

# Bonnyholm Gardens Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 September 2021

**Service provided by:**  
JSL Care Ltd

**Service provider number:**  
SP2008010034

**Service no:**  
CS2017361116

## About the service

Bonnyholm Gardens Care Home is registered to provide care for a maximum of 61 older people. The provider is JSL Care Ltd. The home is located in a residential area of Crookston, close to Rosshall Park, transport links and local shops.

Bonnyholm Gardens is a purpose-built two storey building with lift access between floors. Accommodation includes single en suite bedrooms, communal lounge/dining rooms, cinema, hairdressers, function room and reception area.

There is a garden area located to the rear of the property and parking available to the front with alternative off street parking directly outside the home.

The service aims to 'provide care to all service users to a standard of excellence which embraces fundamental principles of good care practice and that this may be witnessed and evaluated through the practice, conduct and control of quality care in the home'.

The inspection was a second follow up inspection to look at progress made since the follow up inspection of 11 August and full inspection of 23 July. At the time of the inspection the care home was caring for 50 people.

## What people told us

This was a follow up inspection focussing on requirements relating to health risk assessments, infection prevention and control, quality assurance, staffing arrangements and documentation.

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

## Requirements

### Requirement 1

To ensure people experience care and support that is safe and right for them.

The provider must, by 9 August 2021, ensure that:

- (a) Health assessments are reviewed and monitored for accuracy.
- (b) The information included in health assessments is monitored and evaluated to ensure that plans achieve positive outcomes for people.
- (c) Quality assurance systems are robustly implemented and reflect actions or interventions (including appropriate levels of support) for people who are at risk of dehydration, malnourishment and falls to help keep people safe and well.
- (d) They implement anticipatory care plans that are agreed with the person and family.

This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards (HSCS). "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." (HSCS 1.15) "My care and support meets my needs and is right for me." (HSCS 1.19) It is also necessary to comply with Regulation 4(1)(a) and Regulation 5(b)(i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 23 July 2021.**

#### Action taken on previous requirement

There had been good progress in reviewing and updating health risk assessments. The audit carried out by the management team meant that a baseline had been established in relation to each person's hydration & nutritional status, skin integrity and level of mobility. This part of the requirement is met.

There is a need to use the information captured within health risk assessments to consistently inform associated care plans in order to promote positive outcomes to keep people safe and well. We shared examples where the service should make improvements.

There continued to be improvement with the monitoring of individuals who may be at risk of dehydration and or experience unintended weight loss. However, there should be a more consistent approach used throughout the home by staff using the same form for recording and completing records at the time food and drinks are offered.

Quality assurance systems continued to be developed since the previous inspection. This meant we could begin to see the effectiveness of interventions made by staff within the service.

Anticipatory care plans had not been implemented. There were plans in place to introduce these after staff had attended a development session from external health colleagues. Based upon our findings the requirement made had not been met. We shall extend the timescale to 10 December 21.

#### Not met

### Requirement 2

To ensure people experience care and support that is safe and right for them.

The provider must, by 9 August 2021, ensure that:

- (a) The information from completed health risk assessments is used to create a clear overview and identify people who may be at risk due to a deterioration of health or wellbeing.
- (b) The information from health risk assessments is used to monitor the need for additional interventions including input from external professionals.
- (c) Following an accident or incident there is a review of the associated risk assessment and care plan to ensure that people's changing needs continue to be met. Reports to relatives must be timeous and follow the legal requirement of reporting to the Care Inspectorate and/or other agencies including Social Work.
- (d) Monitoring systems used to promote the health and wellbeing of people are completed consistently and the information collected is used to evaluate the effectiveness of interventions.

This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards (HSCS). "I experience high quality care and support based upon relevant evidence, guidance and best practice." (HSCS 4.11) "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) It is also necessary to comply with Regulation 4(1)(a) and Regulation 5(b)(i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 23 July 2021.**

## Action taken on previous requirement

See previous comments in requirement 1 in relation to quality assurance processes. Having robust quality assurance systems can help give a clear overview of risk. We concluded that there had been improved direction, governance and oversight by the management team. This meant that the management team had a better understanding of which individuals were at greatest risk.

The management team had developed a manager's monitoring report which reflected specific interventions put in place to mitigate risk. The introduction of these measures and the introduction of the safety brief at staff handover meetings meant that staff who provided support were better informed of any changes in each person's care needs. This also meant staff were better informed of what should be in place to help protect individual's from harm.

A new approach in relation to recording accidents and incidents meant that staff had been prompted to check associated risk assessments and care plans to see if these were still effective. We found that there had been improvement in the reporting to families and agencies including the Care Inspectorate post accident or incident. We directed the management team to examine specific individuals who had sustained falls in the preceding weeks to the introduction of the new system to ensure interventions are effective for keeping them safe.

Based upon our findings the requirement made had been met.

**Met - outwith timescales**

## Requirement 3

To ensure that infection control practices support a safe environment for people experiencing care and staff.

The provider must by 9 August 2021:

- (a) Ensure the management team develop and implement robust auditing processes to demonstrate a satisfactory standard of cleanliness throughout the home improves and ensure that all necessary equipment is in place to promote good hand hygiene.
- (b) Ensure that staff consistently follow good infection prevention control practices when using and disposing of personal protective equipment (PPE) as outlined in the National Infection Prevention and Control Manual and Addendum COVID-19 Information and Guidance For Care Home Settings, Health Protection Scotland, Version 2.2.

This is to ensure that the environment keeps people safe and protected and takes account of the Health and Social Care Standards (HSCS). "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes." (HSCS 3.14) "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22) It is also necessary to comply with Regulation 4(1)(a)(d) and 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 23 July 2021.**

#### Action taken on previous requirement

The recruitment drive had helped increase the overall number of domestic staff within the home with further plans in place to recruit additional staff.

The general standards of cleanliness throughout communal areas including lounges and corridors were of a good standard. However, we identified areas within bedrooms which could have been cleaned to a better standard. Cleaning schedules had been put in place but these records needed to improve to reflect specifically when cleaning had been carried out.

The service had previously worked on developing environmental audits including checking the cleanliness and condition of mattresses within bedrooms. Environmental audits were not accessible when we visited the service. Having environmental audits give clear oversight to the management team. Robust environmental audits need to be implemented and be accessible. These should give the management team and staff confidence that standards of cleanliness and infection prevention and control practices are consistently implemented and maintained.

Staff followed good practice guidance in the use and disposal of PPE.

Based upon our findings the requirement made had not been met. We shall extend the timescale to 10 December.

**Not met**

#### Requirement 4

To ensure people experience care and support that is safe and right for them.

The provider must, by 9 August 2021, ensure:

- (a) That there are sufficient qualified staff on each shift to fully meet people's health and care needs.
- (b) That staffing is regularly assessed and evaluated to demonstrate that it is responsive to people's changing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS). "My needs are met by the right number of people." (HSCS 3.15) "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23) It is also necessary to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 23 July 2021.

## Action taken on previous requirement

There had been a successful recruitment drive by the service provider to increase the number of staff available within the service. Recent appointments had included three experienced nursing staff which brought good clinical knowledge to the service. Standards of care had improved due to the appointment of the experienced nursing staff.

Care assistants, kitchen, domestic and reception staff had also been appointed.

Agency staff had continued to be block booked to support improved continuity of care. We were assured by the provider that they would continue to recruit a range of staff to the service in order that they could continue to meet people's needs.

Completed health risk assessments had helped inform the management team of the current needs of people within the service. This should inform dependency assessments to ensure that there are consistent staffing levels and skill mix. Having the right number of staff with the right skills is important to meet the needs of people using the service. The service had reduced the number of units from four to three and agreed that this would continue until all planned staff recruitment had been completed and staff had completed essential training.

Based upon our findings the requirement made had been met.

## Met - outwith timescales

### Requirement 5

To ensure that people are cared for by appropriately trained and competent staff.

The provider must by 9 August 2021.

(a) Ensure that all staff working within the service receive training and guidance relevant to their role. This should include but not be limited to: infection prevention and control (aligned to National Infection Prevention and Control Manual and Addendum COVID-19 Information and Guidance For Care Home Settings, Health Protection Scotland, Version 2.2), moving and assisting, promotion of good hydration and nutrition, accurate completion of health risk assessments including MUST and falls management, adult support and protection and guidance on their role in recording and reporting post-accident/incident.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS). "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) It is also necessary to comply with Regulation 15(b)(i) The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 23 July 2021.

## Action taken on previous requirement

The management team had carried out a training matrix and this showed that there had been some progress with the training of staff. Training had been provided by colleagues from the Community Health and Social Partnership including infection prevention and control.

The management team had developed plans to develop an "in house" trainer for moving and handling as well as input from Dieticians to deliver the mealtime experience training. Anticipatory Care planning had been booked for staff in the coming month.

A major challenge which influenced progress with staff training had been the focus on recruiting new staff. The recruitment drive is needed to provide sufficient staff cover to allow staff time to undertake training.

There were plans to carry out direct observations of staff practice. This can be a good method for staff to demonstrate application of training and help keep people safe and well.

We concluded that the requirement is not met. We shall extend the timescale to 10 December 21.

**Not met**

## 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 ensure people get the most out of life there should be greater opportunity for every person to participate in activities individually or within a group setting. The programme should be shaped by people's wishes and abilities. Activities should be provided in or external to the home with appropriate staffing to support this. This is to ensure people get the most out of life and takes account of the Health and Social Care Standards (HSCS). "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities each day, both indoors and outdoors." (HSCS 1.25)

**This area for improvement was made on 4 August 2021.**

#### Action taken since then

We will follow up on this area for improvement at a future inspection.

#### Previous area for improvement 2

In order that the environment is used to its full potential and developed to meet current residents' needs, the manager should:

- a) consult with residents and relatives about how they want to develop their home.
- b) complete The King's Fund environmental tool. This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16) This area for improvement was made on 19 July 2019.

**This area for improvement was made on 19 July 2019.**

## Action taken since then

We will follow up on this area for improvement at a future inspection.

## 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).



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