

# Braemount Nursing Home Care Home Service

21 Donaldswood Road  
Paisley  
PA2 8EA

Telephone: 0141 884 1260

**Type of inspection:**

Unannounced

**Completed on:**

29 July 2019

**Service provided by:**

Advinia Care Homes Limited

**Service provider number:**

SP2017013002

**Service no:**

CS2017361022

## About the service

Braemount Nursing Home is registered with the Care Inspectorate to provide a care home service to a maximum of 90 older people. The service has been registered since 19 December 2017. The provider is Advinia Care Homes Ltd. There were 68 residents living in the home at the time of the inspection.

Braemount is a large, purpose-built facility designed on a core and cluster setting. It is set in well-maintained and secure grounds. The home consists of an administration building and three individual "houses", each with 30 bedrooms. The accommodation in each house includes 30 single rooms with en-suite toilets, lounges, a dining room and a small kitchen. There are communal bath and shower rooms in each house. Residents can access enclosed gardens from each of the houses.

The home is situated in a residential area of Paisley with some local amenities nearby and good transport links.

## What people told us

We spoke with residents both individually and in small groups during the inspection. We observed the care and support offered to them by staff. We also received comments from residents in our questionnaires. Overall the comments were positive:-

"I enjoyed my lunch it was good. I am fine thank you."

"I'm ok."

"It's good here. I like the girls."

"Having a good day. The girls are good. The food is good. I'm fine."

"It's great. We really like to play dominoes. It's keeps us busy."

"I'm fine dear. No complaints."

"Aye I'm no bad. The lassies are good."

"I am very happy with all aspects of care and other facilities that are available. All the staff are helpful and friendly and welcoming. I am always happy here."

We spoke with relatives during the inspection. The comments we received were positive overall. Here is a sample:-

"I feel there has been good things happening over the last six months. I see improvements. Staff seem happier. I would like to see more music and entertainment in the afternoons - often feels his relative is not doing much then. Staff are really good. They work hard. The management team have done well - they run a tight ship. I have no concerns. I would speak with staff if I had any issues."

"My friend is having a good day today. It is nice to see her. When I come in, I feel welcome. I think she is quite happy. Sometimes she does not want to do anything and that's ok."

"I am very happy with the care that my relative receives. Described staff as "caring, helpful and considerate." I have very positive views about this care home."

"Overall, happier with relatives care now. Said that staff are 'nice' and 'are approachable.'"

Family member commented that all the staff are nice and he is made to feel welcome. He and his family are routinely consulted about their relatives care. They are sent forms before a review and can be involved in reviews.

Relative said that loved one "is really well looked after" and that "all the staff are nice and always come and speak with us when we visit." Overall, that she was very happy with the care.

Overall, the family are very happy with the care support from staff, particularly for their relatives personal care. He is "well attended to here when it comes to that." Relative commented that "he looks brighter and healthier." Staff "are always nice and always offer you a cup of tea or a drink."

"Staff are well aware of my loved ones interests. Things are improving with entertainment and my relative is keen to take part. I am grateful that my relative is happy and has a good relationship with staff. I am confident he is happy and well cared for - above all he is safe."

"The staff are great and I think they do everything to meet my mothers needs. I personally appreciate how hard they work."

## 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
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
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**

Staff were kind, attentive and compassionate. We could see that there were warm relationships between residents and staff as residents responded positively when staff interacted with them. Staff worked well together and teamwork was more evident meaning that residents received dignified responsive care. Staff were better at offering and promoting choice and we saw evidence of views being sought and respected. The staff culture within the home was improving for the benefit of residents. They need to observe and respond to the needs of those residents who perhaps cannot ask for assistance. Residents would benefit more from this interaction if staff were less task orientated and appreciated the importance of spending meaningful time with residents out with of the "task" of caring.

Meaningful activity and opportunities play a significant part in ensuring that residents get the most out of living in Braemount. The care home had recently employed two new activities staff members and it is hoped that each unit will have an identified activity member to get to know the residents and ensure that what is being offered meets the preferences and choices of each resident. We were told that there were good links with the local schools and they hoped to set up a "penpal" initiative. Residents could, with support, take a walk to the shops or visit the local bowling club. The management team acknowledged that the activities offered needed to be improved. Residents within the home had a range of care and support needs, including some living with dementia. It was important that all residents got access to an appropriate programme of activities that enhanced their interest and abilities. This will be an area for improvement.

We could see that residents enjoyed meal times. Progress had been made since the last inspection to improve the dining experience. Most tables were nicely set, menus were on display and residents were offered a visual choice of meals and drinks. Staff were more attentive and supported residents in an unrushed manner. Assistance and prompting was offered discreetly and residents responded well to this support. Staff were more confident about supporting residents who found it hard to sit at the table for any length of time and they will continue to look at how they support residents who like to walk around the units during mealtimes. All of this promoted a more pleasant and sociable dining experience.

Residents were cared for by a team of staff who were trained to support their health needs. We spoke to two visiting health professionals who were positive about the progress made within the home. They said that staff were more professional and responsive, therefore residents health needs were being addressed more quickly and staff were taking the advice of other professionals. Regular clinical risk meetings within the home ensured that health needs were discussed and reviewed with the management team. This meant that residents received good clinical care provided by trained and attentive staff.

The medication records were, on the whole, accountable however staff needed to ensure that they recorded each medical intervention they undertook with a resident for their safety and well-being. We discussed the use of "as required" (PRN) medication to support residents' health needs. In some houses, these needed to be developed so that it was clear why a resident required that medication and the effectiveness. We discussed the administration of medication to support residents with diabetes. It was agreed that practice in this area needed to improve and the home took immediate steps to rectify the concerns raised. This will be an area for improvement. The provider hopes to introduce an electronic system of medication administration in the near future.

## Areas for improvement

1. The activity programme provided should be appropriate for each resident despite their health and well-being needs. The programme should promote the choices and aspirations of each resident. Resident involvement in activities should be recorded in an outcome focussed way so that it is evident if the activity was a success for the resident.

HSCS 1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

2. Medication management and administration should follow good practice. The protocols for administering an 'as required' medication should be clear. The steps to be taken to support a resident with diabetes should be evident and well documented.

HSCS 1.24 Any treatment or intervention that I experience is safe and effective.

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

Since the last inspection the management team, with support from the external senior team, had continued to work hard to improve the service. We were given a copy of the home develop plan which showed what had been achieved to benefit both residents and staff and what had still to be done. Good progress had taken place but the manager was realistic that improvement would take time and she quoted that "they were on a journey".

To support staff and give reassurance to residents and relatives, the management team could be seen regularly within the units. One family member said "it's good to see the manager, I know who she is." The management team continued to monitor and observe staff practice to ensure that skills and knowledge were being used to support residents in a professional and caring manner. These systems supported staff to consider their practice and if it needed to be improved for the benefit of residents.

The audits undertaken showed that the priority within the home was the care and support of residents. A recent internal audit (QDR) showed that there had been progress in most areas since the last audit. Medication, meal time experience and reflections on practice as examples, were completed regularly to determine if anything could be better for residents. Staff were given areas of responsibility and timescales to complete any identified actions. This supported a culture of openness and continuous improvement.

Some of the management team were undertaking leadership and management training to develop their skills and knowledge.

We were reassured that the management team had a good overview of priorities and areas requiring improvement. They should continue with the quality assurance process they have started and co-ordinate it to evidence positive outcomes for residents. If progress continues and practice is consolidated then the management team can focus on developing the ideas and aspirations they have for the home, in consultation with residents and their families. We will review this at the next inspection.

**How good is our staff team?****4 - Good**

We received positive comments about the staff team from residents and relatives. They were described as "kind and caring" and this showed that staff have reflected on and improved their own practice for the benefit of residents. We observed staff to be compassionate, humorous and attentive. At times, staff could still be task focussed but respect and warmth were evident. They were aware of their role in caring and supporting residents in all aspects of their lives within the home, but they agreed that they often got caught up in the "task". In discussions staff could tell us the importance of spending quality, meaningful time with residents.

We could see that staff morale and confidence had improved. In discussions with staff they were more positive and enthusiastic about their job and the training and support they received. They spoke positively about their colleagues and the management team. This improved culture will lead to a more pleasant and professional experience for residents.

The use of agency staff within the home was still high but all efforts were made to ensure that regular agency staff were used. We could not see a negative impact on the care and support received by residents due to the number of agency staff however it would always be preferable that residents were cared for by regular permanent staff. We discussed this with the senior management team and they gave assurances that the recruitment of permanent nursing staff was a priority. This will be an area for improvement.

The management team had a programme of staff development in place which included supervision, observation of practice and reflective accounts. They were a positive step in supporting staff to consider their own practice

and what needed to improve. Staff were encouraged to be open about any concerns they had but also supported to realise the positives about the care and support they provided. We saw and heard a more positive outlook from staff which was progress. This improved culture and ethos, along with recruitment of permanent staff, will ensure that residents live in a home with consistent, well trained and motivated staff. This will be reviewed at the next inspection.

## Areas for improvement

1. The home should continue to make all efforts to recruit permanent nursing staff to care for residents. The provider should continue to make this a priority for the home.

HSCS 4.17 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.

## How good is our setting?

4 - Good

Since the last inspection, staff have continued to make the most of the limited space available within each house. The small lounges had been changed to meet the needs of the residents in that specific house i.e. comfortable chairs or dining table. In the larger lounges, small areas had been developed into music corners, pamper rooms or sweet shop. The home hopes to use the smoking areas that are no longer used to develop interests and ideas of residents, such as a garden room. The garden areas were small but well used by residents. We asked the management team to consider extending the garden areas to allow more space and access for residents. Independent access to a safe garden area is so important for the well-being of residents.

We discussed the refurbishment plan for the home with the management team. They agreed that there were areas that required attention to ensure that residents lived in a pleasant and uplifting environment. We were assured that a programme of on going refurbishment was planned and we asked that a copy of the plan be sent to us. For the well-being and comfort of residents the environment needed to be developed in line with good practice and individualised care. Making reference to the Kings Fund Audit tool would be helpful in developing the home, in line with this good practice, for caring for residents living with dementia. This will be reviewed at the next inspection.

Each resident had their own bedroom, with en-suite toilet facilities. Baths and showers were taken outwith of a residents bedroom. We checked that the bathroom and shower areas were pleasant and comfortable for residents. We also checked that the equipment used to keep residents safe was in good condition and regularly checked. We had no concerns and were reassured that staff undertook all the checks necessary to promote good, safe care for residents.

## How well is our care and support planned?

4 - Good

Each resident had a care plan which outlined their assessed needs and how these needs would be met. The care plan did reflect residents' needs and wishes to an extent. Most of the information contained within the care plans was relevant and up to date. Each care plan was in the process of being "moved over" to the Advinia care plan system. This system should promote a more person centred approach to reviewing and recording the needs of residents.

As previously stated the health needs of each resident were well supported and evidence of this was in each care plan. Staff now needed to appreciate the importance of writing about the "person" in the care plans and not just

their day to day clinical needs. We saw some progress and attempts at realising the potential of a resident or writing about a positive experience however this was in the minority. We did not get a sense of people's identity from the care plans we looked at. Staff knew the residents and their needs well but this was not followed through into a person centred care plan. Staff should develop each care plan in consultation with residents and their families, wherever possible.

To support a more person centred approach in care plans and other records for residents, staff should be aware of how they write about the person. The daily notes were clinical and generic and gave no insight into how someone had spent their day. They did not reflect the attentive care we saw during the inspection. Staff needed to be confident to write about positive outcomes for residents not just 'settled day' or 'good food and fluid'. Assessed needs were recorded in each care plan therefore having person centred daily records would guide staff to write more positively in the monthly care plan evaluations and formal reviews. In turn this would give a more personal, individualised overview of how a resident has been, living in the home. It would identify what they have achieved and what outcomes they would like to have in the future. This will be an area for improvement.

### Areas for improvement

1. The care planning and review process needed to improve. Care plans, daily notes and review minutes should be outcome focussed and written in a person centred manner, taking account of all the needs of residents, not just health concerns.

HSCS 1.15 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.

## 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

Staff need to promote person centred care rather than focussing on tasks. Records should demonstrate this shift in approach through the use of respectful practice and language.

HSCS 1.6 - 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.

**This area for improvement was made on 17 September 2018.**

#### Action taken since then

FEB 2019 Staff were less task focussed and spent more time with residents. They were relaxed, more natural and more flexible in their approach. Warmth and compassion were evident and we could see that residents were comfortable in presence of staff. The care plans were being re-written to ensure that a person centred approach was evident when staff were writing how they cared for and supported a resident. Staff need to continue to

develop the area of meaningful opportunities for residents so that they become embedded and are a natural part of the care and support offered to residents. This will be an on going area for improvement.

JULY 2019 - we saw good evidence of staff care and attention towards residents. Practice was warmer and more responsive than previous inspection. See notes.

Met or not met

MET

## Previous area for improvement 2

Staff need to improve their practice, with support from the management team. Staff should challenge poor care they witness. Professional codes of conduct should be followed at all times.

HSCS 3.14 - 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 and HSCS 3.7 - I experience a warm atmosphere because people have good working relationships.

**This area for improvement was made on 17 September 2018.**

### Action taken since then

FEB 2019 Staff were professional and pleasant during the inspection. A lot of work had been done to challenge poor practice and make staff accountable for their own work. Staff were taking more ownership for their roles within the home. They had been under a lot of scrutiny from external management representatives. It is important that professional conduct is maintained and good safe care continues, when senior managers leave the home. The improved culture and ethos must be sustained for the benefit of residents. This will be an on going area for improvement and will be reviewed at the next inspection.

JULY 2019 - we did not see or hear any practice that caused us concern. See notes.

Met or not met

MET

## Previous area for improvement 3

All areas within the home should be used in the best interests of residents. The rooms in each unit should be reviewed to see if they could be used to improve the quality of life and experiences for residents.

HSCS 5.1 - I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

**This area for improvement was made on 17 September 2018.**

### Action taken since then

FEB 2019 The home had made some progress in this area. Staff were considering the environment and had made some small improvements with the use of the quiet lounges, for the enjoyment of residents. This will continue and will be reviewed at the next inspection.

JULY 2019 - all staff continue to try to use the limited resources within the home for the benefit of residents - this is a work in progress. Some areas require an upgrade. See notes.

NOT MET - continue

## Previous area for improvement 4

Each resident should have a person centred care plan that fully articulates all of their needs including their choices, preferences and aspirations. Residents and relatives should be involved in the care plan and review process.

HSCS 1.15 - 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.

**This area for improvement was made on 17 September 2018.**

### Action taken since then

FEB 2019 The management team had started to review each care plan with a view to each plan being re-written. This would ensure that each resident had a care plan that reflected their needs, choices and preference. It is anticipated that residents and relatives will be fully involved in this process. The outcomes for residents will be clearly identified and person centred practice and recording in the care plans was being promoted. This will be an on going area for improvement and will be reviewed at the next inspection.

July 2019 - Ongoing progress - however plans, daily notes and review are not fully person centred.

Continue.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 good is our leadership?	4 - Good

2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	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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