

Burnfoot Care Home Care Home Service

Ayr Road
Patna
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Type of inspection:
Unannounced

Completed on:
3 August 2023

Service provided by:
West Coast Care Limited

Service provider number:
SP2014012273

Service no:
CS2017354626

About the service

Burnfoot Care Home is registered to provide care, including nursing, for a maximum of 48 older people, including 15 places for people with mental health issues.

The home is purpose-built and situated next to the main road in Patna, East Ayrshire. The provider is Care Concern Group.

The accommodation is on one level and all rooms are single occupancy. The care home is divided into four wings off a main central dining and lounge area. Each wing is self-contained with freedom of access and movement between each wing. There are lounge/dining areas, adequate toilets, communal bathrooms and shower rooms within each of the units.

There is a secure garden area to the rear of the care home which provides a nice, secluded area for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 31 July and 1 August 2023. The inspection was carried out by one inspector. 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 five of the residents' family and friends.
- spoke with 12 staff and management.
- observed practice and daily life.
- reviewed documents.
- spoke with three visiting professionals.

Key messages

- Burnfoot is a welcoming home, with a strong sense of community and belonging.
- Residents experience nurturing and positive relationships with the staff team.
- Families were very complementary about staff and the care and support that they provide.
- Activities were personalised and flexible, to support residents needs.
- Quality assurance and improvement is led well.
- Managers were visible, responsive and approachable.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced compassion, dignity and respect because there were warm, genuine connections with all staff. Care and support was very person centred being provided by staff who knew residents well.

People felt respected and listened to because their wishes and preferences were used to shape how they were supported.

People experienced support that promoted their independence, dignity, privacy and choice. They felt connected, as they were enabled to maintain and develop relationships within and outside the care home. People chose where and how they spent their time and benefitted from maintaining and developing their interests and what mattered to them. Residents were welcomed to move freely between units.

An external professional commented "I have been extremely impressed. The staff are exceptional, and it is evident that they genuinely care about their residents and want to offer them a good quality of life." "There is an energy at Burnfoot that I have not felt elsewhere, there are always activities going on when I've been present and they plan a range of activities that include people in their community." "The way they speak about residents is kind and respectful."

People get the most out of life because they made decisions and choices about how they spent their time. They were supported to achieve their wishes and aspirations, in a way that made sense for them. People felt safe and protected but had the opportunity to take informed risks.

People were supported to be emotionally resilient and have a strong sense of their own identity and wellbeing.

The service recently sought external support to develop stress and distress care plans. This gave staff an increased awareness on how best to approach particular situations. The learning from this support improved the outcomes for people because they were better understood.

Further feedback from an external professional "I felt that inclusion is the norm at Burnfoot. Conversations about the person's needs took place in front of them however this was done in a sensitive and respectful way. This meant that this resident was able to contribute to his review and this was invaluable."

People's health and wellbeing were of utmost importance. The care and support were based on relevant evidence, guidance, good practice and standards. Anything noted as a concern was monitored and the right healthcare from the right person was requested.

Families commented "They are very good at updating me on anything, if it's health they are on it quickly." "Staff are just great; dad is looked after to a very high standard."

Further feedback from external health professionals was very complimentary, "we need another place like Burnfoot because the care and support has had great outcomes for people."

"I feel staff have a good understanding of the resident's needs, which is reassuring for myself and families, and they appear 'on the ball' when GP, Community Mental Health Team, Podiatry, optician etc. is required."

The mealtime experience was much improved, it was well-planned and calm. There was food and drink that meets people's needs and wishes on offer throughout the day.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We saw that the aims and values of the service were firmly established. This ensured that residents were treated as individuals with dignity and respect. This was supported by a visible management team who guided staff to provide care and support with skill and kindness.

Quality assurance, including self-evaluation and improvement plans, ensured standards of good practice were adhered to and drove change and improvement.

The views of residents, their relatives and staff were being gathered through meetings, surveys and discussions. People and their families were well-informed and their views had been heard and taken into account. People's comments were being used to inform the service improvement plan.

Regular supervision, team meetings, observations and competency assessments linked to the improvement of outcomes for the people receiving support.

Reflective practice was encouraged as was shared learning; the service used several tools to check in on residents, their families and staff. A recent questionnaire was well received and feedback was acted upon by implementing the identified improvements.

Leaders were responsive to feedback and used learning to improve. The service continually evaluates people's experiences to ensure that, as far as possible, they are getting the right care and support in the right place to meet their outcomes. This was noted in residents' meetings.

Leaders had the skills, capacity and systems in place to identify risks, plan appropriate actions to address these and drive improvement.

There was a schedule of regular meeting with heads of department and staff to discuss outcomes of audits, care issues and issues relevant to each team. This ensured that the management team had a good overview of service provision and were alerted to any issues arising. It allowed for quick resolution to improve the service and positively impact on outcomes for people.

The management team used the systems in place to assess and monitor the quality-of-service provision very effectively. They supported all staff teams to be involved in completing quality audits and using the outcomes to drive service improvement. This ensured that the management team had a clear understanding about what needed to improve and what measures were required to improve the outcomes for people.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

To ensure staff have the necessary skills to effectively support people, the provider must ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported. On speaking with staff they said they had sufficient training for their role and should they require additional training they request it and it's put in place. We observed good practice and adherence to training, which meant that training was effective.

Staff had attended the appropriate level of Promoting Excellence Dementia training to their varying roles e.g. enhanced, skilled or informed level. This has had a positive impact on the teams understanding, resulting in better outcomes for people.

Staff observations were used to improve practice and promote a culture of learning. This meant that people were being cared for by staff who understood them, and were sensitive to their needs and wishes.

There were a number of learning and support opportunities available for staff. This meant that people were confident that staff had the necessary skills and competence to support them. Staff's competence and practice was monitored to improve outcomes for people.

Regular staff supervisions were used constructively and staff valued them because they supported their personal and professional development. This meant that staff practice improved through effective supervision, promoting a learning culture within the care home, which included reflective practice.

Staff were comfortable acknowledging their learning needs, as well as challenging colleagues practice and were confident matters would be addressed.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People told us on how welcoming they found the home to be. They told us that the management and staff teams worked hard to create a comfortable and homely atmosphere.

There were high standards of cleanliness throughout the home. The domestic team had good knowledge of their role and responsibilities to ensure that cleanliness of the home was maintained. There were effective systems in place to ensure that good standards of cleanliness were maintained. People we spoke with commented positively on the cleanliness of the home.

The health, safety and maintenance records were up-to-date to show that checks of the equipment and safety of the home were completed. This ensured that the home was safe, and people were protected from harm.

People's bedrooms were nicely decorated and personalised. People told us about how comfortable they were living in the home. The wings have all been freshly decorated, residents were involved in the choices. The layout of the setting and quality of fittings supports people's outcomes.

People could choose to use private and communal areas and have the right to privacy when they wanted it.

Some areas of the environment were tired and in need of redecoration. These requirements were noted in the service improvement plan.

Some signage was missing because doors had been painted; the service to ensure that sufficient signs are in place to direct people around the building. This is important for people living with Dementia whose cognitive ability may be compromised.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach.

The care plans detailed individual's healthcare needs and contained information to guide staff how best to support each person. Risk assessments for skin integrity, nutrition and falls were in place and up-to-date. There was an overview of risks for individuals and clinical issues were discussed regularly.

We saw that there was good information within personal plans about the individual, what was important to them, their preferred routines, their choices and wishes regarding their care and support. This provided good information to guide staff to ensure that people were supported in an agreed and consistent way and that their wishes were respected.

Plans had been formally reviewed with families and relevant professionals. It was positive to hear from families that they were regularly consulted and kept up-to-date.

Family members we spoke with said that their relatives were well looked after and that healthcare professionals were called when needed, and then staff let them know about the outcome. Comments included; "my wife is well looked after I have no complaints. I am kept up to date with any changes." "I know all the staff, they treat her with care and kindness."

"I'm very happy with the care dad gets, he's very happy and so well looked after." "the relief we feel knowing he's safe and well is night and day."

The care home was led in a way that was strongly influenced by people who live there, with the opportunity for family members, friends and carers where appropriate, to be involved in a variety of ways.

The views, choices and wishes of people who live in the care home, and their family members, inform changes in how care and support is provided.

Staff understood the value of positive peer support in providing support and improving outcomes for people.

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 provider should review the mealtime experience for people living in the service. This should include regular observations of practice. Quality assurance processes for people's mealtime experience should be based on good practice for mealtimes in dementia care. The aims of the review should include minimising distraction - maximising choice for people with limited communication skills - establishing clear, familiar, recognisable routines.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35)

This area for improvement was made on 29 October 2021.

Action taken since then

Monthly dining experience audits are now done across all dining areas. Care assistants are part of the audit process, this means they understand why promoting the improved experience is important. This gives a more holistic view of the audit and improves the feedback and actions identified to improve.

The dining area is set to stimulate recognition of an eating establishment. Daily menu is displayed with visual choices both on the plate and photo card prompts.

Calming environment with soft music and dressed tables to aid recognition of mealtimes. Set mealtimes per unit to allow staff to be prepared for a prompt service minimising distraction.

Staff offered drinks to keep residents focused while meal service began.

Staff prepared residents prior to their mealtimes providing clothes protector as required and hand washing facilities.

Appropriate seating and bed tables were used for residents that choose to eat in their rooms.

This area for improvement has been met.

Previous area for improvement 2

In addition to the dependency assessments carried out, the provider should set out a clear and transparent system that includes a variety of measurements to ensure the right skill mix, numbers, and deployment of staff.

This should include: Relevant quality assurance data, including observations of practice. - Feedback from residents, families, staff and visiting professionals.

- Non-direct care time, as this will identify the amount of time care staff are not available for direct care (for example cleaning tasks, bed making, staff supervision, carrying out reviews, training).

- A review of the service's aims and objectives to make them more specific and relevant to the needs of people in the service. The reviewed aims and objectives should then form the basis for quality assurance and staff development needs, as well as the assessment and setting of staff numbers and deployment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'My needs are met by the right number of people' (HSCS 3.15) and 'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSCS 4.6)

This area for improvement was made on 29 October 2021.

Action taken since then

New dependency assessment tool in place, gives analysis and variance; this was helping to evaluate all aspects of care including MUST and waterlow, stress and distress etc.

Observations of practice are carried out which formed part of the quality assurance system. Feedback was gathered from residents' families and staff through regular meetings and surveys.

Non direct care time is observed and calculated to provide an accurate staffing level.

This area for improvement was met.

Previous area for improvement 3

The provider should ensure that staff and managers of the service have completed the appropriate level of dementia training for their roles in accordance with 'Promoting Excellence 2021- a national framework for all health and social services staff working with people with dementia, their families and carers.

This is to ensure care and support is consistent with the Health and Social Care Standards 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.' (HSCS 3.15)

This area for improvement was made on 29 October 2021.

Action taken since then

Promoting Excellence Dementia training has been implemented across the staff team, depending on their role. This has impacted on staff's practice to improve the outcomes for the needs of the residents. New carers have commented on how it has helped their understanding and approach.

Staff also completed Strategic Thinking Dementia training suitable to their role

This area for improvement was met.

Previous area for improvement 4

The service should include personal outcomes in personal plans and ensure that these are meaningfully evaluated. This would improve the person-centeredness and effectiveness of care plans, promote a holistic and ability focused approach, as well as promote involvement and participation.

The personal outcomes should acknowledge things that are important to people in their lives in relation to the subject of the personal plan.

The personal outcomes should acknowledge individual strengths and should demonstrate a shared sense of purpose to which the person, their family, staff and relevant others contributed.

Evaluations and reviews of the personal plans should meaningfully measure if and how the personal outcome is achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: '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)

This area for improvement was made on 29 October 2021.

Action taken since then

Individualised care plans are created by person and family or Social Work where appropriate. Six monthly reviews involve significant others.

Care plans are less clinical, and more outcomes focused, this means it's more about how the person wants to be supported. Personal plans include Anticipatory care plan paperwork where appropriate.

Specific risk care plans in places where appropriate. The service have developed stress and distress care plans using the symptoms scales, this has been invaluable in staff's understanding and learning, e.g. strategies to try with residents.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	5 - Very Good
5.2 Carers, friends and family members are encouraged to be involved	5 - Very Good

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