

Braemount Nursing Home Care Home Service

21 Donaldswood Road
Paisley
PA2 8EA

Telephone: 0141 884 1260

Type of inspection: Unannounced
Inspection completed on: 23 March 2017

Service provided by:
BUPA Care Homes (CFHCare) limited

Service provider number:
SP2003002226

Care service number:
CS2003010207

About the service

We carried out an unannounced inspection at Braemount Care Home on 14,16 and 21 March 2017. On our first day we started at 5am so that we could meet night staff. We spoke with residents, relatives and staff; observed staff practice and checked documentation relevant to the inspection. The inspection was carried out by three inspectors and an Inspection Volunteer. We also had one of the Care Inspectorates' Health Improvement Advisors with us on day one.

We spoke with the Manager, the Clinical Services Manager (CSM), an interim CSM, the new Resident Experience Manager, the new Operational Quality Manager, a quality manager, a unit manager, night staff, nursing staff, agency nursing staff, senior carers, carers, activities staff and housekeeping staff. We also met with the Regional Director and the Area Manager responsible for the care home.

Braemount provides 24 hour care to 90 older people. During the inspection there were 75 people using the service. Braemount is owned and managed by BUPA Health Care. The home is a large, modern facility designed on a core and cluster setting. It is set in well maintained and secure grounds. The facility consists of a central block and three individual units, each with 30 bedrooms. The accommodation in each unit includes 30 single rooms with en-suite toilets, bath and shower rooms, lounges, a dining room and a small kitchen. A central kitchen prepares and provides all meals and there is a centralised laundry system. The home is situated in a residential area of Paisley with some local amenities nearby. There are car parking facilities in the grounds of the home and it is also accessible by public transport.

The Philosophy of care includes: 'those who live in continuing care should do so with dignity, have the respect of those who support them and should live with no reduction of their rights as citizens.'

What people told us

We spoke with residents throughout the days of inspection. We also spoke with as many relatives as we could on day one. We spent time observing the care and support given to residents by staff and we shared a meal with residents.

The Inspection Volunteer spoke with residents and comments were as follows:-

'The meals are lovely. The menu is good.'

'The place I was in before, nobody spoke, here we do more and I have people I can talk to.'

'We could do with more staff and activities, such as films.'

'I like the fact that my minister can visit.'

'Staff wait and help me when I need to go to the toilet, I like that.'

'The staff are excellent, great.'

'You don't see staff unless you buzz. Sometimes they take a while to come.'

We spoke with relatives during our visit. On the whole, they were satisfied with the care and support their loved one was receiving. They stated that staff were 'lovely' and 'kind'. They shared no concerns with us other than a

genuine worry that there was not enough consistent staff on duty. They told us 'I sometimes don't know the staff, particularly the nurse who is on. This can be quite unsettling.'

Self assessment

The self-assessment had been completed for the previous inspection and was referred to during this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We found staff to be caring, kind and compassionate. They knew the residents well and we saw positive interaction between staff and residents. Staff told us, despite the significant pressure they were under due to staffing issues, that they 'cared' about the residents and 'they were like family.'

There were requirements and recommendations made following the last inspection and recent complaint activity. We focussed on these to inform our findings during this inspection and to measure progress made since the last inspection.

There was a requirement regarding moving and handling practice. We found that practice in this area had improved. We observed some instances where residents were being assisted with a hoist or standaid and we found their practice to be acceptable. We also noted that staff had received recent training in this area. This requirement has been met.

There was a requirement which stated 'Care Plans, pre-admission assessments and review reports should be comprehensive, up to date and reflective of all the needs of each resident. They should be person centred and discussed wherever possible with the resident and their relatives'. We sampled care plans and found that they were still clinical in content and not fully representative of the residents needs, preferences and aspirations. We did find that pre-admission information was in the care plan. There were some areas where person centered writing was evident but this was limited. This requirement will continue.

We had asked the service to continue to monitor and improve essential personal care. At this inspection we found that, except for some concerns with continence promotion, essential personal care was good. This recommendation has been met.

We had asked that the service should continue to monitor and improve practice with skin care. At this inspection was sampled care plans for residents where skin care was a concern. We found these care plans to be up to date and accountable. If staff had any concerns about skin care they would refer to other professionals and we could see that any advice was acted upon. This recommendation has been met.

We had asked that the care plans should contain more information about the sleep and rest preferences of residents. We were told that progress had been made with these. When we sampled sleep and rest information with the care plans we found the information to be there but not in an easy to read way. We have asked the service to review this to ensure that all staff were aware of the sleep and rest preferences of each resident and that the 'night time routine' information sheet was beside the 'sleep plan' in the care plan. This recommendation will be removed as the information was there.

We had asked that meaningful activities needed to improve and be more focussed on all residents and their expressed interests. Staff needed to be clear on what a meaningful moment is. We spoke with activity staff and the new Resident Experience Manager. They acknowledged that some progress had been made regarding spending more time ensuring that the activities provided were relevant to the interests of residents. We observed some activities and these were being enjoyed by residents. It was also acknowledged that the area of activities and 'meaningful moments' still required to be developed further. This recommendation will continue.

We had asked that the dining experience improve. At this inspection we observed the breakfast and the lunchtime experience. We found all the dining areas to be calm and relaxed. Staff were attentive to residents requests. The tables were set with table cloths, napkins and condiments and we saw residents enjoying their meal and the company. This recommendation has been met.

We had discussed the need for the care plans for the use of specific anti-psychotic drugs to be more accountable and detailed. We sampled care plans for those residents who were prescribed anti-psychotic medication. There was a care plan in place but it did not follow best practice with regards to the information required. We saw what the medication was and why it was prescribed. The plans need to be developed to include any triggers for the distress experienced, what else works before medication might be used and what the desired effect and outcome would be for the resident. This recommendation will continue.

We asked our Health Advisor for Continence Care to join us at this inspection. We found that continence promotion and management within the home was variable. We discussed good areas of practice with relevant staff but also areas where practice could improve. Our findings were discussed with the Continence Champion and the Manager during the inspection. We could see that some staff had received the relevant training and other staff told us that they had not. Two recommendations were made following this overview of continence care within the home. One recommendation will be under Care and Support and the other will be under Quality Theme 3 - Staffing.

We sampled medication management within the home. We found this practice to be variable across the units. We discussed our findings with the management team. We found instances where medication had not been given to some residents for a few days as it was thought to be out of stock. We found many gaps in the recording on MAR sheets and we found that not all counts of tablets were accountable. We were advised that many of these errors were the responsibility of agency nursing staff and this will be discussed further under the 'Staffing' section of this report. There will be a requirement that medication administration and recording improves.

Requirements

Number of requirements: 2

1. Care Plans and review reports should be comprehensive, up to date and reflective of all the needs of each resident. They should be person centred and discussed wherever possible with the resident and their relatives.

This is in order to comply with :SSI2011/210 regulation 4(1)(a)-requirement for the health and welfare of users. And regulation 5(1)-requirement for personal plans. And taking into account National Care Standards, Care Homes for Older People, Standard 6 Support arrangements.

Timescale: To start within 24 hours and be completed within three months of the receipt of this report.

2. Medication administration and recording must be accountable and safe. Staff must adhere to their professional Codes of Practice when administering medication to residents and records and stocks of medication must be fully accountable.

This is in order to comply with :SSI2011/210 regulation 4(1)(a)-requirement for the health and welfare of users.

Timescale: To start within 24 hours and be completed within one month of the receipt of this report.

Recommendations

Number of recommendations: 3

1. Meaningful activities need to improve and be more focussed on all residents and their expressed interests. Staff need to be clear on what a meaningful moment is.

National Care Standards, Care Homes for Older People, Standard 17 Daily Life

2. We discussed the need for the care plans for the use of specific anti-psychotic drugs to be more accountable and detailed. We found that the rationale for the use of the drug was not always clear in the plan.

National Care Standards, Care Homes for Older People, Standard 15 Keeping well -medication

3. The provider should put in place plans of care that accurately reflect the detail of individual resident's care needs related to bowel and bladder management/care.

Standard 6, Support Arrangements. National Care Standards, Care Homes for Older People.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We walked around all of the units and found them to be clean and free from odours. The manager advised that there were plans to refurbish many areas within the units to enhance the living spaces for residents. We did not have a significant focus on the quality of the environment during this inspection due to priorities elsewhere.

We checked that infection control practice was satisfactory and that the home was clutter free. We did find that some bathroom areas were being used for storage of other equipment so we asked the management team to review the storage facilities.

We were told that the unit that did not have residents staying in it was being used as a base for activities. We visited the unit when it was being used for a musical concert and we saw that residents were really enjoying the opportunity to be elsewhere in the home and enjoying the company of others.

We spoke with the new Resident Experience Manager who had very positive ideas about how to develop various aspects of the service such as activities, housekeeping and laundry facilities. We will review this at the next inspection.

We will keep this theme as 'adequate' until we can see the outcome of the input of the new REM who hopes to significantly improve the experience that residents have within Braemount. We were advised that monies had been approved to refurbish parts of the home and we will see this at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We saw that staff were caring and compassionate when supporting residents. We spoke with as many staff members as we could across all departments. Everyone expressed concerns about the staffing situation and how it was impacting on them but more importantly, the residents. Staff told us that they were 'fed up' and 'done in' and 'frustrated'. We discussed this at length with staff and the main reason for these concerns was the lack of consistent nursing staff.

It is acknowledged that across the care home estate there is a shortage of nurses and care homes are having to rely heavily on agency staff. Whilst this ensured there were staff on duty, this did not lend itself to consistent practice or continuity of care for residents. During the inspection we became aware that there were several staff vacancies within the home, mainly for nurses, and a constant recruitment drive was not able to fill the vacancies. The reality for Braemount was that on every shift there would be at least one agency staff member with more on night shift. There was only one permanent unit manager out of the three units. One unit did not have any permanent nurses until the week of the inspection when a new nurse joined the team. We were told that care staff felt they had to be more vigilant as agency staff needed support to get to know the residents, their needs and their medication. Care staff were 'tired' and 'stretched' trying to ensure that safe, consistent care was delivered in difficult circumstances.

We saw several areas where the lack of continuity of staff had led to problems and errors, such as medication management and continence management. There was a lack of communication from one nurse to another as they were often from an agency. We found that there was a lack of leadership in the units as agency staff changed frequently despite the efforts of the management team to ask for regular staff from the agency. We

found that staff had to react to situations rather than have the opportunity to plan and consider care, due to the high level of agency staff.

BUPA has a national strategy on recruitment and is advertising through social media, newspapers, radio and job centres in an attempt to attract staff to their services. BUPA also has incentive rewards for all new nurses and carers. However this strategy had not had a positive impact during the inspection but the management team expressed that they would continue to actively seek new staff.

We made a requirement at the last inspection in June 2016 asking that BUPA have a plan in place to address the staffing concerns as a matter of urgency. The staffing concerns have not improved therefore this requirement will continue.

We did see that mandatory training was still taking place and that moving and handling and dementia training sessions were planned.

We made a recommendation that communication between staff and staff and residents and relatives improved. The current staffing situation made effective communication difficult. There were systems in place such as 'communication books' however the lack of continuity of staff continued to be a significant challenge. This recommendation will continue.

We looked at the dementia training available for staff. There were plans in place to ensure that staff received the training appropriate to their role but again the current staffing situation made it more difficult for staff to attend and receive this training. This recommendation has not been met.

Requirements

Number of requirements: 1

1. BUPA need to have a plan in place to address the staffing concerns within the home as a matter of urgency. There should be enough staff on duty at all times to meet the needs of residents. These staff members should know the residents well and the staffing schedule must be met at all times.

This is in order to comply with : SSI 2011/210 regulation 4(1)(a)-requirement for the health and welfare of users.

Timescale: To start within 24 hours and be completed within three months of the receipt of this report.

Recommendations

Number of recommendations: 3

1. The area of communication needs to improve. There needs to be a clear understanding of how best to communicate with each resident and this needs to be recorded in their care plan. Communication amongst staff should also improve. Although the service has systems in place such as a 'communications' book, a more consistent staff group would ensure effective communications all round.

National Care Standards for Care Homes for Older People Standard 6 Support arrangements.

2. The service should ensure that all new staff undertake dementia training as soon as possible.

National Care Standards for Care Homes for Older People Standard 5 Management and staffing arrangements

3. The Provider should put in place a process that can evidence a planned approach to the training of all staff grades related to continence promotion and care management. In order to do this:

- The local continence advisory service should be contacted to explore training/development sessions around managing and caring for service users with bladder and bowel dysfunction.
- The annual training plan should reflect training planned for all grades of staff related to continence promotion and care management and evidence a planned approach to the continual professional development of all staff grades .
- Attendance at continence promotion and care management training must be accurately recorded in individual staff training records .

In making this recommendation the following National Care Standards were taken into account: Standard 5, Management and staffing, National Care Standards, Care Homes for Older People

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

We discussed the management situation with the service at length throughout the inspection. We asked to speak with the senior external management about our concerns regarding the staffing situation within the home. There was a new manager who had been in post for three months, she was the fourth manager in two years. The manager had lots of ideas on how to improve and develop the service but the current staffing situation made this very difficult. We noted some areas, such as the dining experience and laundry, where the managers ideas and influence had made a positive change but these were overshadowed with the constant concern about lack of consistent staff and the impact of this.

We asked to speak with senior BUPA representatives as we had raised concerns and made requirements about staffing over the last two inspections and the situation had not improved. Staff within the home were working very hard to maintain good, safe care but this was being compromised by the lack of consistent staffing. We had met with external management representatives previously to express our concerns and we did not see any progress. We acknowledged the genuine challenge in recruiting nursing staff but the Provider must respond to the staffing crisis as a matter of urgency. We were aware of the national recruitment strategy that BUPA had in place but no significant progress had been made with this during the inspection. We would hope that this would have a positive impact on the staffing situation in the future.

During our inspection we noted that many the 'management and leadership' positions within the home were vacant. There was an interim CSM, there was only one permanent unit manager out of three and only one unit had permanent nurses on day shift, all other shifts were being covered by agency staff.

There needs to be sustained improvement, driven by a consistent staff team. At the present time the management team are reacting to the situation as has been done in the past, however the staffing situation has not improved.

Requirements

Number of requirements: 1

1. BUPA must continue to offer a corporate response to the current staffing crisis. BUPA must support the home management team to carry out the improvements required. The plan for how to address these concerns must be sent to the Care Inspectorate.

This is in order to comply with : SSI 2011/210 regulation 4(1)(a)-requirement for the health and welfare of users.

Timescale: To start within 24 hours and be completed within three months of the receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

Moving and Handling practice should follow best practice guidance. All staff should receive up to date training.

This requirement was made on 15 June 2016.

Action taken on previous requirement

We saw that practice had improved and staff had attended training.

Met - within timescales

Requirement 2

Care Plans, pre-admission assessments and review reports should be comprehensive, up to date and reflective of all the needs of each resident. They should be person centred and discussed wherever possible with the resident and their relatives.

This requirement was made on 15 June 2016.

Action taken on previous requirement

We have continued this requirement as we did not feel that enough progress had been made.

Not met

Requirement 3

BUPA need to have a plan in place to address the staffing concerns within the home as a matter of urgency. There should be enough staff on duty at all times to meet the needs of residents. These staff members should know the residents well and the staffing schedule must be met at all times.

This requirement was made on 15 June 2016.

Action taken on previous requirement

The staffing situation within the home is given significant cause for concern. We have asked the senior management team to send us an action plan on how they intend to address this.

Not met

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

Previous recommendations

Recommendation 1

We asked the service to continue to monitor and improve essential personal care. We saw good practice but also felt that, in some areas, staff could be more responsive

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Care and Support for details.

Recommendation 2

The service should continue to monitor and improve practice with skin care.

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Care and Support for details.

Recommendation 3

The care plans should contain more information about the sleep and rest preferences of residents

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Care and Support for details.

Recommendation 4

Meaningful activities need to improve and be more focussed on all residents and their expressed interests. Staff need to be clear on what a meaningful moment is.

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Care and Support for details.

Recommendation 5

The dining experience needs to improve. We saw elements of responsive support by staff but we also practice which did not promote a positive dining experience for residents. The management team need to work with staff to ensure that the dining experience is pleasant and relaxing

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Care and Support for details.

Recommendation 6

We discussed the need for the care plans for the use of specific anti-psychotic drugs to be more accountable and detailed. We found that the rationale for the use of the drug was not always clear in the plan

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Care and Support for details.

Recommendation 7

The whole area of communication needs to be improved. There needs to be a clear understanding of how best to communicate with each resident and this needs to be recorded in their care plan. Staff need to know what resources are available to improve communication with residents.

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Care and Support for details.

Recommendation 8

The service should ensure that at all times correct infection control practice is followed, particularly with regard to the disposal of incontinence products and the general cleanliness of some areas.

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see Quality Theme - Environment for details.

Recommendation 9

We saw some staff practice around moving and handling and the dining experience which needed to be improved. Staff need to be aware of their responsibility to take care of residents in a responsive and dignified manner.

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Staffing for details.

Recommendation 10

The service should ensure that all new staff undertake dementia training as soon as possible

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Staffing for details.

Recommendation 11

BUPA must offer a corporate response to the improvement plan and support the home management team to carry out the improvements required. The plan must be sent to us on a regular basis.

This recommendation was made on 15 June 2016.

Action taken on previous recommendation

Please see under Quality Theme - Management and Leadership for details

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
15 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
20 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
1 Jul 2015	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 May 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
2 Apr 2014	Re-grade	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
4 Mar 2014	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Dec 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	4 - Good
4 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good Not assessed
17 Dec 2012	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed 4 - Good
1 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
27 Jan 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good
1 Sep 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 4 - Good
11 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
31 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed Not assessed
17 Nov 2010	Unannounced	Care and support Environment Staffing	2 - Weak Not assessed 3 - Adequate

Date	Type	Gradings	
		Management and leadership	Not assessed
4 May 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
21 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
8 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
25 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate
16 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate

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