

Burnside Care Home Care Home Service

Borrowmuirhills
Laurencekirk
AB30 1HW

Telephone: 01561 377400

Type of inspection:

Unannounced

Completed on:

7 November 2018

Service provided by:

Silverline Care Caledonia Limited

Service provider number:

SP2014012299

Service no:

CS2014326117

About the service

Burnside Care Home is a care home service for older people. The registered provider is Silverline Care Caledonia Limited. The home provides a care service to a maximum of 57 older people. Within the maximum of 57 places above, two places may be provided for named adults under the age of 65.

The service occupies a purpose-built building 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 with the Care Inspectorate since 8 September 2014.

What people told us

We spoke to seven residents, who stay at Burnside Care Home. We also spent time observing staff practice in the home and how the staff interacted with residents. We received very good feedback regarding the food and how much the residents enjoyed staying at Burnside. They described staff as "lovely".

We saw residents and staff interacting in a warm, relaxed manner. We also sent 20 questionnaires to residents, of which four were completed. Some were completed with the assistance of staff and/or relatives. Although there were some concerns raised regarding not all staff being aware of residents' likes and dislikes and the type of meals offered, all respondents indicated that they were very happy with the service received. Their comments included:

- "The care staff are excellent."
- "It's a fine place, no complaints at all."
- "The food is a'right, nothing wrong with it."

We spoke to four relatives during our inspection. One family had some concerns about the support and care that their relative had received. The manager was fully aware of these concerns and was working with the family to address them. The other relatives we spoke with were happy. We sent 20 questionnaires to relatives or friends of residents, of which nine were completed and returned to us. All relatives indicated that they were very happy with the service received. Their comments included:

- "Burnside is very well run."
- "Staff come across as knowledgeable, friendly and communicative."
- "Mum has adapted well to living in the home, she is looking so much better and is enjoying the home cooking."

We looked at the concerns raised by residents and relatives as part of the inspection.

The views of the residents and their families have greatly informed the findings of this inspection and are included throughout this report.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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 assessed the service to be performing at a good level. We were delighted to see that the service continued to build on the previous practices. All areas for improvement discussed and highlighted during the inspection were in the process of being developed and implemented into practice. They continued to strive to enhance or promote improved outcomes for the residents.

It is important that residents' experience warmth, kindness and compassion. One of the main factors in the home was the ethos and culture set by the management team. In general residents were treated with dignity and respect. We found that staff valued the residents and treated them as individuals. A resident was delighted when a member of staff asked if they could show us some of their art work. However, there were occasions where staff were not thoughtful, for example turning the sound on the television down without asking or entering bedrooms without knocking. We were told that communication between residents, relatives and staff was very good. Relatives spoke highly of being involved in the life of the home and being made to feel welcome. Staff also spoke of the systems that were in place to make sure information about changes in the residents' care and support needs were passed on to other staff. This had assisted in providing good continuity of care for the residents.

Residents should experience care and support that is right for them. There was a compassionate team of staff. It was clear that staff knew the residents very well. They were aware of how they like to spend their time and tried hard to make sure the residents remained as independent as possible within the home. Staff were able to discuss in detail, residents abilities and how they were encouraging and supporting them. There was a dedicated enablement champion in post who supported residents and staff achieve their goals. One resident who had fallen a number of times, had been supported to mobilise with the aid of a zimmer. Their mobility had improved, the number of falls had reduced and the quality of her life improved as they were able to mobilise safely out into the garden when they wished. Staff were often described as "just lovely". There was an ethos of kindness and compassion in the home. Staff were also fully aware of the residents' families and the dynamics of each family. This assisted in supporting and safeguarding the residents. The home was often described as being like a family, by residents and staff. This had led to some familiar routines, custom and practice being adopted by some staff, this potentially had led to some staff being thoughtless at times towards the residents.

Residents should be able to maintain and develop their interests, activities and what matters to them in the ways that they like. There was a wide range of activities or events on offer to residents. However, this was not widely advertised or promoted. There was a clear focus on improving or enhancing the residents' quality of life rather than providing 'events'. The staff discussed many of the positive activities that the residents had been involved in. These included visiting school pupils from the local academy recalling memories with the residents, the local nursery children visiting and having their normal lessons then spending time with the residents. One resident liked to read to the children. Another resident liked to walk the dog when the art group visited. All these activities and events had become part of the routine of the home. The management and staff should consider proactive ways to promote this good practice to all relatives and visitors.

To assist residents to get the most out of life, an assessment of the environment to identify areas that could be improved to make the home more dementia friendly should be repeated. Work had begun to assist or improve the residents' ability to remain orientated and remain independent. These improvements should be further

developed and enhanced during the planned refurbishment of the home. This will ensure that the residents not only have a nice place to stay but will also promote a positive quality of life. **(See area for improvement 1)**

If a resident's independence, control and choice are restricted any restrictions are justified, kept to a minimum and carried out sensitively. There was a very positive culture of balancing risks and safety within the home. Residents like to go into the town and many residents spent time in the garden. Residents were appropriately encouraged and supported to do whatever they would be able to do in their own home. Action taken by staff to protect some residents from harm was not always clearly assessed, recorded or evaluated. **(See How well is care and support planned?)**

Staff had a clear understanding of safeguarding and the Adult Support and Protection (ASP) procedures. Appropriate steps were in place to report any incidents or concerns promptly to the ASP team.

The treatment or interventions that residents experience should be effective. If a resident needs medication this should be given in the best way suitable for the resident's needs. A recent change in practice and process had been successfully implemented by staff. Residents were receiving their medication in accordance with the prescriber's instructions.

Residents should have a choice of suitably presented and healthy meals and snacks. We saw a number of residents receive alternative meals. Staff knew the residents' likes and dislikes and what they would more likely choose from the menu. One resident had fried egg rolls for lunch, which they received and enjoyed. We asked that the management team continue to monitor the mealtimes to assess if the dining experience for residents could be improved on.

It is important that residents' needs are met by the right number of staff. Although there were no direct concerns regarding the number of staff on shift, there were some concerns about how staff were deployed or how their time was managed. The manager needs to formally reviewing the staffing levels and how staff were deployed within the home on a monthly basis. This will assisted in ensuring that the staffing levels and deployment of staff is based on the residents' needs and dependencies. These assessments should be shared with residents, relatives and staff.

Areas for improvement

1. The provider should re assess the environment and practice using the King's Fund Tool - Is your care home dementia friendly? And develop an action plan to address any areas for improvement identified.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

Residents' personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. The organisation used an electronic system in which staff could easily and quickly access information through handheld terminals - 'Nourish'. These terminals gave staff immediate access to important information on the residents' care and support needs, likes and dislikes. They also displayed prompts to remind staff of any actions required. For example if there had been a recent change in a resident's support needs. Staff spoke very highly of how this system had improved and enhanced the quality of their record keeping but also the communication within the home.

We found that many elements of residents' personal plans contained a lot of details that were specific to each resident. The documentation was becoming more focused on outcomes for people. Although the standard of some documentation was good, there were many areas that did not always clearly show the changing care and support needs. This resulted in changes in the residents' welfare and wellbeing not being documented. There was potential for care practices to be inconsistent, specifically in supporting residents who became upset or anxious. Where a resident's independence, control and choice are restricted the appropriate legal measures should be considered, specifically the principles of the Adults with Incapacity Act.

Residents should be involved in developing and reviewing their personal plans and it is important that residents' views are sought and their choices respected, especially if they have reduced capacity to fully make their own decisions. We found that the care review process could be used more effectively to identifying the residents' thoughts, views or wishes. There could be more opportunities for residents created, especially those residents with complex communication needs, to meaningfully take part in their care review. **(See area for improvement)**

Areas for improvement

1. The provider should ensure that residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

This is to ensure 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).

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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