

Burnside Care Home Care Home Service

Borrowmuirhills Laurencekirk AB30 1HW

Telephone: 01561 377 400

Type of inspection:

Unannounced

Completed on:

8 September 2022

Service provided by:

SCCL Operations Limited

Service no:

CS2014326117

Service provider number:

SP2014012299



About the service

Burnside Care Home is a care home service for older people. The registered provider is SCCL Operations Limited. The home provides a care service to a maximum of 57 older people. Within the maximum of 57 places, two places may be provided for named adults under the age of 65. The manager is aware to apply to vary the conditions of registration because one of these named people is now over the age of 65.

The service occupies a purpose-built home on two floors in a residential area of the village of Laurencekirk in south Aberdeenshire. Silverline state it is their mission "To provide high quality care for our residents, peace of mind for their families, and be a great place to work". They state they will do this by "Putting people first, acting with integrity, and share ways to achieve excellence".

This service has been registered since 08 September 2014.

About the inspection

This was a full inspection which took place on 06 September 2022 between the hours of 09:30 and 17:00 and 07 September 2022 between the hours of 09:00 and 16:30. 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 10 people using the service and 13 of their family
- spoke with seven staff and management
- · observed practice and daily life
- · reviewed documents
- spoke with visiting professionals.

Key messages

We spoke with people living at the service and their families, and we used some of their comments to inform our inspection.

- People living at Burnside, and their relatives, were very happy with the care and support provided.
- People had been supported to maintain contact with family and friends during the pandemic. The service was following government guidance, 'Open with Care'.
- There were a range of checks and audits completed regularly. An overall service improvement plan would help to describe how outcomes have improved as a result of these processes.
- Staff were working hard to maintain a high level of cleanliness whilst ensuring a warm and homely environment.
- There were some repairs or refurbishments required to help ensure the environment is well maintained and all areas are able to be cleaned effectively.
- The home had a lovely welcoming atmosphere and people were able to move more freely around the care home and the gardens.
- People told us that the staff were very good. We observed kind and caring interactions.

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?	4 - Good
How good is our leadership?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We made an overall evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

People experienced warmth, kindness, and compassion in how they were supported and cared for. Interactions were discrete and encouraging, and we saw some fun and friendly exchanges between residents and staff. One person said, "I am happy here. The staff are all very caring.' Whilst a relative told us, "They like the staff" and "gets a chatty time with them".

People's personal plans detailed their likes, dislikes and things that were important to them. They contained detailed information on the way in which people preferred to be supported and information on what was required to keep people safe. We saw that staff regularly reviewed peoples plans, involving individuals themselves or their representatives. People reported that they were happy with the level of involvement.

People's health needs were met through well-established links with other organisations. There was a sense of good partnership working to ensure that people received the support they required. Staff knew people well and were alert to any changes, meaning that people received appropriate treatment at an early stage.

Skin integrity was maintained because the service demonstrated good practice in preventing skin breakdown using detailed skin care assessments and plans.

There was very good information about any falls and the investigation that took place to help minimise the risk of further falls

There was access to a varied menu and people had a choice of snacks and drinks. People told us that they were happy with the meals and that they received enough to eat and drink. People had a choice of where to eat, they could enjoy the company of others in the large dining areas or have more privacy to eat in their rooms. Those who needed some support to eat, were supported sensitively and discretely.

A variety of ways to maintain contact with loved ones was made available to people. Some people had access to mobile devices to make phone or video calls. There were no restrictions on physical visiting at the time of our inspection, and family and friends visited people in their rooms, made use of the lovely garden areas or took people out into the community.

People were able to spend time with loved ones to celebrate birthdays and other special events. Families and friends told us that staff were friendly and welcoming when they arrived, supporting them with the processes for safe visiting during Covid-19. They said that they were regularly kept up to date with how people were, any appointments or changes in people's health and wellbeing.

People were able to attend organised activities within the home, some in groups or individually if preferred. People told us about regular trips out on the bus for coffee or just for a drive which they enjoyed greatly. We heard from one family member that "Recently he was away on a bus and enjoyed this. He has Dementia but remembered this it was nice to see. I get informed and I see pictures on the website also". The activity co-ordinator and staff were working towards re-establishing links in the community with other groups and facilities which would broaden the opportunities available to people.

There were systems and resources in place to prevent the spread of infection, and we found that overall, the home was clean and well maintained. However, the home was in need of some refurbishment and redecoration which would help improve the environment and also ensure all areas can be cleaned effectively. The Provider was aware of these defects had arranged for an audit of the home to help agree and formulate a refurbishment plan. We have made this the subject of an area for improvement and ask that a refurbishment plan is submitted to the care inspectorate that describes the activities planned and the timescales (see area for improvement 1).

Staff had received appropriate training in infection prevention and control and staff were able to demonstrate the principles of this. Regular observations of practice helped to ensure standards were being maintained or to identify where reminders or further support was required.

Areas for improvement

1. The manager should develop an action plan in consultation with the provider's maintenance and estates team, that describes the repairs and refurbishments that are required within the home to help ensure all areas can be cleaned effectively. This action plan should be updated regularly to confirm progress and completion of actions.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How good is our leadership?

4 - Good

We evaluated this key question as good. An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. There was good evidence of management oversight. There were a range of tools and processes in place to continually and regularly evaluate the performance of the service. Improvements required were clearly described however the outcomes were not always recorded.

Staff should regularly evaluate peoples' care and support to help ensure people are receiving the care and support that is right for them. Formal reviews of peoples care and support plans provided an opportunity for people to discuss their care. 'Resident of the day' had been introduced which meant on a monthly basis people could provide feedback about maintenance and environmental issues, domestic, catering, activities as well as their care and support.

People told us they felt confident giving feedback and raising concerns as they felt that they were listened to and that appropriate actions would be taken.

Inspection report

Observations of staff practice were undertaken to assess learning and competence. We saw records of observations and reflective discussions around infection prevention and control, hand washing and donning and doffing personal protective equipment. This helped to highlight good practice as well as any areas for improvement.

Staff had opportunities to express their views and share ideas through regular team meetings and supervision. Staff told us they felt well supported and were confident their views were valued.

An overall service improvement plan would be a valuable tool to describe the outcomes of quality assurance activities and the actions planned. This would make it clearer how quality assurance processes were impacting on outcomes for people.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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