

## Bonchester Bridge Care Centre Care Home Service

Bonchester Bridge  
Hawick  
TD9 8JQ

Telephone: 01450 860 241

**Type of inspection:**  
Unannounced

**Completed on:**  
16 December 2020

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Service no:**  
CS2003015517

## About the service

Bonchester Bridge Care Centre is part of the St Philips Care Group. The care home accommodates up to 24 older people in a large, house. It is situated on the edge of the small village of Bonchester Bridge, approximately seven miles from the local Borders towns of Hawick and Jedburgh.

The service is set out across three different levels. All levels are accessed via stairs or a lift. The communal areas are all situated on the ground floor. This includes two large sitting rooms, one specifically for residents that smoke and two smaller sitting areas for those that prefer a quiet area to sit. There is also a large dining room with lots of natural light where some activities also take place.

Aims and objectives of Bonchester Bridge Care Centre include fulfilment; "Residents should expect their quality of life to be enhanced by admission to this centre, by the provision of a safe, manageable and comfortable environment. Residents should expect stimulation and encouragement to pursue their lives to the maximum chosen physical, intellectual, emotional and social capacity"

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. On the first day of inspection we issued a letter of serious concern to the provider. This detailed immediate action that the provider must take in relation to two requirements about Infection Prevention and Control (IPC) and staffing. We made a further visit to the service to follow up on the requirements in the letter of serious concern.

This inspection was carried out by inspectors from the Care Inspectorate and Healthcare Improvement Scotland.

## What people told us

We spoke to 12 of 21 people living in the home at the time of the inspection.

Their comments included;

"Nobody comes to see if I'm ok. I've not spoken to my family for a long time."

"I'm fine, quite comfortable but I haven't seen my family for nearly a year."

"I like to sing along to the music, nothing else to do to keep you going."

"I asked for fruit and I get it every day."

## 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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

2 - Weak

### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

People appeared happy and relaxed in their environment and staff were respectful and caring towards the people they supported.

On the first visit the lunch service was very busy and people were not socially distanced in line with the appropriate guidance. On the second visit this had improved, however, some people still had to wait long periods to have support to eat as staff were busy (see Requirement two).

People living in the home were supported by staff who were familiar with their choices, routines, and preferences. Social activities were facilitated daily by one carer. These were mainly group activities as opportunities for one to one support was limited. One person told us;

"I would like to go up to my room through the day."

We discussed ways one to one support could be better supported, whilst acknowledging challenges because of the layout of the building. This determined that staffing levels need to improve to support people's needs and wishes.

Some people who walked with purpose needed to have increased support. Staff needed to help them to social distance and staff should clean touch points. This would be particularly important to prevent or minimise cross-infection (see Area for Improvement 1).

Garden visits had started through the summer months but as the weather had become colder this had stopped. Indoor visiting plans had just started. We were not confident that people were being well supported to have visits by their family. Although virtual visits were happening, these were not always happening when they had been arranged (see Area for Improvement 2).

Support plans held good information to enable staff to know how to support each person. However, end of life care had not been reviewed recently and did not include information should there be an outbreak of COVID-19. The service were taking steps to ensure information was reviewed.

### 7.2 Infection control practices support a safe environment for both people experiencing care and staff

There was sufficient personal protective equipment (PPE) available and staff had been trained in COVID-19 procedures and IPC. However, we found that the National Infection Prevention and Control Manual (NIPCM) - Standard Infection Control Precautions (SICPs) were not always followed.

The storage and identification of PPE supplies were not in line with guidance. Equipment was placed at various points along corridor handrails and open areas. This made items vulnerable to contamination. Managers agreed to resolve this concern by purchasing suitable storage containers.

There was incorrect application of PPE guidance. This resulted in misunderstanding about when PPE should be worn. Managers assured us they would implement up to date guidance about using PPE.

There were areas of the home that required more robust cleaning and tidying. This would enhance infection prevention and control measures. An enhanced cleaning schedule was not used and housekeeping staff were unable to describe cleaning processes and products needed for effective infection prevention and control.

The laundry area was untidy and disorganised. The processes used were not appropriate when handling used or infected laundry. Staff changing areas were full of non-essential items which prevent robust cleaning and increased the potential for cross-infection (see Requirement 1).

There were improvements on our second visit to follow up on the requirement identified in the letter of serious concern, however, there needed to be further improvements and we extended the timescale for the requirement.

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care**

Staff had undertaken infection prevention and control training using e-learning modules. However, practice did not demonstrate good understanding. Managers agreed to review training and ensure all staff undertook a refresher. Spot checks and observations of practice were not part of management oversight at our first visit, however, this practice was implemented by our return visit. Additional training and support was offered and accepted from the Health and Care Partnership.

Several staff were wearing watches and jewellery which prevent good hand hygiene practice and increase risks of infection. Managers agreed complete regular checks and ensure that uniforms were laundered in line with guidelines.

Staff were busy and could not always be responsive to people's needs. One person told us

"The staff work long hours, but it doesn't help as they just go off sick."

Managers agreed to increase staffing levels when needed and undertake regular observations and checks to ensure that people were well supported. There were improvements found during our second visit and staff were able to respond promptly to people's needs. We have extended the timescale for this requirement to ensure staffing levels were sustained. (see Requirement two).

Staff felt supported by the management and told us they could approach them with concerns in person, by email, or telephone. This helped to support staff resilience, during this very difficult time.

## **Requirements**

1. People should feel confident that they are living in a safe environment where staff are practicing good hand hygiene and using PPE appropriately. The fabrics, furnishings and equipment must be clean to decrease the risk of infection for people experiencing care. In order to achieve this, by 15 February 2021 the provider must ensure:

a) The home environment, including painted surfaces, floors, soft furnishings and furniture, must be decluttered, clean, intact and safe for use. This should include the following areas : -dining room -large lounge -small lounge -communal toilets -communal bath and shower rooms -laundry room -staff room.

- b) All care equipment must be clean and safe for use. This includes, but is not limited to mattresses, hoists, toilet risers, commodes and shower chairs throughout the home.
- c) Staff must have training to improve their understanding of infection protection and control and ensure that staff are following the most up to date guidelines, including the use of PPE.
- (d) Housekeeping staff must be aware of the appropriate cleaning products, the correct substances and ratios of chemicals recommended to ensure appropriate infection prevention and control.
- e) All staff must support service users to undertake hand hygiene to reduce the risk of cross infection.
- f) There must be adequate signage to direct staff to available PPE and extra bins to dispose of used PPE. In areas where people walk with purpose, PPE stations should have storage that reduces the likelihood of cross contamination.
- g) Social distancing must be promoted in line with current national guidance.

This is consistent with 5.22 "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (Health and Social Care Standards).

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. People should be confident that their care and support needs are met by the right number of staff, both day and night. In order to achieve this, by 15 February 2021 the provider must ensure:

- (a) People's care needs are met by the right number of staff.
- (b) Where the provider is unable to provide the right number of staff and skill mix, prompt and accurate information should be sent to the Care Inspectorate.
- (c) a contingency plan for increased/replacement staffing, especially should there be an outbreak of COVID-19.

This is consistent with 3.15 "My needs are met by the right number of people" (Health and Social Care Standards).

This is to comply with Regulation 5 (staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. To reassure people experiencing care, appropriate support should be available to keep everyone safe. The staff should develop better systems to ensure:

i) People who test positive for COVID-19 or any other infectious disease have up to date individual risk assessments and a person-centred plan. This should detail how to manage and reduce the risk of transmission of infection.

ii) Strategies to reduce the risk of transmission of infection to other people within the home should be understood and demonstrated by staff in their practice. This should include the cleaning of touch points.

This is to ensure that care and support is consistent with the Health and Social Care Standards:

1.3 "If my independence, control and choice is restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively."

2. People should be well supported to stay in touch with their family and those important to them. The manager and staff need to ensure that there is more consistency, continuity, and creativity to support people to stay in contact.

This is to ensure that care and support is consistent with the Health and Social Care Standards:

2.18 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.'

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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