

3 Bridges Care Home Care Home Service

108 Carmunnock Road
Glasgow
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Telephone: 0141 632 6417

Type of inspection:

Unannounced

Completed on:

1 August 2019

Service provided by:

Northcare (Scotland) Ltd

Service provider number:

SP2003002314

Service no:

CS2012307106

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

This service registered with the Care Inspectorate on 6 June 2012.

3 Bridges Care Home is registered for 72 older people, 36 of whom are people who have been diagnosed as living with dementia and 36 who are frail older people. The provider is Northcare (Scotland) Ltd. The home is located in the southside of Glasgow, near local amenities including shops and is served with good public transport routes.

The care home is purpose-built with accommodation on two storeys which is divided into four self-contained units. Each unit contains a lounge/dining room and kitchen. All bedrooms are spacious singles with en-suite shower facilities. The home has an attractive enclosed garden for people who use the service.

The aims and objectives of the service are to "provide care, in a safe and secure environment, where service users are supported to achieve independence, enabled to make choices and encouraged to work in partnership with staff to maximise their quality of life."

What people told us

In advance of the inspection, we sought the views of people using the service and their carers through the use of surveys (both paper surveys and online surveys).

Seven were completed and returned from people who used the service. The surveys suggested that there were high satisfaction levels with the care and support provided.

We received seven paper surveys from relatives and carers. The majority of these were highly complimentary about the care and support provided. Comments included:

"Highly commend the staff and the environment for supporting husband to settle into his surroundings quickly and "hassle free" ... The staff have been so kind, caring and feel treat him with dignity and respect at all times. I can return home knowing the staff are going to look after my husband."

We heard less positive comments from two of the returned questionnaires where respondents thought there could be improvement. Examples included; personal items going missing, personal care including fingernails could be better, lack of dignity, male residents behaving inappropriately and entering bedrooms uninvited. We took account of these comments when we carried out the inspection and shared these with the management team in order that they could look at ways of making improvement.

During the inspection, we used the services of an inspection volunteer. The inspection volunteer is someone who has either used services before or is familiar through having someone close receiving care and support from services.

The inspection volunteer spoke with six people who used the service and six visitors to the home. We received many positive comments in relation to the care and support provided:

"I'm completely satisfied with the care. My relative is treated as an individual."

"My relative's medication is being managed as it should be."

Positive comments were made in relation to food offered and choices given.

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?	5 - Very 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?

5 - Very Good

People using the service were supported by staff who treated them with genuine warmth, compassion and respect. We identified some staff practice which we believed could improve for example consistently using footplates when supporting people who used wheelchairs. We were confident that the service would implement more robust monitoring of this area. People using the service were well presented and personal care was completed to a high standard aligned to the principles of the Health and Social Care Standards.

People who used the service communicated that their views were respected and that they felt listened to.

People benefited from support from staff which was aligned to their needs and preferences. Staff within the service used recognised assessment tools to help them identify, at an early stage, any changes to the health status of each person. This means interventions can be made at an early stage to help keep people well.

People's rights were protected through staff being clear of residents' legal status. This identified who should be involved in key decisions about residents' health and welfare for people who lacked mental capacity to make informed decisions

Staff were good at communicating with relatives and other key people when they noticed any changes to a person's health and wellbeing. Staff also shared what actions had been taken to address concerns.

People using the service were not unduly restricted moving within each unit. However, we identified that whilst there had been appropriate assessment in place, the type of bedrail and associated equipment being used with a particular individual needs to be revisited. We were given assurance that there was planned imminent replacement of this equipment in place which should help negate associated risks.

Supports provided strike a good balance by encouraging people to remain as independent as they can be whilst keeping them safe. People using the service could be reassured that the service actively researches best practice resources and material and uses these to shape how care is delivered. For example, a manager from another home within the organisation completed observations on the practice of staff when supporting people who are living with dementia.

Having meaningful things to do is important for helping people to have a sense of wellbeing. People benefited from being offered a range of meaningful activities. Some of these activities were good for keeping people physically active. For example, we observed people participating and enjoying the walking group which also gave an opportunity to enjoy the outdoor area.

Being well nourished and hydrated is important for keeping people well. Staff used opportunities during, and outwith, meal times to encourage each person to eat and drink well. For example, eating a meal with a resident had a good effect in encouraging them to eat well.

Receiving medication as prescribed is important to help keep people well. Overall, medication was being administered as directed. We have made comment in relation to records under How well is our care and support planned?

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

The service had developed My Story to better capture the wishes, preferences and key areas that were important for each person using the service. There were plans in place to use this information to better inform the content of care plans which should help improve the consistency of care and staff approach. People using the service felt involved with shaping the content of care plans.

Care review minutes have been redesigned to align with headline outcomes of the Health and Social Care Standards. We recognised that the implementation of the new way of carrying out care reviews was at an early stage. However, we could see some improvement as far as staff capturing the impact that care and support has made to people. We would like the service to continue to develop this area for example clearly reflecting planned goals and actions with incorporation into associated care plans.

Care plans and risk assessments were not consistently evaluated as often as they should be by staff. This is important for checking the effectiveness of interventions. We shared examples of where we thought these should be updated such as when accidents occur, when medication is used to minimise distress reactions, when there are regular planned observations of people and when an individual's skin integrity has been identified at risk. We shall make an area for improvement in connection with this area. (See area for improvement 1)

People using the service and their relatives have benefited from staff within the home working collaboratively with them and the general practitioner to develop more concise and relevant anticipatory care plans.

People have benefited from staff taking the time to assess and get to know what activities each person enjoys through speaking to them and their representatives. However, associated records did not always capture how each person responded and what was achieved as a result of offering specific activities. This would help identify if the activity offered continued to meet the person's needs or interests and ultimately shape the range of activities available. We would like the service to develop this area by capturing what outcomes are being achieved.

Areas for improvement

1. The service provider should ensure care plans are in place which reflect the current needs of each resident and provide clear guidance on strategies and approaches to be used by staff to meet residents' identified needs.

This ensures that support is consistent with the Health and Social Care Standards:

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

The service provider should ensure that assessments relating to the care needs of residents are accurately completed and link to clear strategies to address the identified need. Care reviews should reflect outcomes being achieved as a result of the support and care provided. This ensures that support is consistent with the Health and Social Care Standards: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. (HSCS 1.12)

This area for improvement was made on 26 July 2018.

Action taken since then

Based upon sampling care plans and associated assessments, we concluded that there continued to be areas to improve. We recognised that there have been improvements in relation to how care reviews are structured and the service was beginning to capture outcomes being achieved as a result of the care and support provided. We shall replace this recommendation with an area for improvement. See area for improvement under How well is our care and support planned?

Previous area for improvement 2

The service provider should ensure that staff practice and recording improves in order to ensure that residents' rights are upheld and wellbeing maintained when they are supported with taking medication. This ensures that support is consistent with the Health and Social Care Standards: My human rights are protected and promoted and I experience no discrimination (HSCS 1.2) and Any treatment or intervention that I experience is safe and effective (HSCS 1.24).

This area for improvement was made on 26 July 2018.

Action taken since then

We looked at documentation and consultations carried out in advance of using medication covertly and an appropriate form was used to reflect the same. We concluded that overall there has been improvement in staff practice. However, associated care plans should reflect the approach taken, for example dementia care plan. On balance, the recommendation is met. However, please see the area for improvement under How well is our care and support planned?

Previous area for improvement 3

The service provider should ensure that there are greater opportunities for all residents to participate in activities that are beneficial to them. This ensures that support is consistent with the Health and Social Care Standards: I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning opportunities every day, both indoors and outdoors (HSCS 1.25) and I can maintain and develop my interests, activities and what matters to me in the way that I like (HSCS 2.22).

This area for improvement was made on 26 July 2018.

Action taken since then

See comments under How well do we support people's wellbeing? We found that there has been good progress made since the previous inspection. Care staff now see the provision of meaningful activities as part of their role and have been effective in offering greater opportunities as well as a range of activities for people using the service. Based upon our findings, we were satisfied that the recommendation had been met.

Previous area for improvement 4

The service provider should ensure that they fully adhere to their legal responsibilities of providing relevant post event details to the Care Inspectorate when there are significant events which have led to harm. This ensures that support is consistent with the Health and Social Care Standards: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20).

This area for improvement was made on 26 July 2018.

Action taken since then

There have been improvements made as far as reporting key incidents to the Care Inspectorate aligned to the legal responsibilities placed upon the service. Based upon our findings, we concluded that the recommendation was met.

Previous area for improvement 5

Following recording accidents and incidents, the service should check that the most suitable equipment is made available for each resident including call or alarm systems. Care plans and risk assessments should be updated to reflect the strategies and equipment in use to help reduce the risk of harm. This ensures that support is consistent with the Health and Social Care Standards: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20) and My environment is safe and secure (HSCS 5.17).

This area for improvement was made on 26 July 2018.

Action taken since then

People using the service were helped to keep safe by the management team analysing accident and incident reports. We found that additional equipment had been purchased and in use since the last inspection. This included passive alarms for people who would be unable to successfully use conventional alarm systems. Improvements had been made as far as recording equipment in use. On balance, the recommendation had been met. However, please see the area for improvement under How well do we support people's wellbeing?

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very 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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