

## Bothwell Castle Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 October 2021

**Service provided by:**  
Bothwell Care Limited

**Service provider number:**  
SP2018013104

**Service no:**  
CS2018365959

## About the service

Bothwell Castle Care Home is registered to provide a care service to a maximum of 75 older people. There were 63 residents at the time of the inspection.

Bothwell Castle Care Home is a purpose-built care facility, situated on Bothwell Road in Uddingston, Lanarkshire. The Care Home forms part of the Bothwell community set back from the main road, with level access to the entrance and grounds. It is situated close to local shops and is easily accessed for visiting purposes.

It is arranged over three floors and offers private, spacious bedrooms each with an en-suite wet room. It also provides a choice of lounges and dining rooms, which are decorated to a high specification. Other areas include, a games room, reminiscence lounges and a piano bar, as well as assisted bathrooms.

Additional facilities include a cinema, hairdresser with nail bar, a tearoom and private dining rooms where residents can dine privately with their friends and family.

The service's aims and objectives are:

"To provide a consistently high standard of kind and compassionate care, designed to meet the individual needs and wishes of each resident.

This will be achieved through the involvement of the resident and/or relatives in all stages of care planning, delivery and evaluation, to ensure that the personal needs and wishes of the resident are central and are consistently respected.

Care and support will be adapted to support changes in resident needs, choices and decisions to ensure that the resident receives the right support and care at the right time.

At Bothwell Castle Care Home, we are fully committed to delivering care and support that promotes the National Care Standards Principles of: Dignity and Respect, Compassion, Be Included, Responsive Support and Wellbeing".

This was a follow up inspection to assess the progress the service had made with three requirements identified at the previous inspection.

## What people told us

The residents we spoke with told us they were happy with the quality of the service and the support they received at the home.

Comments made included:

"Everything's OK"

Others told us they felt well looked after and they liked the staff in the home.

Some residents had difficulty using verbal communication to give their views therefore we spent time observing how they interacted with staff. We observed kind and caring interactions between staff and residents. Where some minor practice concerns were identified during our observations these were shared with the home manager and senior staff.

## How well do we support people's wellbeing?

We completed an inspection of the service on 13 September 2021 and made four requirements and one area for improvement. We completed a further visit to the home on 5 October 2021 to follow up on progress made in relation to health charts, risk assessments, summary plans and quality assurance oversight.

We have reported on our findings under the following sections:

'What the service has done to meet any requirements made at or since the last inspection.'

'What the service has done to meet any areas for improvement we made at or since the last inspection.'

The service met three requirements, made under this key question, that were due by 4 October 2021. The fourth requirement for care planning which is due by 13 December 2021 remains.

We have made an additional area for improvement to sustain the improvements in recordings standard and quality assurance oversight. This is detailed below.

### Areas for improvement

1. To ensure people's health and wellbeing needs are met and appropriately documented the service should continue to improve:

- its recordings in all daily charts and health records,
- the level and quality of risk assessments covering all identified risks,
- and quality assurance oversight and related actions follow up.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (1.19), 'Any treatment or intervention that I experience is safe and effective' (1.24), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

### Requirements

#### Requirement 1

In order to keep people safe and address any health needs they have; the provider must ensure that health records are fully completed and have a clear note of any actions taken.

By 4 October 2021, you, the provider, must ensure that:

Health records including but not limited to those for medication, food/ fluid intake, repositioning, oral health, and skin care are fully completed and that there is a clear record of actions taken including contact with health professionals and outcomes.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (1.19), and 'Any treatment or intervention that I experience is safe and effective' (1.24).

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 13 September 2021.**

### Action taken on previous requirement

During this follow up inspection, we reviewed the actions taken by the provider to address the issues with health records. We saw that sufficient improvement had taken place to consider this requirement met; however, further work was needed to ensure consistency and sustainability.

Overall, fluid intake charts were completed well. We saw targets had been set for people, and there was a clear account of drinks offered and taken. However, the actions taken by staff when people did not achieve their fluid intake target was not always clear.

We saw that people experiencing care benefitted from more robust documentation for safe and effective medication administration. There were clear records in place to support application of creams, which highlighted where these should be applied, and the frequency. However, we found that records for the administration of discretionary medications (as required) could be enhanced to ensure people have these offered in a consistent way aligned to need.

Oral care charts demonstrated that people were being supported to meet oral health needs twice daily as a minimum. It was reassuring to see within these records that the suitability of toothbrushes was being assessed, with these being replaced when needed.

Overall, positional change records were completed well. We could see that people were protected from skin integrity compromise by way of staff supporting positional changes aligned to need.

We have made an additional area for improvement to sustain the progress seen and this will be considered in a further follow up inspection.

### Met - within timescales

## Requirement 2

In order to keep people safe and meet their needs, the provider must ensure that all risk, health, welfare, and safety needs are identified for service users and that guidance is available to staff in how to meet them.

By 4 October 2021, you, the provider, must ensure that:

- a). risk assessments are completed for all service users in line with their needs.
- b). summary personal plans are completed for all service users; and,
- c). staff are familiar with people's needs and how to meet these.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: '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' (1.15), and 'My care and support meets my needs and is right for me' (1.19).

This is in order to comply with Regulations 4(1)(a) and 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 13 September 2021.**

## Action taken on previous requirement

We reviewed the actions taken by the provider to ensure risk was managed appropriately and that relevant information was available to staff to keep people safe and well. We saw that sufficient improvement had taken place to consider this requirement met; however, further work was needed to ensure consistency and sustainability.

Risk assessments had been completed for residents in line with their needs and we could see records of weekly meetings that identified and discussed clinical risks within the home. This information was shared with staff at shift change handover meetings. However, there was detail lacking in some risk assessment documentation and although some risks had been identified and were being addressed relevant documentation was not available.

We could see summary care plans were in place for all residents and we sampled these on each floor of the home. The level of detail was sufficient to provide for people's needs. However, we noted that in some cases identified needs and behaviours that could impact on people's positive outcomes had not been included in the summary plans. Although information was available in the more comprehensive personal plans.

Through observation and discussion it was apparent that staff had a sufficient level of familiarity and knowledge around people's needs to meet them. We observed some good practice within the staff team that would add to the level of comfort, dignity and respect people experienced within the home. Where some minor practice issues were identified these were shared with the manager and senior team to address.

We have incorporated the areas identified in meeting this requirement in the additional area for improvement to sustain the progress seen and this will be considered in a further follow up inspection.

## Met - within timescales

### Requirement 3

The provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement underpinned by robust and transparent quality assurance processes.

By 4 October 2021, you, the provider, must put in place and implement systems for the effective oversight of the service. This must include, but is not limited to:

- a). assessment of the service's performance through effective audit.
- b). where areas for improvement are identified through audit:
- c). putting in place and implementing action plans which set out specific, achievable, and realistic actions required to address,
- d). the process by which actions will be measured to ensure positive outcomes are achieved for people experiencing care; and,
- e). detailed timescales for completion/review.

- f). ensuring all staff are accountable for and carry out the required remedial actions set out within action plans; and,
- g). reviewing the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety, and welfare of people experiencing care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

**This requirement was made on 13 September 2021.**

#### Action taken on previous requirement

To keep people safe and well and ensure their needs were being met, the service had a quality assurance system in place. We reviewed the most recent quality assurance review carried out by the service and could see that their evaluations were aligned with some of ours. Where areas for improvement had been identified we could see there had been action plans developed to meet those improvements.

The clinical team met weekly to discuss and go through a clinical risk register to ensure such risks were managed and necessary care and follow ups made to ensure people's well being. Within the units senior staff reviewed health records to ensure tasks had been carried out and recorded appropriately. Staff assured us things had improved with regard to management oversight since the previous inspection.

It was apparent the home had worked hard to ensure their established system was being used and engaged with properly. It is important for people's continued wellbeing that this improved work is maintained and becomes fully embedded into practice within the home. The actions seen had yet to be completed and followed up. It is expected this will be done but it is important the service sustains this improvement.

We have incorporated the areas identified in meeting this requirement in the additional area for improvement to sustain the progress seen and this will be considered in a further follow up inspection.

#### Met - within timescales

#### Requirement 4

In order for service users to experience care and support which is consistent, safe, and meets needs, the provider must ensure personal plans (sometimes referred to as care plans) are in place for all people experiencing care.

By 13 December 2021, you, the provider, must ensure that service users personal plans:

- a). are written in a personalised, outcome focused manner.
- b). have sufficient, detail in them to ensure people's support needs are met; and,
- c). are reviewed as needs change or as a minimum on a six-monthly basis.

This is to ensure care and support is consistent with Health and Social Care Standards which state: '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).

This is in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

**This requirement was made on 13 September 2021.**

#### Action taken on previous requirement

As this requirement was not due to be met until 13 December 2021 this was not assessed at this inspection.

**Not assessed at this inspection**

## 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

Whilst ensuring staffing levels remain adequate to meet people's needs the service should improve communication and ensure staff have a clear understanding of roles and responsibilities.

This is to ensure care and support is consistent with Health and Social Care Standards which state: I use a service and organisation that are well led and managed (HSCS 4.23).

**This area for improvement was made on 13 September 2021.**

#### Action taken since then

This was not assessed at this 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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