

# Birdston Care Home Service

Birdston Road  
Milton of Campsie  
Glasgow  
G66 8BY

Telephone: 01417 763 355

**Type of inspection:**  
Unannounced

**Completed on:**  
8 December 2023

**Service provided by:**  
Pacific Care Limited

**Service provider number:**  
SP2003002346

**Service no:**  
CS2003010430

## About the service

Birdston Care Home is located within Milton of Campsie, East Dunbartonshire. The provider is Pacific Care Limited.

Birdston Care Home consists of two units, North and South. The service provides care to 60 older adults including people living with dementia. Two of the rooms are reserved for people who require a respite service.

The service is on one level and provides single and double bedrooms with en suite toilet facilities. There are communal areas across the building which include spacious lounges and dining areas. There is also access to a large, enclosed, well-maintained garden.

The aim of the service is to provide high quality care to people in a homely, safe environment. They aim to work in partnership with people, their families and friends to provide the appropriate person-centred care in a dignified and safe therapeutic way.

At the time of inspection, 54 people were using the service.

## About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 December 2023. The inspection was carried out by three inspectors from the Care Inspectorate. 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:

- received feedback about the service via Care Inspectorate questionnaires from seven people who use the service, 12 relatives, three staff and six external professionals
- spoke with 10 people using the service
- telephoned four relatives and spoke with one relative who had visited the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- made contact via email with three visiting professionals.

**Key messages**

- There was positive and negative feedback from relatives regarding care experienced by people.
- People were happy with their care and support and a few people told us what improvements they would like to see.
- To improve people's health and wellbeing, the service needs to implement an activity schedule that provides meaningful activities on an individual or group basis.
- People's inventories needed to be reviewed to ensure they were accurate and correct to ensure their personal belongings were kept safe.
- Team meetings and observations of practice needed to improve to ensure that people were being supported by a competent and well-trained workforce.
- To support people who had cognitive or sight impairments, the service needs to make improvements within the environment to aid navigation and inform people of the day, date and time.

**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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People told us they were happy with their care and support. Everyone knew each other and people appeared relaxed in the presence of staff. Staff interacted with people in a warm and positive manner. People told us: "I'm happy"; "They're very good"; and "I'm getting good care." People also told us about things they would like the service to improve upon. Topics that came up ranged from better food, more activities and more support.

Relatives had mixed views about the care experienced. Some relatives felt there was not enough staff or activities going on, which was having an impact on their relative's health and wellbeing. However, there were some relatives who spoke positively about the service and were very happy with their relative's care and support. We have spoken to management about this feedback as it is important that people receive the care experience they want. The management team have acknowledged this feedback and assured us they will continue to work with people and families to improve their care experiences.

Some relatives were unsure about the protocol for supporting people to their healthcare appointments. A few relatives had told us that they had experienced difficulties supporting people to health appointments. This topic had been raised at a recent relative meeting but had not yet been actioned. Management have agreed they will revisit this protocol with relatives to ensure that people are supported to attend important health appointments.

Group activities had been happening daily within the communal areas of the service. People could take part in seated exercises, baking tasks, arts and crafts and bingo. Entertainers had also visited the home, which people had said they enjoyed. However, there was little evidence that the activity planner had been shaped by people's preferences and wishes. We also found that physical activities were sedentary, which can increase health risks due to non-movement of the lower part of body. There was also a risk that people who do not wish to participate in group activities could become lonely and isolated. Therefore, the service should carry out a review of their current activity planner and implement an activity schedule that meets people's wishes and preferences (see area for improvement 1).

People had inventories in place to ensure that their personal belongings were kept safe. The home had a good laundry system in place where all new clothes were marked on their arrival to the home. Inventories we sampled had not been reviewed in some time which meant that people's personal belongings may not be accurate. This was discussed with management who have assured us that they will carry out reviews of people's inventories to ensure they are accurate and correct. Management also said they will revisit their personal belonging procedure with relatives to ensure they know what to do when bringing new items to the home for people.

Care plans reflected people's choices and wishes. They were person-centred and included information on people's wishes and preferences with all aspects of daily life. However, some care notes were hard to read, including handover notes. This was discussed with management who informed us that they planned to improve on this with the implementation of a digital care plan system.

People who experienced stress and distress had protocols in place to keep them safe from harm. There was also a training plan in place for senior staff to attend dementia skilled training which included how to assess and report on stress and distress. However, the stress and distress care plans were hard to read and did not describe how the person presented when stressed. There was evidence of external health professional input and regular reviews were taking place regarding people's stress and distress which was good. However, people could be at risk of harm if there is not clear guidance within care plans on support strategies when people are experiencing stress and distress. Therefore, we will repeat an area for improvement from the previous inspection (see previous area for improvement 2).

People's health and wellbeing was monitored daily with input from external professionals when required which was good. Health assessment plans were detailed and when people's health needs changed, this was quickly acted upon.

All daily care monitoring sheets we sampled had been fully completed. This included food and fluid, continence care, repositioning and personal care. There were no concerns with oral care charts; however, we did find a few dry toothbrushes on day one of our visit. We brought this to the attention of the management team and it was addressed.

People could choose to use private and communal areas and had the right to privacy when they wanted. People's rooms were personalised with pictures, furniture and furnishings. Some people had found it hard to orientate around the home as some corridors looked exactly the same. Some signage could also be improved upon to help people who have either sight and cognitive impairments, such as clocks, people's door signs and day/date. This was discussed with management who had plans in place to make the necessary improvements to ensure that people know the day, date and time and can easily navigate around the home.

People appeared to enjoy their meals in an unhurried, relaxed atmosphere. Staff had the knowledge and skills to appropriately assist people who required support to eat and drink. People were able to choose what they wanted to eat and where they would like to eat their meal.

### Areas for improvement

1. To improve people's health and wellbeing, the provider should implement an activity schedule that promotes and encourages meaningful activities on a group and individual basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

### How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People's health and wellbeing benefitted from safe and effective medication management practices. The service used an electronic system to track and manage medication. The service had made improvements on

how they logged medication in to the service. This was due to a recent medication error where medication had been dispensed at incorrect dosages for people. The service had followed all reporting protocols with this error and were in the process of concluding their investigation into this matter. We found that people's medication had been administered as intended in line with their health and wellbeing needs.

There was a stable management team within the home who knew what was working well and what improvements needed to happen. The quality improvement plan was shaped by people's wishes and preferences. The only outstanding actions were connected to implementing physical activities and the accompanying training which the management team were currently working on.

There were robust systems in place to protect people from harm. All accidents and incidents had been recorded and reported in line with legislation. All complaints had also been managed well and there were no active complaints at the time of inspection.

People's care plans had been reviewed regularly. Six-monthly service reviews had also happened. However, some review records were not completed and it was difficult to track action plans as they were hard to read. This was discussed with management who have assured us they will make improvements on this.

To ensure that people were happy with their care and support, the service had a 'resident of the day' system. This had a focus on people's care plans, oral care and feedback from family. Our suggestion would be that the service also includes gaining feedback from people about their care experience, including what activities would be meaningful to them.

Staff told us they felt happy and supported within their roles. The service had carried out regular training and most staff were up to date with their training. However, there were a number of staff who had not completed their dementia skilled training (links to key question 1). This training is essential to meet the care and support of people living with dementia. The management team were aware of this and had a plan in place for this to be completed.

Team meetings had happened but were not consistent. As the service had experienced a few incidents which had impacted on people's health and wellbeing, we would have expected regular team meetings to have happened. It is important that there is a whole team approach with learning that needs to happen post-incident. This was discussed with management who have assured us that they have a plan to resume team meetings, including observations of practice. It is important that the whole staff team are kept informed with current and changing practice to keep people safe from harm.

## 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

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 14 November 2022.**

#### Action taken since then

People's health and wellbeing was monitored daily with input from external professionals when required, which was good. Health assessment plans were detailed and when people's health needs changed, this was quickly acted upon.

**This area for improvement has been met.**

#### Previous area for improvement 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).

**This area for improvement was made on 14 November 2022.**

#### Action taken since then

People who experienced stress and distress had protocols in place to keep them safe from harm. There was also a training plan in place for senior staff to attend dementia skilled training which included how to assess and report on stress and distress. However, the stress and distress care plans were hard to read and did not describe how the person presented when stressed. There was evidence of external health professional input and regular reviews taking place regarding people's stress and distress. This meant that people could be at risk of harm if there is not clear guidance within care plans on support strategies when they are experiencing stress and distress.

**This area for improvement has not been met and remains in place.**

## 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	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing 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



## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.