

Burnbrae Care Home Service

Burnbrae Road
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Type of inspection:
Unannounced

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Service provided by:
Falkirk Council

Service provider number:
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CS2003011554

About the service

Burnbrae care home provides care and support for up to 28 older people. The service is provided by Falkirk Council. The home enjoys a lovely position in a quiet residential area overlooking Dollar Park in Falkirk. 19 people were resident in the home during the inspection.

Burnbrae is split into four individual units, each of which has a combined lounge and dining room. A small kitchen area enables snacks and drinks to be provided for people.

Accommodation is provided over two floors and a lift is available to enable people with mobility issues to access facilities on the upper floor. Bedrooms are all single sized and are fitted with wash hand basins. Two of the 28 bedrooms have ensuite toilets. Each unit has shared toilet, bath and shower facilities. Three bathrooms could not be used when we visited as repairs and refurbishment had been delayed during the pandemic. The provider agreed to a joint approach with public health to planning this work.

People are encouraged to personalise their bedrooms to their particular taste and many have brought items of furniture from their homes to furnish their bedrooms in Burnbrae.

The home is surrounded by large outdoor space and has a pleasant courtyard garden which is generally well used by people resident and staff. Plans had been made to tidy the garden space and a water feature was being installed. Garden visiting was well planned and supported, and the service had submitted plans to public health for indoor visiting.

What people told us

People resident and relatives had confidence in the staff team and this meant that they had felt safe, secure and well-cared for during the pandemic.

Communication between the service and families on the impact of COVID-19 and how care and support was being provided had been of a good standard. Families contacted by telephone told us staff knew their relatives well and adapted means of contact dependent upon their changing needs. They described staff as 'brilliant' and that they had done a 'fantastic job' under difficult circumstances.

People we spoke with individually praised staff's manner and it was clear that they were comfortable and happy in their home.

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Peoples health and well-being was found to be supported and safe-guarded to a good standard which demonstrated several important strengths at Burnbrae.

People resident and relatives had confidence in the staff team, and this meant that they had felt safe, secure and well-cared for during the pandemic.

Communication between the service and families on the impact of COVID-19 and how care and support was being provided had been of a good standard. For example, family members knew about changes in their relatives health and those resident were also updated on their families well-being.

People benefited from the use of technology to stay in touch with those important to them. There was good assistance from staff to do this, using different methods such as video and phone calls. Relatives confirmed that the service had provided innovative ways to support them to keep in touch. For example, when skype did not suit an individual, daily mobile phone calls were pre-planned and supported.

The process and guidance around visiting arrangements had been clearly communicated. One relative told us that short notice visiting requests were supported where possible as staff understood individuals' circumstances and how that visit would benefit them. The service had submitted the required risk assessment to Public Health in preparation for in door visiting.

We observed positive relationships between people and the staff who supported them. Staff were respectful, kind and caring in their approach and knew individuals well. They could describe to us the impact from changes in a person's physical or mental health and how to support them. For example, one person became less steady on their feet when their anxiety increased - this was reflected throughout support plans and staff had strategies in place to reduce that individuals anxiety and their risk of falls. This means that the individual got the care that was right for them at the right time.

Personal appearances were of a high standard with people supported to maintain their sense of identify and esteem through their preferred daily routine. For example, being included in personal care routines and people choosing to get out of bed and have breakfast when it suited them not the staff.

We confirmed that staff were aware of the possible symptoms of COVID-19 and this meant that they were responsive to changes in people's health. People's support needs during the COVID-19 pandemic were recorded in an COVID-19 summary plan. These documents were person-centred and described people's preferences for the support required. For example, how to maintain contact with those important to them or how to manage anxieties that may present. People did not have an anticipatory care plan (ACP) in place that reflects their wishes for palliative and end of life care. The service will take this forward. See Area for Improvement 1

The service has established links for support and advice from other agencies. Staff described excellent partnership working with community nurses to ensure they had timely access to palliative and anticipatory medications to provide comfort and relief during people's end of life care. Professional reviews had happened through other methods such as video calls and telephone conferencing to ensure the health needs of individuals were assessed and met.

The design of the home enabled physical distancing. The layout of the units and people's preferences meant that on average, there were 3 people in either the lounge or dining room at once. This helped protect people from the risk of infection. However, we did find that people could be alone in these areas for some time which increased individuals' risk of falls and isolation. This had been identified during inspection in August 2019.

It is important that everyone should be able to get the most out of life, be as active as possible and develop socially while they are spending more time in their bedrooms and distancing from one another. We saw that people had different experiences and opportunity to participate in meaningful activity. Some people flourished as being alone suited them well or TV was their main interest. It was positive to see a resident enjoy their daily exercise on the stairs which maintained their strength and mobility - all relevant lifestyle choices for those individuals. Staff told us they did not always have enough time to spend with people on an individual basis. The service should review people's current opportunities to have a purpose to their day.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

The home's management of infection prevention and control was found to be of a weak standard which demonstrated some strengths, but these were compromised by significant weaknesses.

Staff and visiting professionals had temperature checks on arrival. In the entrance area, a room was available for workers to change clothing before entering the units. Testing for COVID-19 was taking place as per current guidance for staff regularly and for people using the service (when required). These processes reduced the risk of spread of any infection.

People benefited from a setting which has the potential to support good quality care and support. For example, the design of the property and communal areas were spacious which enabled physical distancing. There were several Personal Protective Equipment (PPE) stations in each 'zone' which were stocked with hand gels, aprons, gloves and disposable bags. Staff described how these processes lower the risk of any infection transmission.

Staff wore appropriate PPE and confirmed their understanding of how to put on and take off personal protective equipment (PPE). Posters on each residents door reminded staff of how to wear PPE, this was a positive way to reinforce staffs practice and keep people safe.

The general environment in the home appeared clean but there were significant concerns in relation to the cleanliness and storage of care equipment used by people resident. For example, when a hoist had been used, staff could not tell us what the process was for cleaning this equipment between individuals use and it was not recorded. A raised toilet seat required cleaning and the underneath of a bath chair. The service advised us that the bath seat was condemned and not in use.

Storerooms were cluttered which meant that effective cleaning was difficult, and the risk of infection increased. For example, linen on the floor of the store cupboard and hairdressing accessories in the kitchen cupboards. Cupboards and work surfaces in the kitchens were damaged and therefore could not be cleaned effectively. Fridge doors were rusty, the service responded promptly and had ordered replacements by Day 2 of our visit. A mattress in an empty bedroom was stained and the drawers not cleaned out, this was not the standard expected for people choosing Burnbrae as their new home. There was a lack of clear guidance for staff around enhanced cleaning schedules and the environmental concerns identified increased the risk of infection transmission. See requirement 1.

A planned programme of refurbishment to communal bathrooms was planned before the pandemic and this is necessary to minimise the risk of infection and improve the quality of the environment for people. See Area for Improvement 2

We had some discussion with the manager around quality assurance processes in the service for staff practice regarding COVID-19. For example, observing staffs hand hygiene could be done more often in a planned way. This observation applies to the general COVID-19 assurance practices and we expect to see improvements made to ensure the safety and well-being of staff and people resident.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We assessed the service to be performing at a good level in relation to staffing.

It was evident when talking with staff and managers that the health and safety of people experiencing care were of the highest priority to all working in the care home. They have faced challenges due to the COVID19 outbreak and have been doing their best to keep people safe and well.

Staff were experienced, knowledgeable and skilled about caring and supporting people during the pandemic which meant that people resident and relatives had confidence in the staff team. To meet the current needs of people, staff had received additional training, guidance and instruction on infection prevention and control, proper use of personal protective equipment (PPE) and how to help people minimise any risk of infection to themselves. People were being supported to stay safe and well.

We discussed people's care and support and ways that suited them with staff who were friendly and sincere. People had positive relationships with staff who knew them well and respected their wishes. People were very comfortable with staff and enjoyed their company.

Staff came across as motivated and having a clear focus on people's wishes and needs. People's abilities and strengths were also appreciated, and we saw examples where people's independence was being promoted. For example, an individual who chose to eat in their room washed their dishes before returning them to the staff team. This supported them in remaining active with a sense of purpose in their day.

Communication across the staff team was good, team and individual meetings had continued to happen. Staff felt valued during recent challenges and had the time to reflect upon their experiences, support and learning needs. Because of this they understood how COVID 19 impacted upon the lives of people in the home and they felt enabled to fulfill their role. Staff confirmed the management team were very approachable and would listen to ideas and concerns. Staff worked well together as a team and were praised by the manager. This meant that people used a service that was well led, and the staff team valued.

Each month the service assessed that it had sufficient staff for each shift to meet people's needs and wishes, we will continue to assess this at future visits. It also had a contingency plan should staffing levels become low and how it would manage at such a time. We saw the service was able to respond to unexpected events and demands and continue to meet people's needs safely.

Whilst we found staffs general training to be sufficient, looking ahead we thought that more consideration could go into how training information is gathered, recorded and planned for. It was difficult to see what training staff had completed or required that was appropriate to their role and peoples specific health needs. This would help the service plan for the changing needs of the staff and people resident and ensure that the care and support provided was responsive.

Requirements

1. By 21 September 2020, to ensure that service users are appropriately protected, the service provider must have in place an enhanced cleaning schedule that follows the up-to-date guidance on infection prevention and control from Health Protection Scotland, Public Health Scotland and the Scottish Government. The provider must begin regular infection control audits to ensure that care equipment is clean and fit for purpose and that the cleaning schedule and all infection control procedures are being carried out appropriately.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards:

5.17: 'My environment is secure and safe'

5.22: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'

and in order to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

Areas for improvement

1. To ensure that peoples end of life and palliative care needs are known and supported each individual should have an anticipatory care plan available. Reference is made to <https://ihub.scot/acp-covid-19>.

This is to ensure that care and support is consistent with the Health and Social Care Standards:

1:14: 'My future care and support needs are anticipated as part of my assessment'.

1:15: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices'

2. To ensure that people experience a high-quality environment with equipment and furnishings that meet their needs a programme of refurbishment should be progressed. The service is advised to prioritise work with local Public Health services and have a risk assessed plan for improvements to communal bathrooms to minimise the risk of infection and improve the quality of the environment for those resident.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 5:22: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'

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

Requirements

Requirement 1

The provider must, by 31 December 2019, ensure that at all times staffing levels are sufficient to meet the health, wellbeing and safety of needs of residents. In order to evidence appropriate staffing levels the service must provide the following:

- Information about activities that are meaningful and purposeful for people.
- Support plans regarding people's social and emotional needs.
- Records of one to one support with meaningful activities for people who require this level of support.
- Feedback from residents, relatives or carers about the support provided.
- Evidence of systems and processes that limit the times staff leave the units unmanned.
- Evidence that staffing levels are flexible to respond to residents changing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right amount of people" (HSCS 3.15) and to comply with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011/210).

This requirement was made on 2 October 2019.

Action taken on previous requirement

Not formally assessed or evaluated at this inspection which focused upon care and support provided during the COVID19 pandemic.

Not assessed at this inspection

Requirement 2

The provider must, by 31 October 2019, demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and met. In order to do this the provider must:

- Demonstrate that staff will contact a General Practitioner (GP) or other relevant healthcare team member when residents require treatment or their health condition is not improving;
- Ensure that staff have the necessary skills and experience to work in conjunction with external professionals when residents require investigations or monitoring to be carried out;
- Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists;
- Ensure that planned support is fully implemented for people with specific health needs including weight loss, under nourishment and swallowing difficulties.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "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) and to comply with Regulation 4(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

We contacted a nurse from the mental health liaison team and asked them about their experience of working with Burnbrae. Peoples needs continued to be reviewed formally every 6 weeks with clinics managed over the telephone during the pandemic.

Burnbrae had continued to make referrals to the service, seek advice and put in place recommendations made by the team. They described a proactive staff and management team who knew people well and provided a good level of care and support.

Professional visits were limited because of the pandemic but documents and staff discussion confirmed that health and social work reviews happened in other ways such as video and telephone conferencing.

Staff described an excellent level of support from community nursing teams Palliative care team offered practical guidance, support and reassurance when staff were supporting peoples end of life care. Staff valued this professional support and which meant that people's needs were identified and supported well.

Met - outwith timescales

Requirement 3

The provider must, by 31 October 2019, develop effective and robust quality assurance systems. To ensure this, the provider must put in place a system to:

- Ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff.
- Ensure all health and safety monitoring checks are carried out at required intervals.
- Develop systems to monitor compliance with required health and safety checks.
- Ensure areas for improvement are identified, appropriately recorded and followed-up with outcomes and improvements clearly identified.
- Ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role.
- Ensure the views of people using the service or their representatives are sought on a regular basis and used to plan and make improvements to the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and to comply with Regulation 4 (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

Not formally assessed or evaluated at this inspection which focused upon care and support provided during the COVID19 pandemic.

Not assessed at this inspection

Requirement 4

The provider must, 31 October 2019, ensure residents' rights are upheld and that they have access to adequate resources to meet their health and wellbeing needs. The service must also ensure residents have access to independent advocacy services.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "My human rights are protected and promoted and I experience no discrimination" (HSCS 1.2) and to comply with Regulation 4 (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

Not formally assessed or evaluated at this inspection which focused upon care and support provided during the COVID19 pandemic.

Not assessed at this inspection

Requirement 5

The provider must, by 31 October 2019, ensure staff receive training appropriate to the work they are to perform.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "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) and to comply with Regulation 4(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

Not formally assessed or evaluated at this inspection which focused upon care and support provided during the COVID19 pandemic.

Not assessed at this inspection

Requirement 6

In order to safeguard the health, safety and wellbeing of residents the service must, by 31 October 2019, develop and implement risk assessment and management plans.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I am protected from harm because people are alert and respond to signs of significant deterioration in

my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21) and to comply with Regulation 4 (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

Not formally assessed or evaluated at this inspection which focused upon care and support provided during the COVID19 pandemic.

Not assessed at this inspection

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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