

# Berelands House Care Home Service Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 July 2021

**Service provided by:**  
Amore (Prestwick) Limited

**Service provider number:**  
SP2011011570

**Service no:**  
CS2009228609

## About the service

Berelands House is registered to provide a care service to a maximum of 63 older people. A maximum of six beds may be used for respite care. At the time of this inspection, the service was full with 63 people living in the service.

The provider is Amore (Prestwick) Limited.

Berelands House is a purpose built care home situated in a residential area in the town of Prestwick. The care home has 63 single ensuite bedrooms over two floors. Primrose Unit, which is located on the ground floor, has 28 places for frail elderly care and Skylark, which is located on the upper floor, has 35 places for dementia care.

There are lounges and dining areas on each floor and several themed areas including a cinema room, hairdressing salon, tea room and reminiscence areas. The home also has a central courtyard and garden area to provide residents with safe outdoor space.

This courtyard has been creatively designed with various styles of shop fronts and facias that help to create a high street town centre feel. This has been very beneficial to residents and their relatives when they visit, especially during the summer months for people to sit out and enjoy the atmosphere this helps to create.

The service's stated aim is:

For the team at Berelands Care Home to offer a professional and high standard of care to all our residents. We offer long-term and short-term care for frail elderly residents and residents with dementia over the age of 55 years.

The home provides an environment where individuality is emphasised and the privacy and dignity of our residents is recognised. Privacy - the right of individuals to be left alone undisturbed whenever they wish. Dignity - the understanding of the individuals needs and treating them with respect.

## What people told us

We observed genuine, warm and nurturing interactions between people using the service and staff. We concluded that people overall benefit from positive relationships developed by the staff team.

We heard some positive comments and some constructive feedback from people who live in the home:

"I feel well looked after, the staff are caring and kind."

"The food is not to my taste, I have spoken to staff but nothing changes."

"I feel safe here."

We heard from two relatives whilst they visited their family members and the feedback was positive:

"I am very happy with the service."

"The staff and management have been fantastic over the past year."

"The staff are caring towards my relative."

"I received daily phone calls when I wasn't able to visit."

## 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 well do we support people's wellbeing?                     | 3 - Adequate |
| How good is our care and support during the COVID-19 pandemic? | 2 - Weak     |

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

We observed positive interaction between staff and people living in the home. People's needs were being met and we saw blankets been given to a person who felt cold. This assured us that people received warmth, kindness and compassion in how they are supported.

We heard positive feedback from relatives about the care and support their family members received. Relatives told us that the staff and management had been "fantastic" during the pandemic and that they were kept fully informed of their family members wellbeing. Relatives we spoke with were in the home visiting their family member in line with Scottish Government Open with Care guidance.

Monthly and weekly activities programmes had been developed by activities staff. We saw people in the garden area enjoying a garden party with live music, however we saw little of any other form of activity. Each person has a social and leisure assessment that should inform activities that are important to them, however many of these were blank. Having meaningful things to do is important for giving people a sense of purpose and wellbeing. (See Area for Improvement 1).

The service demonstrated good working relationships with health professionals that included a local GP, psychiatrists, dieticians and speech and language therapists. People's health and wellbeing was well managed through ongoing assessments. Staff were quick to recognise and address any health concerns. This told us people's changing health needs were being monitored. We reviewed people's medication and found that it was appropriately managed.

Overall, we concluded that the level of care and support that people who use the service received was adequate.

## Areas for improvement

1. The service should offer activities that are organised to improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

This ensures care and support is consistent with the Health and Social Care Standards, 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)

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

2 - Weak

We evaluated how well infection control practices support a safe environment for people experiencing care and staff. We concluded that there were strengths, but that these were compromised by significant weaknesses. When added together these weaknesses substantially increased people's risk of infection and required actions to improve.

The general environment appeared clean, was well designed to promote easy cleaning, and created a homely feel. There was good signage throughout the home to help orientate people who are living with dementia.

Whilst the service had introduced a number of procedures which followed good infection control practice, we identified areas which could pose significant risk to people. This included the use of disinfectant solution for the cleaning of surfaces and equipment which did not adhere to mandatory guidance in that it was not a chlorine releasing disinfectant. (See Requirement 1).

The service had introduced procedures for the laundry room, such as one-way systems for clean and used items. However, we found that not all items were laundered at the correct temperature to achieve disinfection. We were not confident that the laundry staff were aware of the national guidance. In addition, we identified that improvements were needed regarding the appropriate disposal of clinical waste alongside the lack of provision of recommended cleaning products that adhered to mandatory guidance. These improvements would ensure that people were at less risk of any cross infection. Housekeeping staff were not aware of national guidance on infection prevention and control cleaning procedures. Staff were using colour coded mops and buckets for specified areas, however, mop heads and water within the mop buckets were not being changed at regular intervals. This increased the risk of cross contamination. (See Requirement 1).

The home had a few quality assurance audits in place, however, these were not identifying issues or the areas of concern which we had identified. Quality assurance systems need to be more robust to quickly identify areas for improvement with associated responsive action. (See Area for Improvement 1).

PPE stations and clinical waste bins were sparse throughout the home, this was addressed immediately by the provider who was very responsive to our findings.

Staff had received training in infection prevention and control, the correct use of PPE and handwashing. Staff observations of practice were not recorded and there was no indication of reflective practice which would give people using the service and management the confidence that staff were competent in infection prevention and control practices. (See Area for Improvement 2).

There were sufficient staff to respond to the needs of people. A dependency assessment is used to inform staffing levels. This considers the changing health needs of people and if the correct staffing levels are in place to meet these needs.

## Requirements

1. By Monday 26 July 21 the provider should ensure that people experience an environment that is clean, infection free and follows national guidance. To achieve this, the provider must:

1. ensure all staff consistently adhere to national guidance not limited to but including the National Infection Prevention Control Manual, and Scottish COVID 19 Care Home Infection prevention and control addendum and Health Protection Scotland COVID 19 Information and guidance for care homes, in particular relation to:

- provision of a chlorine releasing disinfectant for the decontamination of care equipment and the environment including the disinfection of frequently touched surfaces.
- ensure staff are bare below the elbows and not wearing wrist jewellery or stoned rings including observation of compliance.
- ensure that the washing process for used and infectious linen includes a disinfection cycle where the temperature should be maintained at 65°C for not less than 10 minutes or, preferably, not less than 71°C for not less than 3 minutes.
- ensure all staff are familiar with and understand the importance of adherence with national guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17) and to comply with Regulation 4(1)(a)- Welfare of users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. The service should have in place a clear audit of the environment so that any issues or areas of concern are quickly identified and improved upon.

This ensures that care and support is consistent with the Health and Social Care Standards which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices'. (HSCS 5.21) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.22)

2. Staff should be supported to complete reflective accounts and participate in direct observations which should be recorded. This will provide assurance to the provider that staff understand and apply training undertaken and follow best practice guidance in their day-to-day practices.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): 3.14 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."

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

|  |              |
|--|--------------|
| How well do we support people's wellbeing?               | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect    | 4 - Good     |
| 1.2 People get the most out of life                      | 3 - Adequate |
| 1.3 People's health benefits from their care and support | 4 - Good     |

|   |              |
|---|--------------|
| How good is our care and support during the COVID-19 pandemic?                                    | 2 - Weak     |
| 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        | 3 - Adequate |

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