

Burnbrae Care Home Service

Burnbrae Road
Falkirk
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Type of inspection:
Unannounced

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Service provided by:
Falkirk Council

Service provider number:
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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

We spoke with people who had recently moved into the home. People told us they had settled in well and were happy with the décor and furnishings in their bedrooms.

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 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 Service Regulations, Scottish Statutory Instruments 2011/210).

This requirement was made on 2 October 2019.

Action taken on previous requirement

We found the planning, monitoring and recording of staff training had improved. A new training tracker had been implemented and was updated weekly by a designated member of the management team. This gave an overview of when training was due, booked and completed. Key training in risk assessment, adult support and protection and dementia awareness was planned and staff had undertaken core training including infection prevention and control, falls prevention and management and moving and handling. This improved outcomes for people.

There was confusion about who had responsibility for monitoring and booking online training. The provider should provide guidance to ensure on line training is managed effectively.

A service training plan had been developed to meet the learning and development needs of staff. The manager told us staff's training needs were discussed on an individual basis. There was no evidence that a training needs analysis of the staff team was used to inform the training plan. This meant we were not confident that all training needs were captured or appropriately prioritised. For example, due to the closure of a local care home, there had been a number of planned admissions to the home. Although some staff had transferred with the residents, existing staff had not yet undertaken training required to meet people's specific mental health support needs. Risk assessment training was identified as a training need on the training plan but no dates had been agreed. This meant people were at risk of experiencing poor outcomes.

We identified gaps in the recording and evaluation of people's food and fluid intake and recordings in people's care notes were not always suitably detailed or accurate. This could put the health, safety and welfare of people at risk. The service should provide staff with training and ongoing support to ensure record keeping is safe and effective.

Not met

Requirement 2

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

A range of person centred and values led risk assessments had been developed and implemented. Risk assessments addressed health and safety risks including falls and choking. This meant people's health, safety and welfare outcomes were improved. Risks to people's emotional and psychological health had been identified. For example, people living with dementia were identified as being at risk of social isolation as

their communication needs changed. Risks to people's dignity were addressed by identifying the need to ensure privacy and sensitivity when providing support with personal care. This helped preserve people's self esteem and sense of identity.

Risk assessments demonstrated staff's knowledge and understanding of people's needs, choices and preferences in the strategies identified to reduce risks. This included information about how to include people at risk of social isolation in meaningful activities.

We found not all risks to people were identified, assessed or addressed. Charts were in place to monitor the fluid intake of people who were assessed as being at risk of dehydration but risk assessments were not in place. There was no guidance in place to inform staff's practice and staff had not undertaken training. Fluid intake charts were not monitored or evaluated. This meant people were at risk of harm.

One person was living with advanced dementia and could no longer tell staff when they experienced pain. A risk assessment was not in place and pain assessment tools were not in use. This meant people were at risk of experiencing unresolved pain.

Further improvement is required to ensure all risks to people's health, safety, and welfare are identified and addressed.

Not met

Requirement 3

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 2019.

Action taken on previous requirement

Staff had undertaken training in using tools to assess people's needs. This information was used to determine the amount of staff required on each shift to meet people's needs. Completed assessment tools we sampled were detailed and demonstrated staff's increased knowledge and understanding.

Protocols had been developed detailing the needs of people and risks in each unit of the home. This included the number of staff required in each unit per shift. During the inspection we found the staffing

level requirements were not met in one unit due to staff shortages. This put the health and safety of people at risk. We noted a member of the management team was in the home but did not provide support in the unit as stipulated in the staffing level protocol. The provider told us there would be an increased presence from members of the management team in the units going forward. This would ensure appropriate levels of support for people living in the home.

The provider should further develop their staffing contingency plans and ensure staffing level protocols are adhered to at all times.

Not met

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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