commission Officer

Andrea Herkes

Other Care Commission Officers

Rose Bradley

Lay Assessor

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

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 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 facilitate small group living. Two units, Dalmahoy and Muirfield have capacity for 35 residents, Swanston has capacity for 31 residents and Kingsknow has capacity for 25 younger physically disabled people.

Each unit has a separate lounge/dining area and additional lounge and quiet room areas. Service users all have 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, laundry and staff facilities within the home.

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

Despite the recent severe weather conditions, staff had ensured that the home was fully staffed at all times and are to be commended for their efforts. The Manager also confirmed that supplies to the home had been maintained.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support
Quality of Environment

4 - Good
N/A

Quality of Staffing

N/A

Quality of Management and Leadership

N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What activities did we undertake during the inspection

We wrote the report after an announced inspection that took place at the service.

The inspection was carried out by Care Commission Officers Andrea Herkes and Rose Bradley on December 13 2010 between 4:15 pm and 7:00pm

Feedback on the outcomes of the inspection were shared with the Manager and four unit Managers on duty.

In the inspection we gathered information from various sources, including the relevant sections of policies, procedures, records and other documents including:

- supporting evidence from the self assessment completed prior to the last inspection in June 2010.
- samples of 4 care plan files
- records of accidents and incidents and complaints
- minutes of residents and relatives /carer and staff meetings
- the Certificate of Registration
- insurance details

The above information was taken into account during the inspection process.

We also met and spoke with residents and staff including:

ten residents
the Home Manager
3 Unit Managers on duty
3 Registered Nurses on Duty
8 members of care staff on duty

We observed staff practice in three of the four units including their day to day work with residents. We observed staff practices at tea time in two of the units and general staff practice in one other unit. We also spent time with residents and although ten were interviewed about their views of the service provided many others were met during the course of the inspection. Due to communication and memory problems some residents were unable to express their views. In these situations Officers observed body language and gestures in response to questions and speaking with individuals.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

Yes - Electronic

Comments on Self Assessment

The Manager completed and submitted a self assessment prior to the inspection of the service in June 2010. This was an unannounced inspection and the service was not asked to update the self assessment.

Taking the views of people using the care service into account

All of the residents met and, who were able, gave a positive view of the service they received in the home. Although some residents met were unable to give their views we saw that these residents appeared comfortable and at ease in their surroundings and with the staff on duty.

Some of the comments made by residents were as follows:

" I'm well looked after here, the carers (named by this resident) are wonderful."

" I'm comfortable and I like having my own room."

"I enjoy the activities and the choice to join in if I want to."

"The staff are kind and considerate- I need to do things at such a slow pace but they encourage me to take my time, I never feel rushed."

"We are asked about the meals and if we would like any changes, I would say if I didn't like things."

Taking carers' views into account

No relatives/carers were met at this inspection.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

This report should be read in conjunction with the home's last inspection report from 29 June 2010. That report more fully describes evidence of the strengths already demonstrated by this service in relation to resident and relative/carer participation.

At the last inspection we recommended that the service continued to develop the participation strategy to enable residents and relatives/carers to be involved in assessing and improving the quality of care provided in the home. At this inspection we saw that the participation strategy, which had been developed for all the BUPA homes in Scotland, outlined ways in which service users, relatives/carers and staff could contribute to improving the overall quality of the service including the quality of care and the quality of staffing. This included Meaningful Moments a method to involve residents who have a cognitive impairment

At the last inspection we noted that "Meaningful Moments" was a recent initiative which was to be introduced into BUPA homes. At this inspection we saw that "Meaningful Moments" method was still being introduced in the home and further work was to be done for this to be fully implemented.

At the last inspection we asked that the outcomes of the quality assurance survey be shared with staff. At this inspection we saw that there were methods in place to share the information as a result of surveys with staff teams.

At the last inspection not all of the residents or relatives/carers consulted with were aware of the complaints procedure in the home. At this inspection we saw that the Manager had included the complaint procedure on the agenda of resident and relatives/carers meetings and the policy was on display on the notice board. We also saw that information about the home available to prospective service users refers to the complaints procedure.

At the last inspection we asked that training be provided for activity staff to enable them to meet the needs of residents with complex care needs. The Manager confirmed that this training had been undertaken and there were now 2 facilitators in place to roll out the training to care staff in the named unit. Staff in the named unit said that training had taken place and residents who were asked said that there were a range of activities

provided. Some spoke of arts and craft work and Christmas events organised by the Activity Staff which they had enjoyed.

Areas for Improvement

The participation strategy including staff training and Meaningful Moments were still to be fully implemented. We will monitor progress with these at the next inspection.

Once collated the Manager should ensure that methods are in place to share the outcomes of the Quality Assurance survey with those with an interest in the service including, residents, relatives/carers and staff.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service Strengths

In the 4 care plans examined we saw that the records were up to date and care plans reviews had taken place within a 6 month timescale.

At the last inspection we noted that wound care body maps were being used but there was not always an individual map where there were different wounds. At this inspection we saw that there was an individual body map indicating the site of each wound, this included a corresponding individual care plan for each wound. We saw that there was an improvement in the details recorded about the wound care needs of the individual and of the actions required of staff.

At the last inspection we noted that the foot care needs of each individual should be recorded in the care plan. At this inspection we saw that care plans included a checklist for staff to assess any foot care needs and a corresponding care plan was put in place where indicated.

In the care plans examined we noted that the information was individual, person centred and the language used was appropriate.

At the last inspection we noted that improvements could be made to the dining experience for some residents. In one unit we asked that staff consider how they could improve the management of mealtimes where meals were served in 2 sittings. In another unit we asked that residents were offered the choice of having their meal in the dining area. At this inspection we saw that although staff were busy assisting at meal times the 2 sitting arrangement was well organised. In another unit we saw that residents were offered the choice of moving to the dining area to have their meal.

Areas for Improvement

In one unit Officers saw that continence pads were stored in two of the bathrooms outwith the packaging and with no indication as to whom these belonged. We also saw a wound care plan which included a photograph of the wound, it was quite clear from the photograph that this had not been taken in private.

We also noted that in one unit that staff were extremely busy trying to meet the demands of the residents at a meal time. Staff said that the unit was generally busy, particularly at meal times. We saw that residents dependency levels were regularly reviewed and collated to inform staffing levels, however, staff were unclear as to how the dependency of residents related to the staffing levels provided.

There were checklists in the care plans examined for staff to assess any foot care needs. However, we discussed with the Manager the ongoing need to ensure that any

checklists in place are consistently completed by all staff and that any outcomes or follow up actions are recorded.

Grade awarded for this statement

4 - Good

Number of Requirements

1

Number of Recommendations

1

Requirements

1.

The service must ensure that the privacy and dignity of residents is maintained at all times.

To ensure this:

continence pads must be named and stored for each individual outwith shared bathrooms

any photographs of wounds must be taken in private.

This is to comply with:

SSI/114 Regulation 4(1) - a requirement relating to health and welfare of service users.

Recommendations

1.

The information about residents dependency levels should be shared with Unit Managers and staff to enable them to contribute to the assessment with the view to ensure appropriate staffing levels are provided at all times. This is in order to meet The National Care Standards - Care homes for older people - Standard 5 Management and staffing.

Other Information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

No additional information.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

Summary of Grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - Not Assessed	
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - Not Assessed	

Inspection and Grading History

Date	Type	Gradings	
30 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good <i>Not Assessed</i> 5 - Very Good <i>Not Assessed</i>
15 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good <i>Not Assessed</i> 5 - Very Good <i>Not Assessed</i>
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	5 - Very Good 5 - Very Good <i>Not Assessed</i>

		Management and Leadership	<i>Not Assessed</i>
21 Nov 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website www.carecommission.com or by telephoning 0845 603 0890.

Translations and alternative formats

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم وونابز رگی د روا دولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخ ا تاغل بو تاقي سينتب بلطلا دن ع رفاوتم روشنملا اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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Improving care in Scotland