

## Braid Hills Nursing Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 October 2020

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

**Service provider number:**  
SP2003002354

**Service no:**  
CS2003010604

## About the service

Braid Hills Nursing Centre is a care home that is registered to provide care to a maximum of 119 people; 95 older people and a maximum of 24 people with a physical disability. It is owned and run by BUPA Care Homes (ANS) Limited.

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

Accommodation is provided on two floors, and access to the first floor is by stairs, passenger lift or stair lift fitted to the main staircase. The home is divided into five units: Kingsknowe provides care for people under the age of 65 years with physical or sensory impairment; Dalmahoy and Muirfield provide care for older people who are physically frail; and Hermitage and Swanston provide care for older people who have dementia or other memory problems. Each unit has a lounge, dining area, shared bathrooms and toilets. All bedrooms have en-suite toilet and wash basin, with a small number also having en-suite shower facilities. Some units have a visitor lounge and the ground floor units have direct access to enclosed garden areas. There are central facilities in the home for cooking and laundry.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisors from the Care Inspectorate and NHS Lothian.

## What people told us

We spoke with 20 staff members and six people who were using the service. Some comments from residents included:

"I'm fed up, there's nothing to do."

"It's ok here."

"Staff are helpful and the food is alright."

"The garden is nice."

"Staff are kind."

## 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?	1 - Unsatisfactory
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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?

### 1 - Unsatisfactory

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

The focus of this inspection was to evaluate the care and support which people had received during the COVID-19 pandemic. We evaluated people's wellbeing as weak.

It is important that people experience care and support which is compassionate and that there are warm relationships between staff and the people they support. People were positive about the staff and commented that staff were, 'pleasant' and they were 'looked after'.

Although records indicated that group and one-to-one activities took place, we did not see people engaged in any activities. People were not encouraged to move around and keep active. Meaningful activity would improve people's mental and physical health. (See area for improvement 1.)

Staff told us that they used technology to support contact between people and their families. Some staff were unclear when families were visiting. The service could improve their communications around visiting so that all staff are aware of when people are receiving visitors. This would mean that all staff would have clear guidance to support people to stay in touch with their families in a consistent way. (See area for improvement 2.)

Personal support plans were reviewed and updated monthly throughout the COVID-19 pandemic. Anticipatory care plans were in place to ensure people's needs and wishes were met.

Staff's knowledge and understanding of infection prevention and control practices varied across units. Whilst one unit showed very good practice this was not replicated in other units. There was clear signage on bedroom doors when someone was in isolation but this was not seen in all units. This meant that not all staff were aware, which put both staff and residents at greater risk. (See requirement 1.)

We observed lunch in different units. Consideration should be given to providing some visual choices for those with additional needs. A mealtime experience audit involving residents and relatives should be carried out to ensure that all people enjoy suitably presented healthy meals and snacks and participate in menu planning (See area for improvement 3.)

For the people living with dementia we saw very few positive staff interactions and interventions particularly when residents asked for assistance. One resident was ignored whilst staff went about their work. We saw lunch left sitting on a table for one person and a plate of food left in one person's lap. The food was cold and no assistance was offered. This meant opportunities to support people better were potentially missed. (See area for improvement 4.)

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

During an outbreak of COVID-19, the application of strict infection prevention and control procedures are important to make sure people are safe. We found the performance of the service in infection prevention and control practices to support a safe environment, were unsatisfactory.

On the first day of the inspection, we observed that staff practice regarding the management, prevention

and control of infection did not comply with current best practice guidance. We found areas within the home to be dirty with visible food crumbs on the floors, stained worktops, and dirty tables and chairs. Concerns were raised with the provider about the cleanliness of the environment and the equipment used by residents. The provider was asked to address this immediately. We found improvement in the cleanliness of the home when we returned on the second day.

People should experience an environment which is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. The service had a quarterly infection control audit tool in place however, this was ineffective. Staff were unsure about the quality assurance systems and processes that were in place. Without improvement as a matter of priority, the welfare and safety of people may be compromised. (See requirement 1.)

Some areas of the home were in need of refurbishment to ensure effective cleaning and we were told that these were on an improvement plan that had been paused due to the pandemic. We identified that there was a lack of management oversight of daily and weekly enhanced cleaning schedules which required to be addressed. This meant that we could not be assured that satisfactory levels of cleanliness were consistently maintained. (See requirement 1.)

Some en-suite bedrooms were used to store communal equipment. The equipment store was very cluttered with wheelchairs, bedrails and communal hoists and was in need of cleaning. This meant that it was difficult for a deep clean to take place and heightened the risk of infection. The provider agreed to address this before the end of the inspection.

There were adequate housekeeping staff on duty however, they lacked training and confidence in using cleaning materials and were unaware of what cleaning schedules were in place. Housekeeping trollies were seen to be dirty. A review of the cleaning schedule and the order of the tasks completed would be helpful to reduce the risk of infection and cross contamination of equipment. (See requirement 2.)

Staff did not follow best practice with personal protective equipment (PPE), for example we saw staff wearing face masks below their nose and some staff were touching their face and mask. On a few occasions, we saw some staff touching objects and surfaces without removing or changing their PPE. There was adequate PPE available, but it was not stored properly and was situated on the handrails which made cleaning difficult and was hazardous if people required to use the handrails.

Staff were not knowledgeable in infection prevention and control practises. There was a shortage of clinical waste bins for doffing PPE in some areas of the home. There are large clinical waste bins in the sluice rooms. Staff spoken to were unaware about what training in infection prevention control they had completed. We discussed the importance of acting on these matters in order to minimise the risk of infection and protect people. We gave the provider time to make improvements and we were given assurance that improvements would be completed. (See requirement 2.)

Unsatisfactory performance requires action in the form of structured and planned improvement, by the provider, with a mechanism to demonstrate clearly that sustainable improvements have been made.

On the second day of the inspection good progress had been made with the cleanliness of the environment. However, there remained a concern about communal equipment being cleaned effectively. There were issues in the outdoor waste storage area. Bins were overflowing with a number of waste bags not stored in covered containers. The recycling and household waste had not been collected, however the clinical waste was not a concern. The management were aware of this and were trying to resolve the issue with the contractor. We will follow this up at the next inspection. (See requirement 1.)

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

We evaluated that staffing arrangements in relation to the changing needs of people experiencing care were weak.

We saw that some staff worked hard and had a good relationship with residents and were caring and kind. There were thank you cards from relatives who praised staff for being so supportive and caring over the period of the COVID-19 pandemic.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We spoke with staff during our visit, however they were not confident in infection prevention and control practice or in the safe and effective use of personal protective equipment (PPE). We did not see any records that staff were assessed as being competent in their practice. NHS Lothian agreed to provide support with infection prevention and control practice and training to the home. (See requirement 2.)

There were limited facilities available for staff hand washing and disposal of PPE in the sluice areas. The provider requires to look into resolving this issue. (See requirement 2.)

Some staff were able to describe the changes in practice they had made since the pandemic had begun including supporting people to maintain social distancing and the use of additional PPE when supporting people. However, we saw staff putting on aprons and wearing gloves when not required, and not adhering to the WHO hand hygiene guidelines. There was outdated guidance on PPE noted in the BUPA posters in three out of the four sluice areas. We asked staff about this and some seemed unsure about when some aspects of PPE should be worn. We discussed the importance of this to help reduce the risk of infection. (See requirement 2.)

There were sufficient staff on duty in each of the units but we found some staff were not confident meeting the individual needs of some people effectively. It was reported that agency staff were used and there was continuity with the staff supplied. In one unit, we observed an agency member of staff engage with several residents in a confident way, they knew their likes and dislikes, and how they should be supported with their care and support.

### Requirements

1. By 31 October 2020, in order to ensure the health, wellbeing and safety of service users, the provider must improve infection prevention and control measures to ensure people are safe. This must include but is not limited to:

- introducing improved communication practices between staff and management on infection prevention and control, including appropriate use of signage when people are self isolating, regular monitoring of staff practice and increasing staff knowledge and understanding of infection prevention practices
- the home environment and fixtures and furnishings have had enhanced cleaning following Health Protection Scotland guidance. Furnishings and equipment must be fit for purpose, clean, hygienic and in a good state of repair.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which

state:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

And in order to comply with Regulations 4(1)(a) and (d) welfare of users and procedures for the prevention and control of infection and Regulation 9(2)(b) skills, knowledge and experience of staff and Regulation 10(1) Fitness of premises of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. Unsafe practice was observed in the use of personal protective equipment (PPE).

By 31 October 2020, the provider must ensure that all staff are trained and competent in infection prevention and control procedures, this includes but is not limited to:

- all staff, including catering, domestic and laundry staff, are trained in the correct procedures for donning, doffing and disposal of PPE and have the correct type of PPE for the work they are to carry out, as stated in the Health Protection Scotland guidance of 20 May 2020 entitled COVID-19 Information and Guidance for Care Home Settings
- make available sufficient PPE stations with appropriate signage and PPE clinical disposal bins in key locations throughout the service.

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 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 2011 (SSI 2011/210).

## Areas for improvement

1. To make sure that people experiencing care can take part in activities meaningful to them, the provider should ensure:

- that people benefit from a range of activity that takes account of the current restrictions resulting from COVID-19
- staff are available in each unit to lead activities and encourage people to remain active on a regular basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)

2. To make sure that people experiencing care, their families and those important to them are kept fully informed, improvements should be made to systems of communication. To achieve this, the provider should support people to maintain regular contact with those important to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)

'I am encouraged and supported to make and keep friendships, including with people my own age.' (HSCS 2.19)

3. In order to improve outcomes for people experiencing care, the manager should implement an audit of mealtime experiences for residents. This should include a review of the menus and involve residents and relatives and can be cross referenced to individuals' likes and dislikes and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

4. People who live with dementia should be well supported. To improve this, staff should have a good knowledge of dementia care and how to recognise and support people presenting with stress and distress.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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)

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

### Requirements

#### Requirement 1

This requirement was made following a complaint investigation.

The provider must improve the provision of oral care and ensure that this is recorded in people's personal plans. People should be helped to keep their teeth and mouths clean in a way that is acceptable and appropriate to their individual needs. The provider must ensure that managers are involved in monitoring and the audit of all oral healthcare records.

To be completed by: 30 March 2020.

This is in order to comply with:

Health and Social Care Standards

1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 19 February 2020.**

#### Action taken on previous requirement

This requirement has not been met.

**Not met**

#### Requirement 2

This requirement was made following a complaint investigation.

The provider must make proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are in line with good practice. The provision of activities must be clearly recorded within individual's personal plans and activity planners. The provider should ensure that robust audits take place.

To be completed by: 30 March 2020.

This is in order to comply with:

Health and Social Care Standards



1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 19 February 2020.**

#### Action taken on previous requirement

Although we looked at what activities had been provided throughout COVID-19 pandemic, a fuller examination of individual's personal plans and activity planners would have to be undertaken. This requirement was not fully assessed at this inspection.

**Not assessed at this inspection**

## 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

Residents should expect to receive care that is right for them and is what they need and want. In order to achieve this, care plans should contain personalised information that sets out how residents' needs should be met and includes their wishes and choices. Care plans should contain accurate information that is updated when residents' needs change.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19)

'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)

**This area for improvement was made on 31 October 2019.**

#### Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

#### Previous area for improvement 2

In order for residents to have an active life and experience a range of social activities, the service should develop the range of recreational opportunities on offer, both in and out of the home.

The service should use information gained from evaluations of activities, overview records and feedback from residents to develop a programme, for both group and individual activities. This will help to develop the range of social opportunities that is meaningful for each resident.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)

**This area for improvement was made on 31 October 2019.**

## Action taken since then

Further improvements require to be made. This is not met.

## Previous area for improvement 3

Residents' mealtime experience and enjoyment of food could be enhanced by making some improvements:

- Menu choices should be available for residents on altered texture diets and that these are labelled so staff are able to remind residents of their choice.
- Changes in menu options should be better communicated to staff and residents.
- The choice of snacks available in night boxes should be reviewed to widen the selection on offer.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33)

**This area for improvement was made on 31 October 2019.**

## Action taken since then

Further improvements require to be made. There are aspects of this not met.

## Previous area for improvement 4

The provider should ensure the numbers and deployment of staff meet the needs of residents. When calculating the numbers of staff required, the amount of direct care time in staff roles should be taken into account, along with factors such as the layout of the building and each unit, and the deployment of staff on each shift.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state:

'My needs are met by the right number of people.' (HSCS 3.15)

'People have time to support and care for me and to speak with me.' (HSCS 3.16)

**This area for improvement was made on 31 October 2019.**

**Action taken since then**

Focused COVID-19 inspection. This area was not assessed at this inspection.

**Previous area for improvement 5**

The provider should ensure that staff complete training needed in order to meet the needs of residents and appropriate to their role.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) 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)

**This area for improvement was made on 31 October 2019.**

**Action taken since then**

Focused COVID-19 inspection. This area was not assessed at this inspection.

**Previous area for improvement 6**

Residents should expect to live in a setting that is homely, comfortable and has well maintained, high quality facilities that meets their needs. In order to facilitate this, the service should:

- Complete a review of the home environment and identify areas that need updated, redecorated or other works, including replacement or repair of equipment and furnishings. An action plan for this should be sent to the Care Inspectorate that outlines works to be completed and timescales for this. This should be provided to the Care Inspectorate by 14 November 2018.

- Take action to improve the standard of cleanliness of the premises and equipment, and to minimise malodours in the home.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18)

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

**This area for improvement was made on 31 October 2019.**

**Action taken since then**

See requirement 1. This is not met.

**Previous area for improvement 7**

The provider should ensure that care reviews evidence that a detailed review of residents' care and support needs has been undertaken. This should include:

- views and comments for residents and relatives.

- information on what was discussed and actions needed following the review.
- confirmation that those involved are in agreement to the minutes of reviews.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state:

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

**This area for improvement was made on 31 October 2019.**

#### Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

#### Previous area for improvement 8

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

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state:

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

**This area for improvement was made on 31 October 2019.**

#### Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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