

## Bridge of Weir Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 July 2021

**Service provided by:**  
Bridge of Weir Care Home Limited

**Service provider number:**  
SP2020013532

**Service no:**  
CS2020380109

## About the service

Bridge of Weir Care Home is registered to provide a care service to 74 older people. The service is owned and operated by Morar Living UK.

The accommodation is organised across three floors and is arranged in to smaller units which provide single rooms with en-suite facilities as well as shared lounge and dining areas. Bridge of Weir Care Homes' stated aim is 'to provide a luxurious and comfortable environment where people's care needs, wishes and aspirations are supported'.

This was a focused follow-up inspection to evaluate progress on the requirements and area for improvement made as a result of a Complaint in December 2020.

## What people told us

We did not obtain views of people experiencing care on this follow up inspection.

## What the service has done to meet any requirements we made at or since the last inspection

## Requirements

### Requirement 1

To ensure the suitability of the service and to safeguard people's health and wellbeing needs, improvements must be made to the process of admission. In order to do this the provider must:

provide people with detailed information on the service to be offered and any limitations to this

ensure service policies and procedures clearly set out the support which can be provided and any limitations to the service

complete a full pre-admission assessment which highlights people's specific care needs and which confirms the appropriateness of any placement

ensure consultation and engagement with the wider multi-disciplinary team to ensure a complete understanding of people's needs and how these will be met

ensure all admissions for people who have complex needs and require additional support are agreed with senior management in the service

develop a care plan which identifies strategies to support admission and care during the initial trial period.

**This requirement was made on 19 March 2021.**

**Action taken on previous requirement**

People experiencing care should be confident that their health and wellbeing needs can be fully met by the service. During the complaint investigation we identified concerns with the admission process which had not been robust in the assessment and identification of people's needs to ensure the service was able to support them on a continuing basis.

We followed up on the requirement and found that improvements had been made. Placement requests are accompanied by a detailed assessment and where appropriate include information from the wider multi-disciplinary team. We sampled admission assessment and initial care plan information and found this clearly detailed people's needs.

People being referred for a placement have a detailed assessment completed and where appropriate this involves the input of the wider multi-disciplinary team. Requests for admission are approved by the Clinical Director for a period of three months following the appointment of any new service manager and thereafter will be made on a case-by-case basis. We sampled a recent admission assessment, and this showed clear information and decision on the appropriateness of the placement in meeting the person's needs.

Overall, we were confident that improvements had been made to the admission process and that this was effective in ensuring that people were being admitted to the service following a thorough assessment to ensure their needs could be met safely and well.

**Met - within timescales****Requirement 2**

To ensure the health and wellbeing needs of people experiencing care can be fully met, the provider must:

ensure that suitably skilled and experienced staff are working in the service in such numbers as are appropriate for meeting the assessed health and wellbeing needs of people.

**This requirement was made on 19 March 2021.**

**Action taken on previous requirement**

People experiencing care should be confident that the staff team have received training appropriate to their role and that they are confident and competent in their role. During the complaint investigation we identified concerns that staff may not have received all mandatory training and we highlighted improvement that was required to ensure this was resolved.

We reviewed the progress made in respect of staff training and found that improvements had been made. We were informed and records showed the mandatory training delivered to staff in support of their development needs.

We were confident that people experiencing care were being supported by staff who had good access to training and development opportunities.

**Met - within timescales**

## Requirement 3

To ensure people can have confidence in the care service, the provider must by 19 March 2021 implement and adhere to a complaints policy/procedure when responding to issues raised with them. In order to do this the provider must ensure:

all complaints are logged and acknowledged upon receipt

complainants receive a copy of the complaints procedure where requested

effective communication with complainants to ensure understanding of the issues for investigation

all complaints are fully investigated

complainants are issued with a final response within agreed timescales.

**This requirement was made on 19 March 2021.**

### Action taken on previous requirement

People experiencing care should be confident that all complaints about the service will be investigated and responded to promptly through the appropriate procedure. During the complaint investigation we highlighted concerns relating to the lack of adherence to the procedure and timescales on complaint handling. We followed up on this requirement and were informed that there had been no new complaints since our last visit. We viewed the policy and procedure on complaint handling which clearly sets out the process to be followed. We discussed this with the Clinical Director who confirmed that improvements to communication and response within timescales had been made and these were highlighted within the complaint procedure.

**Met - within timescales**

## 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 make sure that people experiencing care, their families and those important to them are shown respect and have adequate time to plan and support any necessary termination of placement, the provider should:

demonstrate that all possible action has been considered before termination of the placement has been decided

engage with all relevant persons to support the transition within mutually agreed timescales

endeavour to provide full notice in accordance with the policy and procedure for the service.

This area for improvement was made on 19 March 2021.

#### Action taken since then

People experiencing care should be confident that they will be given adequate time to plan for any move on from the service. During our complaint investigation we highlighted concerns with the short notice given in respect of the termination of a placement and the impact of this on people's experience. When we followed this up, we were informed by the Clinical Director that there had been no other people move on from the service since the complaint investigation. We viewed the policy and procedure which sets out the expectations around decision making and support for people in these circumstances. From this and, our discussion with the Clinical Director, we were satisfied that people moving on from the service would be supported to do so in line with the policy and procedural guidance.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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