

Burnbrae Care Home Service

Burnbrae Road
Falkirk
FK1 5SD

Telephone: 01324 501850

Type of inspection:
Unannounced

Completed on:
8 March 2021

Service provided by:
Falkirk Council

Service provider number:
SP2004006884

Service no:
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.

Twenty four people were resident in the home during the inspection visit.

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 less mobile 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.

Repairs and refurbishment of two communal bathrooms had been delayed during the pandemic. The provider is now progressing 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 a large outdoor space and has a pleasant courtyard garden which is generally well used by people living in the home and staff.

This was a focused follow-up inspection to evaluate how the service has responded to the requirements made at the previous inspection during the COVID-19 pandemic. This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

People said they were happy living in the home. They knew staff well and had built up good relationships with them. People told us they felt safe and at home.

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

Requirements

Requirement 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 which state that:

'My environment is secure and safe' (HSCS 5.17);
 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22);
 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.

We have agreed to extend the timescale and expect this to be met by no later than 30 November 2020.

This requirement was made on 24 August 2020.

Action taken on previous requirement

We found the home provided a fresh, clean and welcoming environment for people to live and work in. A comprehensive cleaning schedule was in place based upon guidance from Health Protection Scotland. The schedule provided clear guidance for staff about how often cleaning should be carried out and which cleaning products to use. Cleaning records were completed consistently and housekeeping staff often carried out extra tasks. Records demonstrated that care equipment was cleaned after each use and regular checks were carried out to ensure equipment was safe and fit for purpose.

Audits were carried out on a regular basis to ensure compliance with infection prevention and control procedures. However, audit tools were generally in tick box format and areas for improvement were not identified or addressed.

Hand hygiene observations were carried out but they did not identify the staff member who was observed or areas for improvement. The manager told us staff are awaiting further training from NHS Forth Valley Infection Prevention and Control to improve this practice. We observed staff using and disposing of PPE appropriately but observations of staff practice should be carried out on a regular basis to ensure compliance and safety is maintained.

On the day of the inspection one unit was being refurbished. This included fitting a new kitchen, flooring and decoration. Two bath/shower rooms were scheduled to be refurbished in the near future. This would provide a comfortable and safe living environment that people could enjoy.

We were satisfied that the procedures in the home were sufficient to prevent and control infection in the home. Nonetheless, further improvements in quality assurance systems are needed to ensure improvements are sustained and people's health, safety and welfare continues to be protected.

Met - outwith timescales

Requirement 2

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; and
- 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 that:

'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, Scottish Statutory Instruments 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

Quality assurance systems should oversee the quality of care and support offered to people using services and their carers. A range of audits were carried out across areas of the home including health and safety, care and support and infection prevention and control. These were carried out regularly and would take some considerable time to complete. Although large amounts of information was gathered, this was not effectively analysed to improve outcomes for people living in the home.

Audits were generally in a tick box format. They did not provide any information about observations or findings and areas for improvement were not identified or addressed. For example, successive infection prevention and control audits found only partial compliance with the need for equipment to be labelled with the date it was inspected. There was no record of action taken to address this area for improvement. We noted the repairs and maintenance log was not monitored to ensure repairs had been carried out. This put people's health and safety at risk.

Quality assurance systems should provide opportunities for people living in the home and their carers to be involved in identifying their individual outcomes; shaping their care plans, services and organisational policies and procedures. People had not been asked to give their views about the service they received since the last inspection. People were not involved in developing or reviewing their care plans. However, people were consulted about changes to the menu and their satisfaction with the meals provided in the home.

We could not find evidence that leaders in the service promoted and supported a culture of evaluation and continuous improvement. We concluded that there was a lack of understanding of the purpose of quality assurance. Further improvement is required to ensure quality assurance systems effect improved experiences for people.

The provider must meet this requirement by 11 June 2021.

Not met

Requirement 3

The provider must, by 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, Scottish Statutory Instruments 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

Staff demonstrated appropriate knowledge and understanding of the actions required to ensure people's rights were upheld. For example, the manager would raise issues with their line manager and other relevant professionals if people were not able to access financial resources. Independent advocacy services were available for people.

The home managed most people's personal allowances as they did not have capacity to do this independently. In these cases, people were not operating a bank account and could not purchase goods or services online. The provider's financial systems and processes could not provide this facility. This meant people could not purchase items that were cheaper or only available online. This put people at financial and social disadvantage.

The provider should review its procedures to ensure people have equal access to resources.

This requirement must be met by 11 June 2021.

Not met

Requirement 4

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 that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational code.' (HSCS 3.14); and to comply with Regulation 4(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

We found staff had not undertaken the training they required to meet the needs of people living in the home.

Analysis of staff's training needs was not carried out. Mandatory training such as moving and handling, was not up-to-date. This put people using the service and staff at risk of injury. There was no plan in place to identify and deliver training based upon people's care and support needs. We could not be assured that staff had the skills and knowledge they required to assess, monitor and meet people's needs.

In-person training had been difficult to access during the COVID-19 pandemic. However, alternative methods of delivery were not effectively utilised and training was not prioritised. For example, refresher training was not arranged in response to medication errors. Staff who had made errors no longer administered medication however this had reduced the number of staff available to administer medication creating additional risks to people.

The provider must meet this requirement by 23 April 2021.

Not met

Requirement 5

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 that:

'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, Scottish Statutory Instruments 2011/210.

This requirement was made on 2 October 2019.

Action taken on previous requirement

We found risks to people's health, safety and welfare were not always identified. This meant appropriate risk assessments and management plans were not developed and people continued to be at significant risk.

Gaps in management oversight meant significant risks were not identified or addressed. Falls risk assessments were not effectively reviewed when people sustained serious injury. Remedial actions necessary to reduce the risk of further falls were not identified or implemented and people continued to be at risk of harm and injury.

The provider must ensure staff undertake training that provides staff with the knowledge and understanding to balance the need for safety and people's right to take positive, life enhancing risks.

The provider must meet this requirement by 9 April 2021.

Not met

Requirement 6

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 that:

'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, Scottish Statutory Instruments 2011/210.

This requirement was made on 2 October 2020.

Action taken on previous requirement

Activity care plans were developed to identify and record activities that were purposeful and meaningful for people. Staff understood the importance of meaningful activity in maintaining physical, emotional and psychological health. A member of staff supported people to participate in meaningful activities on a one to one basis. A socially distanced day service was also being offered. Records of the support offered for people demonstrated a person-centred, compassionate approach.

There were no management systems in place to plan the deployment of staff on shift. Staffing levels in the home had temporarily increased with the addition of staff from day services not operating during the COVID-19 pandemic. However, additional staff were not used flexibly to reduce risks or meet people's changing needs. The manager told us staff knew the home and where they needed to work but staff told us units in the home were left unmanned when, for example, they went to the kitchen to collect food trolleys. The lack of management oversight of the deployment and skill mix of staffing across the home placed people at risk of harm and their needs not being met appropriately.

The provider must meet this requirement by 9 April 2021.

Not met

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

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 on refurbishing communal bathrooms to minimise the risk of infection and improve the quality of the environment for those residents.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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 24 August 2020.

Action taken since then

One unit in the home was being refurbished during the inspection. This included replacing the kitchen, flooring and blinds in the communal areas and redecorating. A new sofa had also been purchased.

Two bathrooms were due to be refurbished in the near future. This would ensure people enjoyed a clean, safe and comfortable living environment.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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