

Briery Park Care Home Service

New Street
Thornhill
DG3 5NJ

Telephone: 01848 332 000

Type of inspection:
Unannounced

Completed on:
13 April 2022

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 of the places is available for respite care.

The service is located in Thornhill town centre in Dumfries and Galloway, with easy access to local amenities.

The premises is a flat-roofed building on one level. There are small group living areas in the home for residents to sit and these include dining and snack making facilities. All bedrooms are single rooms, with en suite toilet and wash-hand basin.

There are gardens surrounding the home which offer pleasant places to sit. There are car parking spaces to the front and side of the building.

About the inspection

This was an unannounced inspection which took place on 6 and 7 April 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people who live at Briery Park and three visiting relatives;
- spoke with staff and the provider;
- spoke with a visiting professional;
- observed staff practice; and
- reviewed documentation.

Key messages

- We observed kind and caring interactions between people living at the home and the staff.
- The staff must improve the monitoring of people's health and care needs to ensure people are receiving the care and support they require.
- The manager should increase the opportunities for people to engage in meaningful activities.
- The manager had introduced measures to ensure that safe infection prevention and control (IPC) practices were followed in order to keep people safe.
- The manager should complete a service training needs analysis to ensure all staff are trained and competent in required areas.
- An improved quality assurance system is required in order to support continuous improvement within the service.

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 leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

We observed kind and caring support being provided by an experienced staff team. People were relaxed and observed to engage well with staff members.

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. See area for improvement 1.

The manager was being supported by external parties to reduce the risk of falls within the home. Falls risk assessments had been completed; the staff were required to action identified interventions and evaluate the outcome of these. See area for improvement 2.

The provider should improve the processes in place to protect people's money and valuables. The service had not followed good practice guidance, which could put people at risk of financial abuse. See requirements under 'How good is our staff team?' and 'How good is our leadership?'.

Opportunities for meaningful activity and engagement were sparse and took place at set times of the day, if staff were available. The provision of activities should be reviewed to prevent people from becoming socially isolated. See area for improvement 3.

The home had good links with services in the local community. The district nursing team visited the home on a daily basis. Visiting professionals spoke positively about the staff team and the care they provided. Most staff demonstrated an understanding of the needs of people. Changes in people's health or wellbeing were referred to other health and social care professionals in order to keep people physically and mentally well.

The meals served within the home were of a very good quality; they were well presented and looked appetising. Special diets were catered for and different options were available. People could choose what time they ate breakfast and had access to drinks and snack, including freshly prepared fruit. Mealtimes were an important part of each person's day. People were observed to enjoy the social aspect as well as the food.

The service recognised the importance of people maintaining meaningful contact with those important to them. Guidance was in place for staff to follow in order to support this. Some people were able to keep in contact with family and friends independently using mobile telephones or technology such as an iPad. When people were unable to visit the service, staff supported people to stay connected with others. Support was provided to communicate using video and audio platforms such as FaceTime.

Visitors were made welcome at the home, and relatives we spoke with were very complimentary about the staff team and the support they provided to their family member. People were supported to get out into the community with their family or friend. This had a positive impact on people's health and wellbeing.

The manager had measures in place to promote safe infection prevention and control practices (IPC) within

the home. Additional housekeeping hours were in place to support this. Staff had completed IPC training and had access to sufficient supplies of personal protective equipment (PPE).

During the inspection, we signposted the manager to the Care Home Infection Prevention and Control Manual (CH IPCM) and resources available to support the monitoring of IPC practices.

Staff recognised and responded to previous confirmed cases of Covid-19 and followed reporting procedures. Families and others who were important to people had been kept up to date about the impact of the outbreak in the home.

Areas for improvement

1. 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

2. The service provider should ensure they keep people safe and healthy by reducing the risk of falls. To do this they should:

- (a) ensure they complete an appropriate risk assessment for each person;
- (b) ensure that measures taken to reduce the risk of falls to people are the least restrictive and help people, where possible, to remain active;
- (c) ensure if people's needs change, or they have a fall, reassess their risk, update their care plan accordingly and communicate these changes to staff; and
- (d) analyse all falls, accidents and incidents so learning and improvement can take place, to prevent future falls.

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

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

3. 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 wellbeing; and
- (d) ensure key staff are aware of legal status so decisions about finances or wellbeing are reached with the right people, so that people can spend their money and live well.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' (HSCS 1.6).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The provider did not have the capacity and systems in place in order to meet all the requirements and areas for improvement from previous regulatory activity. The management time within the service required to be strengthened and protected in order to support improvement activity.

The management team were engaging with colleagues from the health and social care partnership in order to improve the service and people's experience of care. We looked at the service improvement plan which had been developed with the health and social care partnership. A system was in place to monitor progress and the plan was under constant review.

The provider required to improve their quality assurance systems. The systems and processes that were in place were failing to identify all actions required and were not driving improvements in all areas. We have extended the timescale of a previous requirement made. See requirement 1.

The manager welcomed feedback from others, and a recent questionnaire had been completed by relatives. Both positive and constructive feedback had been received. This should be acted upon in order to improve people's outcomes.

The service provider had a number of policies and procedures in place. These required to be reviewed and updated to ensure they followed current legislation and best practice in order to support staff within their role.

The provider or manager had not accessed the framework we were inspecting against. We referred the manager to 'A quality framework for care homes for adults and older people', February 2022, for use in self-evaluation, scrutiny, and improvement support. This will provide links to best practice to support improvement.

Requirements

1. By 22 August 2022, extended from 10 December 2021, you, 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 to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Recruitment within the service was continuous at present to ensure there were an adequate number of staff available to work within the home. Introducing an audit system to the recruitment process would identify any missing information and support safe recruitment.

The staff team were very busy and were working additional hours. Staff were offering flexibility by working within different departments of the home in order to meet the needs of the service at this time.

New employees to the service completed an induction period. We spoke with staff and reviewed documentation which told us that an induction, including training, could be completed within one or two days. We were told that some people would like more time. New staff should have the required time necessary to complete their induction in order to reflect they have the skills and knowledge required to undertake their role.

The provider had developed senior staff positions. Accurate job descriptions and person specifications should be in place to ensure that the right people with the right skills, knowledge and experience match these roles. The current job descriptions require to be reviewed and updated to reference clear roles and responsibilities, and the correct legislation under the legal responsibility section.

There was no training analysis for the home or individual staff members. The training records were incomplete or stored in different places and, therefore, did not provide an overview. A lack of staff training, management oversight of practice and staff competencies increased the risk to people living in the home. See requirement 1.

Staff supervision sessions had recommenced and should be developed further. Supervision sessions should allow staff the opportunity to reflect on their practice and learning in order to achieve improved outcomes for people.

Requirements

1. By 22 August 2022, you, the service provider, must ensure people experiencing care are supported by staff who have sufficient skills and knowledge for the work they are to perform in the service. This must include, but is not limited to:

- (a) complete a training needs analysis for the service;
- (b) complete a training needs analysis for individual staff members; and

(c) develop and deliver a comprehensive plan of training, prioritising training in adult support and protection, digital care planning and all outstanding training deemed as mandatory for working in a care service.

This is to comply with Regulation 9(2)(b) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 codes' (HSCS 3.14).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The home was designed in a way which offered people small group living. Communal areas offered people the opportunity to meet others and provided additional space for people to spend time out of their own bedrooms. Building repair work had been completed, the home had been decluttered, and the cleanliness had improved. This resulted in a more comfortable and homely environment.

People's bedrooms were clean and tidy. Home furnishings and personal belongings decorated the rooms to make them personalised to people's individual taste. All bedrooms had accessible en suite facilities. An enclosed private courtyard offered people the opportunity to access outdoor space freely. We observed this space being accessed independently during our visit.

The provider had a plan which sets out all the work required in order to upgrade the premises and furnishings.

Systems for the ongoing maintenance of the environment and equipment were not organised. The provider and manager were not able to evidence at the time requested that all necessary checks had been completed. This included, for example, legionella checks and LOLER records for the servicing of lifting equipment.

In the absence of required checks, the service is not able to identify where issues exist. The service's ability to put in place and implement remedial plans is therefore compromised and may put people at risk.

Following the visit and prior to concluding the inspection, the provider and manager obtained evidence of what checks had been carried out. Dates were planned for checks which were overdue. A system has been introduced to ensure the required checks are completed within the required timescales, so people experience an environment and equipment that is well looked after, maintained and safe.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

People had personal plans in place which set out how their health and care needs would be met. Additional

information was required within some of the plans to make them more person-centred and meaningful. People had anticipatory care plans in place which indicated people's wishes, should their health needs change.

The key worker system had improved and staff had clear roles regarding the completion and evaluation of people's personal plans. An audit system had been introduced to check that personal plans were being completed as required.

The completion of health assessments and auditing of monitoring records should continue to have management oversight to ensure they are being completed and any actions required are being addressed. See requirement 1 under 'How good is our leadership?'

Legal documentation was not up to date for some people who required this to be in place to protect and uphold their rights. The manager was liaising with the appropriate professionals in order to address this.

People's six-monthly reviews were overdue; however, dates had been planned by the manager for these to take place within the next month. Where people are not able to fully express their wishes and preferences, relevant individuals important to them, or a legal representative, should also be invited to attend the review.

Assessments, personal plans and monitoring records were in the process of moving onto a digital care planning system. In order for this to be effective, staff should receive training and be confident in using the system. See requirement 1 under 'How good is our staff team?'

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

Requirements

Requirement 1

By 31 March 2022, extended from 10 December 2021, you, 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 comply with Regulation 4(1)(a)(Welfare of users) and 5(2) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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).

This requirement was made on 18 October 2021.

Action taken on previous requirement

People had personal plans in place which set out how their health and care needs would be met. Additional information was required within some of the plans to make them more meaningful.

Most of the personal plans were evaluated on a monthly basis. Where significant changes had occurred, a new plan should be written to reflect the person's needs.

The key worker system within the home had improved and staff were allocated time to focus on people's personal plans. Health care plans had been developed for specific conditional and long-term illnesses.

Staff liaised with health and social care professionals as required, when people's needs changed.

Personal plans were in the process of moving onto a digital care planning system. In order for this to be effective, staff should receive training and have access to resources required.

Met - outwith timescales

Requirement 2

By 31 March 2022, extended from 12 November 2021, you, 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 people's care needs to be monitored,
- (c) measuring the efficacy of all required interventions through a review process.

This is in order to comply with Regulation 4(1)(a)(Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 18 October 2021.

Action taken on previous requirement

We concluded that people's care and support needs were not being monitored accurately.

A whiteboard within the office was used to indicate each person's specific needs at a glance. Most personal plans contained more detailed guidance on what was required to be monitored.

The care people received was now being recorded via a digital recording system and all paper records had been removed. The recording of information by staff was inconsistent and reflected the lack of training given to staff, which was resulting in different approaches being taken.

The provider had not developed an audit system to be able to monitor the digital records. A lack of overview made it difficult to evaluate the care and support received. Inaccurate information puts people at risk of harm.

Part of this requirement had not been met and has now been incorporated into requirements reported under 'How good is our staff team?' and 'How good is our leadership?'.

Not met

Requirement 3

By 31 March 2022, the service provider must ensure people receive responsive care which meets their health and care needs. This must include but is not limited to:

- (a) review health assessments to ensure these are accurate
- (b) outcome of health assessments to be evaluated and plan care to meet needs identified
- (c) provide training for all staff in the use of assessments tools such as, falls assessments Malnutrition Universal Screen Tool (MUST) and Pressure Area Assessment Chart (Waterlow),
- (d) provide training for staff to ensure they are clear about their responsibilities in relation to record keeping
- (e) management to develop an audit system to evidence how assessments and records are being monitored.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and 5(2) (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 25 January 2022.

Action taken on previous requirement

The manager had made improvements in relation to providing responsive care to meet people's needs.

Health assessments had been completed, some with support from other health and social care professionals. Most were improved but some continued to be incorrectly completed.

Most care plans were being evaluated on a monthly basis. Outstanding areas required to be completed in relation to falls management.

Training had commenced for staff in the use of assessment tools but a high number of staff still required to complete training.

The provider required to develop an audit system to evidence how assessments and records are being monitored.

Progress was being made to meet this requirement. Outstanding parts of this requirement have been incorporated into requirements reported under 'How good is our staff team?' and 'How good is our leadership?'.

Not met

Requirement 4

By 31 March 2022, extended from 10 December 2021, you, 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 comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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).

This requirement was made on 18 October 2021.

Action taken on previous requirement

The provider has not been able to demonstrate a strengthened management team within the service. Recruitment for additional management staff had been unsuccessful.

We found some improvements in quality assurance processes, for example, medication audits. Other areas continued to require improvement; for example, we found a lack of oversight of maintenance records for safety equipment within the home and staff training.

The Dumfries and Galloway Health and Social Care Partnership had supported the provider and an improvement plan was in place. The provider and manager were working with the partnership to meet the actions required.

The provider and manager had not accessed some latest best practice and were, therefore, not following this within the home.

Further training is required for staff to support them to undertake their quality assurance role. We concluded that this requirement was not met and have therefore extended the timescale.

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

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).

This area for improvement was made on 23 September 2019.

Action taken since then

The manager should continue to work towards increasing the opportunities for people to engage in meaningful activities within the home and the community. Recruitments for an activity coordinator continued. A four-week activity plan was in place; this was reliant on care staff having time to facilitate activities. It was positive to observe some activities during this inspection. We shared activity ideas and signposted the manager to activity resources. Some people continued to have periods of time without meaningful interaction with others. We will review this area for improvement at the next inspection.

This area for improvement had not been met.

Previous area for improvement 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).

This area for improvement was made on 23 September 2019.

Action taken since then

The manager had not made any changes to the way medication was administered within the home. The senior carer was responsible for administering all medication throughout the day. Additional staff had completed medication training but this had not had an impact on the procedures within the home. We will review this area for improvement at the next inspection.

This area for improvement had not been met.

Previous area for improvement 3

The service provider should ensure they keep people safe and healthy by reducing the risk of falls. To do this they should:

- (a) ensure they complete an appropriate risk assessment for each person
- (b) ensure that measures taken to reduce the risk of falls to people are the least restrictive and help people, where possible, to remain active
- (c) ensure if people's needs change, or they have a fall, reassess their risk, update their care plan accordingly and communicate these changes to staff
- (d) analyse all falls, accidents and incidents so learning and improvement can take place, to prevent future falls.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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); and 'My care and support meets my needs and is right for me' (HSCS1.19).

This area for improvement was made on 25 January 2022.

Action taken since then

The manager had introduced new risk assessments to improve the management of falls within the home. A senior improvement advisor from the Care Inspectorate Health and Social Care Improvement Team had provided advice and guidance around falls management to support the staff team in this area. Following completion of risk assessments, the staff now had to action the interventions required and evaluate the outcome of these interventions. We will review this area for improvement at the next inspection.

This area for improvement had not been met.

Previous area for improvement 4

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 in order 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 number of people' (HSCS 3.15).

This area for improvement was made on 18 October 2021.

Action taken since then

The manager had introduced a dependency assessments tool to help inform staffing levels. This was being completed on a regular basis. Due to the capacity of the home being reduced at present, we found adequate staffing levels in place to meet the care and support needs of people.

This area for improvement had been met.

Previous area for improvement 5

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 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).

This area for improvement was made on 18 October 2021.

Action taken since then

The manager had reintroduced staff meetings and supervision sessions in order to support staff. This gave staff the opportunity to meet with the provider and manager. Staff meetings were used for sharing information with staff and also gave staff the opportunity to raise questions or concerns. Individual supervision meetings had commenced, these required to develop further and staff should be encouraged to reflect on their skills, knowledge and practice to improve outcomes for people.

This area for improvement had been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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