

## Briery Park Care Home Service

New Street  
Thornhill  
DG3 5NJ

Telephone: 01848 332 000

**Type of inspection:**  
Unannounced

**Completed on:**  
5 October 2021

**Service provided by:**  
Abee-Mayu Gunpath

**Service provider number:**  
SP2008968599

**Service no:**  
CS2008169826

## About the service

Briery Park is a care home service registered to provide care to a maximum of 31 older people with physical and/or sensory impairment. One place is available for short break/respite care. The service is located in Thornhill town centre in Dumfries and Galloway, with easy access to local amenities. The provider is Briery Park.

The premises is a flat-roofed building on one level, which has been extended. There are different small group living areas in the home for residents to sit. These include dining and snack making facilities.

All bedrooms are single rooms, with ensuite toilet and wash-hand basin. The gardens surrounding the home offer pleasant places to sit. There are car parking spaces to the front and side of the building.

The service do not employ nurses as part of the staff group. Nursing needs are met by referral to district nurses or other health care professionals as specific needs arise.

At the time of the inspection, there were 26 residents living at Briery Park.

The service states its aim is to:

"Provide twenty-four-hour care in a homely and friendly atmosphere in a safe and secure environment."

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 two inspectors from the Care Inspectorate.

## What people told us

In order to gain the views of people using the service we spent time at Briery Park speaking to people who live in the home and observing people and staff.

We witnessed positive interactions between people and staff. People spoke positively of the staff but commented that at times they felt there were not enough staff. People told us that the food was very good and they could choose what they had to eat.

Relatives and visiting professional were consulted during the inspection. Overall, feedback received was positive but people also told us they thought the home was understaffed. Relatives were happy with the care and support the service were providing.

Comments from people included:

"Food is excellent"

"Staff are marvellous"

"Staff try hard and they do well"

"Mother has really good care staff working with her, they are really good with her and she really appreciates that"

"There is a good rapport with the staff and she really enjoys that there is a hairdresser who visits"

### 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our setting?	2 - Weak
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? 2 - Weak

We reviewed how well the service was supporting people's wellbeing. Strengths were identified however these were outweighed by significant weaknesses.

We observed positive interactions between people and staff. People receiving care appeared at ease with staff who were observed to provide caring and compassionate support. Due to staffing arrangements, at times, people had to wait on staff to attend to their needs. One person told us "Staff are very nice but we wait so long once we press the buzzer for assistance.". This meant that some people's wishes and choices were restricted due to lack of staff available to respond.

The service were in the process of recruiting an activity coordinator. There was no activity programme in place and we did not observe any activities during our visit. Staff acknowledged that they did not have time to spend with people except when providing direct care. We observed long periods when people were sitting in communal areas, or alone in their bedrooms, inactive. The provision of activities should be reviewed to prevent people from becoming socially isolated. We have repeated an area for improvement from the previous inspection.

See area for improvement 1.

People who were able to kept in contact with family and friends using telephone or technology, such as iPad. People told us about time spent out of the home with their family, and we observed people going out into the community with visitors. The service required to review and update their visiting procedures in line with the principles of 'Open with Care' guidance, this would make visits less restrictive.

The service had links to health and social care professionals. The community nursing team visited the home on a daily basis. Communication entries within personal plans evidenced that referrals were made to other services for intervention. We spoke with visiting professionals who told us that care staff followed the advice they provided. However, we found some health-related risk assessments were incorrectly completed, not evaluated or not completed at all. This could impact on people receiving the intervention and care they required, putting their health at risk.

We found personal plans stored in files which were decaying when touched. We asked the manager to purchase new files to store peoples personal and confidential information.

Some of the personal plans completed for people who had lived at the home for a period of time contained personalised information and good examples of 'My life story'. However, other information did not reflect peoples current needs. There was an absence of care planning around specific health issues, for example dementia or arthritis, and no stress or distress care plans for people who need this. Not all people had anticipatory care plans in place to set out their wishes should their health needs change.

Some people had incomplete personal plans. Others with complex health needs had no assessments or care plans in place, although they had lived in the home for over 3 months. Up to date information on how to provide peoples care and support was not available to direct care staff, and this could put people's health and welfare at risk. Evaluations and reviews of people's care were not always completed despite significant changes in health needs. These require to be completed in order to guide staff who deliver care. See requirement 1

People receiving care should have their care and support monitored when a need has been identified. Daily recorded information, including food and fluid intake charts and repositioning charts lacked guidance. There were gaps in recording sheets for these areas and other areas including oral care and the application of topical creams. This reduced the services ability to evaluate if care provided meets people's needs, or when further interventions were required. See requirement 2

Some people had experienced a number of falls in the home and sustained significant injuries. We were not assured people were protected from harm, as the service could not demonstrate a responsive approach to reducing risks when falls occurred. People who experienced falls did not have an up to date falls risk assessment in place or a falls care plan. See requirement 3

Medication administration should be reviewed to consider how this could be more person centred. The use of senior staff only to administer medication meant they had less time to oversee and monitor other issues. We have repeated a recommendation made at the previous inspection. See area for improvement 2

Mealtimes were an important part of every person's day. Many looked forward to the social aspect as well as the food. The meals were of a very good quality, well presented and looked appetising. Special diets were catered for and different options made available so that people on a special diet were not always receiving the same choices. People could choose what time they ate breakfast and people had access to drinks and snack, including freshly prepared fruit.

People's mealtime experiences were impacted by the staffing availability. We observed a person becoming distressed as they waited a considerable time to receive assistance with their meal. The use of dining areas was limited when the home was understaffed because meals were served in the areas where people were

seated. The environment where a person eats can have a significant impact on a person's mealtime experience, health and wellbeing.

## Requirements

1. By 10 December 2021, the service provider must ensure people experiencing care have in place a personal plan which set out how their health and care needs will be met. Where people needs have changed, they should be re assessed and reviewed with input from other healthcare professionals if this is relevant to their care needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and 'My care and support meets my needs and is right for me.' (HSCS 1.19) and in order to comply with Regulation 4(1)(a) and 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

2. By 12 November 2021, the service provider must ensure people experiencing care are having their care and support needs appropriately monitored. This must include, but is not limited to:

- (a) putting in place a system for clear ongoing daily recording documentation when this is required,
- (b) providing clear guidance on peoples care needs to be monitored,
- (c) measuring the efficacy of all required interventions through a review process.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and in order to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 12 November 2021, the service provider must improve the approach to falls prevention and management to promote safe practice and reduce the risk of falls. This must include but is not limited to:

- (a) review the homes falls risk strategy informed by the good practice resources,
- (b) ensure that falls risk assessments and care plans are accurate and focus on the needs of the person,
- (c) ensure that robust falls audits are carried out with action being taken to address any identified concerns.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and in order to comply with Regulation 4(1)(a) and 4(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

## Areas for improvement

1. The service provider should increase the opportunities for:

- (a) meaningful activity for residents,
- (b) encourage more trips out of the home, following local guidance,
- (c) consider ways of involving volunteers in the home to further enhance well-being,
- (d) ensure key staff are aware of legal status so decisions about finances or well-being are reached with the right people, so that people can spend their money and live well.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCP 1.6).

2. The service provider should consider ways of administering medication in a more homely and person-centred way, increasing the staff group who can do this. So that wider improvements can be made to the monitoring of health and use of best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me.' (HSCP 1.9).

## How good is our leadership? 2 - Weak

We reviewed how good the leadership was. Strengths were identified however these were outweighed by significant weaknesses.

There was a temporary change to the management of the home over the previous year. The home had not been managed in a planned way and the provider did not demonstrate effective leadership.

The provider did not comply with the condition of their registration. The number of people accessing respite exceeded the number the service were permitted to provide this service for. Appropriate personal plans were not in place to direct staff on how best to meet the needs of these people as reported under 'How well do we support peoples wellbeing'.

Recommendations made by the Dumfries and Galloway Care Home Tactical Team following their visits were met initially, the service was unable to sustain these improvements.

The provider required to improve their quality assurance systems. The systems and processes that were in place failed to identify actions required and some audits were not completed. There was an absence of leadership and oversight in the home and the service action plan was not driving improvements.  
See requirement 1

There were delays and omissions in the required notifications to the Care Inspectorate. We were not assured that the provider and management team were confident in recognising and reporting information, including incidents of harm or potential harm. This had the potential to result in poor outcomes for people. Improvements were required in recording, reporting and escalation of incidents to the Care Inspectorate and where necessary other bodies.  
See requirement 2

## Requirements

1. By 10 December, the service provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit,
- (b) develop action plans which include specific and measurable actions designed to lead to continuous

- improvements,
- (c) detailed timescales for completion / review,
- (d) alignment systems to good-practice guidance; and
- (e) ensuring staff who undertake quality assurance roles are trained and supported.

This is in order to ensure that 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.' (HSCP4.19) and in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

2. By 12 November 2021, the service provider, must ensure improvement in the oversight, recording and reporting systems to ensure these comply with legal responsibility. The provider must submit relevant and prompt notifications to the Care Inspectorate in line with legislation and notification guidance.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I use a service which is well led and managed.' (HSCS.4.23); 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18) and this is in order to comply with Regulations 21(2)(a-d) of The Regulations of Care (Requirements as to Care Services)(Scotland) Regulations 2002 (SSI 2002/114).

## How good is our setting?

## 2 - Weak

We reviewed how good the setting was. Strengths were identified however these were outweighed by significant weaknesses.

People should benefit from high quality facilities which are safe and well maintained. However, we observed holes in the corridor ceiling beside seating areas and bathroom used by residents. Four large buckets were in place to collect rainwater. We observed uneven flooring in this area and damp walls, putting people at risk of falls and injuries.

There were also other repairs required in the premises in order to make areas safe and facilities within the home fit for purpose.

The provider did not complete environmental checks to identify areas where issues existed. Appropriate remedial plans were not implemented and a planned maintenance programme was not completed. See requirement 1

## Requirements

1. By 12 November 2021, the service provider must ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

- (a) assessing the damage to the ceiling and any additional damage the water may have caused
- (b) carryout immediate repairs to ensure the building is watertight and safe,
- (c) complete an assessment of all repairs required within and out with the premises,
- (d) put in place and implementing a plan for the upgrading of the premises and equipment which sets out all work required,
- (e) how people experiencing care and their representatives will be consulted and involved,

- (f) timescales for commencement and completion of work; and
- (g) notifying relevant external bodies such as the Care Inspectorate and Local Authority.

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) and complies with Regulation 4(1)(a) and 10(2)(b)&(d) and 14(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

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

2 - Weak

We reviewed infection prevention and control practices and if these supported a safe environment for both people experiencing care and staff. We also reviewed if staffing arrangements were responsive to the changing needs of people experiencing care. Strengths were identified however these were outweighed by significant weaknesses.

The provider had procedures in place which included temperature checks prior to visitors entering the building. This was an important way to provide early detection of Covid-19 symptoms. Routine weekly staff testing for Covid-19 also took place to protect people and staff. However, other practice was not in line with guidance. For example, requesting visitors wear full Personal Protective Equipment (PPE) in the building.

Adequate supplies of PPE and alcohol-based hand rub (ABHR) were available throughout the home. Some staff did not follow infection prevention and control good practice. PPE was not always being used correctly and we witnessed staff with inappropriate mask use and staff were wearing watches and therefore not following a bare below the elbow guidance. Staff were not undertaking hand hygiene as they should. This increases the risk of cross infection and puts people at risk. See requirement 1

Overall, most communal areas and bedrooms looked visibly clean. However, there were areas that were cluttered with equipment including empty rooms and bathrooms. We found cushions and wheelchairs which required to be cleaned and we were unable to identify who they belonged to. Cluttered areas make the environment difficult to clean and increased the risk of cross infection.

Shared equipment did not contain up to date records to evidence these were sanitised between use. Hoist slings were shared which increased the risk of cross infection. See area for improvement 1

The service was understaffed and recruitment was ongoing. People were not receiving their care and support within the suggested timescales recorded in their care plans.

Although we acknowledge the difficulty recruiting in the care sector, the manager needs to accurately assess the number of staff required to support people and how staff will be deployed. . Dependency assessments were not completed to determine the number of staff required on shift. We observed that the service was understaffed. See area for improvement 2

The staff team were working extremely hard under the current circumstances and feeling the impact of being understaff. Breaks were not adequate and people were working additional hours to try to meet needs of people. Staff meetings were not taking place and staff supervision had ceased over the last year. See area for improvement 3

While staff had received training, we read training records that indicated updates were now due for some, in



accordance with the provider's policy. The provider had no systematic way to measure the effectiveness of training, including infection control training and Covid-19 guidance. There was a lack of evidence of observation of practice to ensure safe practice was consistently demonstrated. See requirement 1

## Requirements

1. By 12 November 2021, the service provider must ensure people experiencing care have confidence they are protected from harm by way of safe infection prevention and control practices. This must include, but is not limited to:

- (a) putting in place and implementing measures to ensure the correct use of Personal Protective Equipment (PPE),
- (b) ensuring staff know and understand best infection prevention and control practice, and implement this in the work that they do,
- (c) putting in place and implementing a plan to regularly monitor staff practice to ensure that all relevant 'Antimicrobial Resistance and Healthcare Associated Infection Scotland' (ARHAI) infection prevention and control guidance is followed at all times, and take effective and immediate action where it is not.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

## Areas for improvement

1. To reduce the risk of cross infection all people should have their own hoist sling for their sole use. Shared hoist slings must be laundered between each person and system in place to ensure this is carried out.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

2. Dependency assessments should be carried out to help inform staffing levels, skill mix and deployment in order to demonstrate an evidence-based approach to staffing. This should take account the complexity of people's needs, the layout of the setting and other measures linked to quality assurance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people.' (HSCS 3.15).

3. The service provide should reintroduce staff meeting to provide staff the opportunity to meet as a team, share information and stay informed. Staff supervision should be provided to allow staff time to meet with a senior member of staff to discuss and reflect on their work practices, issues or concerns

This is to ensure that care and support is consistent with the Health and Social Care Standards which states "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS4.11).

## 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

The service provider should increase the opportunities for:

- (a) meaningful activity for residents,
- (b) encourage more trips out to local shops/ trips,
- (c) consider ways of involving volunteers in the home to further enhance well-being and
- (d) ensure key staff are aware of legal status so decisions about finances or well-being are reached with the right people, so that people can spend their money and live well.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCP 1.6).

**This area for improvement was made on 23 September 2019.**

#### Action taken since then

This area for improvement had not progressed and will be continued.

#### Previous area for improvement 2

The service provider should consider ways of administering medication in a more homely way, increasing the staff group who can do this. So that wider improvements can be made to the monitoring of health and use of best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me.' (HSCP 1.9).

**This area for improvement was made on 23 September 2019.**

#### Action taken since then

This area for improvement had not progressed and will be continued.

#### Previous area for improvement 3

The service provider should further develop personal plans in order to ensure resident's needs, wishes and choices are more fully identified and met. This should include development of:

- (a) one-page profiles
- (b) methods of identifying what's important to the person
- (c) reviews check legal status, arrangements for spending and record comments/ actions.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me.' (HSCP1.9).

**This area for improvement was made on 23 September 2019.**

## Action taken since then

This area for improvement had not progressed and is now a requirement.

## 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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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