

Birdston Care Home Service

Birdston Road
Milton of Campsie
Glasgow
G66 8BY

Telephone: 01417 763 355

Type of inspection:
Unannounced

Completed on:
14 November 2022

Service provided by:
Pacific Care Limited

Service provider number:
SP2003002346

Service no:
CS2003010430

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com.

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Birdston Care Home is located in Milton of Campsie in East Dunbartonshire. The provider is Pacific Care. Birdston North and South provides care to 60 frail elderly people including people with dementia. Two of the rooms are reserved for people who require a respite service.

Birdston North was refurbished to a high specification last year and provides a comfortable and well equipped home for the people who live there.

The service provides accommodation over one floor in single and double bedrooms, each with an en-suite toilet and wash hand basin. There are sitting rooms and dining rooms attached to each of the two units. There is a communal seating area as you enter each unit in the home and access to a well-tended garden.

The Pacific Care aims and objectives state: "Through genuine care and compassion we strive to deliver an evolving and progressive approach to care".

About the inspection

This was an unannounced inspection which took place on 9 November 2022 at 07:30 hours. The inspection was carried out by three inspectors from the Care Inspectorate over two days and two inspectors over the last day. 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 nine people using the service and 14 of their relatives and friends;
- spoke with nine staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Health care needs were addressed promptly.
- People had been supported to maintain contact with family and friends.
- People were supported by a staff team who mostly knew them well.
- Management and leadership were supportive.
- Infection and prevention control methods continued to be high priority.
- Daily monitoring of people's health should be improved.
- Completion of behavioural assessments should be improved.
- Both indoor and outdoor activities should be improved.

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 considered how well the service supported people's wellbeing and evaluated this key area as 'good'. Strengths outweighed weaknesses and had a positive impact on people's experience and outcomes.

Quality Indicator 1.3: People's health and wellbeing benefits from their care and support

People experienced warm interactions from a staff team who mostly knew them well. Staff members were able to spend more time with people, supporting their independence and choices. A few relatives said: "Yes, the staff always have time." Another stated: "Always seems to be enough staff around but at least half of them are strangers to me." The manager advised that there had been at times a shortage of permanent staff due to recruitment difficulties, with these vacancies being covered by agency staff. This meant that people did not always experience timely responses from staff who were familiar with their needs

Discussions and observations within the care home showed the dispensing of medication was well organised. There was evidence of staff signatures following the administration of medication; however, there were some gaps with no signatures. This meant a few people could not be confident that they had received their right medication at the right time. We fed this back to the manager who advised they would address this.

The manager shared learning with staff following accidents and incidents. An example of this was related to the respite service. Care plans and staff practice had improved and people could be confident that their care would be safer and their outcomes met. One relative advised: "They always let me know if he has a fall or if he has a bruise." Another stated: "Service made a big difference, my mother would not be here if it wasn't for the care given."

The manager asked people for their views about living in the care home and took account of their feedback. Most relatives we spoke to were very happy with the care; however, some felt they had not been heard and that some aspects of their loved ones' care did not change as a result. One relative said: "I really feel I don't get listened to. So many things I bring up but don't get taken care of." The manager was responsive to this and advised that they would address it.

Daily monitoring charts such as fluid intake, oral care and wound care were mostly completed well by staff. However, this was not consistent throughout the home where there were some gaps in information and signatures. This meant that some people could not be assured that their health and wellbeing was being monitored accurately. (See area for improvement 1.)

People have the right to effective healthcare assessments to ensure they benefit from the right treatment and interventions. We found that the appropriate documents were in place for behavioural assessments; however, the completion of these documents should be improved through staff training and development. This should help to ensure that people receive the right support and experience good outcomes. (See area for improvement 2.)

Quality Indicator 1.4: People experience meaningful contact that meets their outcomes, needs and wishes

Relatives and visitors were welcomed into the home and could visit freely throughout the day and night. During our inspection, one relative stayed for dinner. Families reported feeling happy with the care provided

and were very complimentary about the staff teams. People's emotional and physical wellbeing is supported, and their rights protected in the service's approach to visiting.

A few relatives advised that communication and activities should continue to be developed. This is important so that people have the opportunity to maximise their health and wellbeing. The manager had acknowledged this and a further activity worker will be in post this month. We observed a group going out on the minibus, singing and dancing going on in the lounges, and a reminiscence session.

Staff support people to remember and celebrate important occasions and life events of those important to them. Life story work helps staff understand what and who is important to people, and this helps them to support people in maintaining personal connections. Some life stories could be developed to include people's grandchildren and their names if this was their wish.

Quality Indicator 1.5: People's health and wellbeing benefits from safe infection prevention and control practice and procedure

The environment within the service was bright, spacious and uncluttered. This meant people could move around safely as possible and had good lighting to help their sight. The décor and furnishings were attractive so people could be in comfortable surroundings.

We noted that the environment could be confusing and going between units looked the same. This could further challenge people who experience dementia or cognitive disabilities. People's room doors could be improved with signposting and personalised items to help their orientation and recognition of their room. The manager confirmed that the home will use the 'King's Fund Tool' when considering how to further to enhance the experience of people living with dementia.

The home was clean and domestic staff were visible in the service throughout the inspection. Both communal areas and individual bedrooms were clean and free of clutter. Ongoing infection prevention and control remained a priority in the home, which reduced the risk of infection. We found a few areas that should be improved, such as missing laundry and dirty laundry in two shower rooms. The manager advised that this would be addressed.

Areas for improvement

1. To support and maintain positive health outcomes for people, the provider should ensure that all relevant care monitoring charts are kept up to date. This includes, but not limited to:

- oral health charts;
- fluid monitoring charts; and
- outcome of visiting professional.

Where compliance rates or targets are not met, actions to be taken to remedy the situation should clearly record the action, timescales and person responsible.

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

'My care and support meet my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 13 November 2022.

2. People who have behaviour assessment plans should be supported by staff who are knowledgeable and trained in how to complete these plans. This will help to ensure that any interventions are meaningful and improve people's quality of life.

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

'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 3.14); and
'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.17).

How good is our leadership?

4 - Good

Quality Indicator 2.2: Quality assurance and improvement is led well

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

People should expect that quality assurance and improvement is led well and supports improvement in the delivery of care. Information from audits had led to improved outcomes for people such as the purchase of new mattresses and equipment. People could be mostly confident that the service aspired to deliver high standards. However, there were gaps in some follow-up actions.

Staff received supervision which supported them to look at their current practice and how they could improve this. We saw examples of supervisions where discussions took place around accountability and responsibility of the staff. This meant that people could be supported by staff who were knowledgeable and aware of what good care should be.

Maintenance records were up to date and there was a clear list of repairs reported and repaired. People could be assured that management had a system in place to record and monitor accident and incidents, which included falls. Any accidents and/or incidents that should be reported to either ourselves or referred in accordance with adult support and protection guidance had been completed. Investigations had been carried out and any additional measures implemented.

There was an overall service development plan, aligned to the inspection framework and the Health and Social Care Standards. As a result, people should expect care that was guided by best practice.

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	4 - 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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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