

Bridge of Weir Care Home Care Home Service

11 Kilmacolm Road
Bridge of Weir
PA11 3PF

Telephone: 01505 851 850

Type of inspection:
Unannounced

Completed on:
18 August 2023

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 a care home for older people situated in the village of Bridge of Weir in Renfrewshire. It is registered to provide a care service to a maximum of 74 older people

The purpose-built accommodation is provided over three levels and all rooms are single occupancy with en suite facilities. The main entrance of the building is on the first floor and looks out to the main road in the village. A hairdressing salon and cinema are located on the ground floor. Each floor has two main communal dining/lounge areas and they also benefit from further small lounges and dining areas which can be used by residents. These small rooms can also be used by visitors, if appropriate.

The ground floor has ready access to a secure garden area. The floors above have balconies which are glass fronted and offer good shelter to people using them. The outdoor space on one aspect of the building looks out to the river and a local walkway. Residents living in the lower floor have patio access to a secure garden area and can enjoy this area at their leisure. On the two upper floors, the balconies also look out onto the river and are accessed from the dining rooms.

About the inspection

This was a follow up inspection which took place on 14 August 2023. Feedback was provided on 18 August 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and two of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- We observed some very kind and respectful interactions from staff to people.
- People told us they were happy and we saw many happy people.
- Sufficient work had not taken place to meet four outstanding requirements, as such these requirements remain in place.
- A new management team is in place, whilst we appreciate their commitment and desire to improve aspects of care, we need to see improvements in action.

How well do we support people's wellbeing?

This was a follow up inspection which looked at requirements from the previous inspection and from an upheld complaint investigation.

Some requirements remain unmet and we have extended the timescales to allow the new management team to address all the issues in the requirements (see What the service has done to meet any requirements made at or since the last inspection?)

Where they had met a requirement around hospital discharge, we have now included an area for improvement to ensure that practice is embedded in the service (see area for improvement 1).

This service has had higher than usual changes in management and staffing. This had resulted in some work being completed by previous managers and not sustained. We expect to see sustained practice in all aspects of care offered to people. Due to this, we are extending requirement timescales to allow the management team to address all issues in a full manner.

Areas for improvement

1. The provider should ensure that accurate records are completed for a person returning to the home from a stay in hospital. Clear information should be recorded about any medication changes, equipment changes and requests for further healthcare involvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13).

How good is our staff team?

Staff training in relation to induction had shown improvement (see What the service has done to meet any areas for improvement we made at or since the last inspection?)

However, the service used an online platform which did not offer easy to access information on staff training compliance. We were able to look at a very basic spreadsheet which allowed us to see that training was taking place but little else. Management and staff should be able to easily see what they have completed, what they need to complete and when they are due for refresher training. We have included an area for improvement in order that the provider does not lose sight of this issue (see area for improvement 1).

It is important that if the system remains in place, that the provider develops a robust recording system to go alongside it. Without it, gaps in training will remain difficult for all to follow up on. This may then place the provider in a concerning position where staff are not adequately trained to carry out their role. In turn, people's outcomes may be affected by such a scenario.

Areas for improvement

1. To ensure the staff team is appropriately trained to carry out their role, the provider should develop a more informative and detailed training tracker which should offer information on when refresher training is due, which aspects of training each staff team should cover and also detail where staff competency checks have taken place.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "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).

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

Requirements

Requirement 1

By 2 June 2023, the provider must ensure that people's care and support is based on relevant evidence, guidance, best practice and standards, the provider should ensure that medication management and falls management systems are robust and fully utilised.

To do this, the provider must, at a minimum:

- a) Ensure that there is improved oversight and auditing of medication and that appropriate actions are taken if a discrepancy is identified.
- b) Ensure that improvements are made with the record keeping of all medication that is ordered and delivered to the care home.
- c) Ensure that medication protocols are updated to reflect the current prescribed medication for the person.
- d) Ensure that people who are identified as being at risk of falling have a multifactorial risk assessment and support plan in place which identifies actions to be taken to prevent and in the event of a fall.

e) Ensure that a post falls analysis takes place following each fall which looks at any follow up action to be taken for that person to reduce reoccurrence.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This requirement was made on 12 May 2023.

Action taken on previous requirement

Medication audits have been in place since our last inspection but they did not contain enough detail or adequate action plans to make them wholly useful. We discussed this with management and looked at some examples where an audit had uncovered areas requiring improvement which was a step in the right direction. However, it was let down with a lack of detail to be able to track whether improvement was made. Action planning remains in its infancy but we anticipate further development in this area.

We noted that attempts had been made to have better information in relation to medication protocols for people. However, some improvements were let down due to the generic nature of information. In some cases, it was not individualised enough. We discussed this with the leadership team and anticipate further improvements in this area.

Medication ordering remains inconsistent and results in late requests to the GP for ordering. Some prescriptions were ordered and not picked up in a timely manner. Situations such as these have the potential to impact on people's health status. We have discussed this with management and are aware they also found this within their auditing. Again, this goes back to the point that when you find an area to improve, you must take action to improve things and put a process into place to ensure continued good practice.

We identified people who had had falls since we last inspected and we sampled some of their care plans. We were disappointed to find inconsistent responses to falls in relation to good practice. Risk assessments and analysis were not routinely put in place. This meant that staff were not able to follow up to date risk assessments and the potential for poor outcomes for people increased. The risk of falling cannot be eliminated but efforts should be made to ensure they can be minimised. We also found gaps in the overnight monitoring of people who had fallen and did not feel neurological observations were completed / recorded as they should have been.

We have made consideration throughout this inspection to the fact that there is a new manager and depute in place. They are keen, along with regional management, to improve outcomes for people. Given that work had started to address issues of concern, we are mindful to allow the management team time to further develop the work.

We have extended this requirement to 20 October 2023.

Not met

Requirement 2

By 11 November 2022, the provider must ensure that the training provided during induction and thereafter is defined with clear timescales for achievement. Systems must be in place to assess and monitor staff competency. To demonstrate this, the provider must:

- a. Review the current training provided to staff to identify mandatory training in induction periods. This should include, but is not limited to, training in the following areas: moving and assisting, adult protection, health and safety, fire safety, data protection and infection prevention and control.
- b. Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications.
- c. Monitor staff competence through training, supervision, and on-site observations of staff practice.
- d. Ensure that all staff have completed the required training, as per their role, within defined, appropriate timescales.

This is to comply with Regulation 4(1)(a) and 15(b)(i)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

We have extended this requirement to 10 February 2023.

We have further extended the timescale for this requirement to 2 June 2023.

This requirement was made on 5 October 2022.

Action taken on previous requirement

The service had made inroads into ensuring staff were adequately trained.

Induction had improved and we spoke with staff who had recently started and were pleased to find that they had experienced a more thorough induction than we had previously seen in place. Staff reported a supportive induction which included shadowing staff on shift. Staff advised that they were given the time to meet with people living in the home which allowed them to better understand their needs and how they liked to be supported. Importantly, staff were given time to read care plans. People are better supported when staff have had a chance to meet them and time to understand what works for them.

We spoke with a member of staff who had not been able to attend moving and handling induction. They told us that until this vital training was carried out they were unable to support people, this was positive to hear. Employers have a responsibility to provide training but it is also important that staff participate in training offered or highlight any required training before they undertake roles which they have not been trained for. People should always be supported by staff who have the required knowledge and skills to carry out their role.

Supervision had restarted but had not yet reached the level of compliance that management wished to see in place. As such, we are satisfied that work had started and we have been assured by management that work will continue. This was also the case for observations of practice which had started in areas such as medication delivery but must be developed across further areas of staff practice.

As mentioned in previous reports, the service had not managed to sustain a consistent management team. This is difficult for all concerned. However, we felt that the current manager was committed to continuing to improve and had the support of regional management to do so. The provider must ensure that they offer new managers the level of support, guidance and autonomy to manage the service. The correct tools to do the job are also important as is commented on below.

We were able to view records of staff training levels. It was not easy to find clear information in a timely manner. The system used was not the easiest for management to download reports from. We discussed this with management and hope that further discussions will be held on a national level as to how best to record staff levels of training and when they are due refresher training. Records of face to face training and external training should be better. We were able to identify some instances of it happening but it should be recorded.

We considered this requirement to be met and will include an ongoing area for improvement to monitor progress (see How good is our staff team?)

Met - outwith timescales

Requirement 3

By 2 June 2023, the provider must improve the quality of recording within care plans to ensure that people receive the right support at the right time. To do this, the provider must, at a minimum, ensure:

- a) Each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach.
- b) Personal plans contain accurate and up-to-date information which directs staff on how to meet people's care and support needs.
- c) Personal plans contain accurate and up-to-date risk assessments which direct staff on current/potential risks and risk management strategies to minimise risks identified.
- d) Personal plans are regularly reviewed and updated with involvement from relatives and advocates.
- e) Detailed six monthly care reviews are undertaken which reflect people's care needs and preferences.

This is to comply with Regulation 5(2)(b) Personal plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 requirement was made on 12 May 2023.

Action taken on previous requirement

The service had completed some work around reviews. A tracker was in place which allowed staff to easily see when reviews had taken place and when they were due. However, we did not feel this was fully embedded into practice.

Care planning remained patchy with some care plans containing relevant up to date information, but others required updating. It also meant that staff could potentially not have enough information with which to provide safe care.

We did not feel that sufficient sustained progress had been made in this area, management agreed.

We have extended this requirement to 20 October 2023.

Not met

Requirement 4

This requirement was made following a complaint investigation.

The provider must ensure that people's health and wellbeing needs are being met by skilled and competent staff. To do this, the provider must, at a minimum:

- Ensure that there is a recorded and agreed plan of care when someone returns from hospital.
- Ensure that staff follow any advice given on the discharge from hospital letter. Staff should call the hospital if they are unsure.
- Ensure that equipment stated by the hospital as being required on discharge, such as a hoist, is put in place.
- Ensure that any referrals to external health professionals are followed up without delay.

To be completed by: 11 August 2023. This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me. 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 28 July 2023.

Action taken on previous requirement

We reviewed the care plan for a person who had recently returned to the home from hospital. We saw that the medication prescribed for the person on discharge from hospital had been recorded on the home's Emar system and the medication had been administered as per the prescription instructions.

The daily notes had a summary of the discharge decisions for staff to read. This meant that important information following a hospital discharge was being passed on to the relevant staff. When this person became unwell a few days after discharge, we saw that staff were pro-active in seeking advice from external health professionals.

We were satisfied with the progress made however we were only able to review the discharge arrangements

for one person experiencing care. There will be an area for improvement to ensure that practice continues to improve in this area (see How well do we support people's wellbeing?)

Met - within timescales

Requirement 5

This requirement was made following a complaint investigation.

The provider must ensure that people's health and wellbeing needs are being met by skilled and competent staff. To do this, the provider must, at a minimum:

- Ensure that there are effective systems in place to monitor a person's pain.
- Ensure that when pain relief medication is given, including as required medication, there is a clear rationale for the medication being administered and accurate records of the effectiveness of the medication once taken.
- Ensure that staff are aware of the importance of robust pain management and the tools to use to monitor and assess pain.
- Ensure that staff receive training in pain management and pain assessment tools.

To be completed by: 11 August 2023. This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment. 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 28 July 2023.

Action taken on previous requirement

The management team acknowledged that there was "still a way to go to meet this requirement."

We sampled care plans for people who were receiving medication to manage their pain. We were told that there were pain assessments available however they were not currently being used. This meant that it was difficult to ascertain how staff were monitoring and supporting people with their pain.

When a person was receiving medication for pain, there were no records in place to explain the rationale for giving the medication or an effective record in place to measure the effectiveness of the medication once given.

Four staff members had attended Supportive and Palliative Action Register (SPAR) training. This had been well received however the associated paperwork had not been sourced by the service and therefore it was not in use. We discussed this with management who advised they will follow up on this.

We have extended this requirement to 20 October 2023.

Not met

Requirement 6

This requirement was made following a complaint investigation.

The provider must ensure that people's health and wellbeing needs are being met by skilled and competent staff. To do this, the provider must, at a minimum:

- Ensure that any medication a person is given on discharge from hospital is accurately recorded on a MAR sheet.
- Ensure that any new medication or change to medication is fully recorded and discussed with staff.
- Ensure that the MAR sheet is accountable and reflects the medication given.
- Ensure there is a process in place to monitor the stock of medication to ensure medication does not run out.
- Ensure that nursing staff sign the MAR sheet if an injection has been given.

To be completed by: 11 August 2023. This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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. 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 28 July 2023.

Action taken on previous requirement

We sampled the medication records for several people living in the home. We could see the medication prescribed for the person recently returned from hospital had been recorded on the MAR (medication administration record) and administered.

We discussed medication administration with the management team and other key staff members. We were advised that there were still issues with the accuracy of medication when a new cycle was due to start. Staff were not 'clerking in' the medication in time for any errors or discrepancies to be found and rectified. This meant that staff had to ask for last minute amendments from the GP, for example.

We were advised of two recent medication concerns where staff practice and staff communication could have been better. These incidents illustrated the need for staff training in medication administration and more effective communication regarding medication changes were necessary.

Concerns remained in relation to medication.

We have extended this requirement to 20 October 2023.

Not met

Requirement 7

This requirement was made following a complaint investigation.

The provider should ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to ensuring that: People employed in the provision of care demonstrate in their practice competency in delivering all required support appropriate to the needs of people experiencing care. Staff receive refresher training appropriate to the work they perform;

To be completed by: 08 September 2023

This is in order to comply with: Health and Social Care Standard 3.14: 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. Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 3 August 2023.

Action taken on previous requirement

We did not assess as the service is still within timescales afforded to meet this requirement.

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

To help to give purpose to a person's day, opportunities should be offered to take part in meaningful and purposeful engagement with staff and other people. People's own wishes and views should be sought and staff should evaluate what worked well and what could be done differently for all.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 12 May 2023.

Action taken since then

We discussed this with management and whilst there were examples of where people could engage with staff to take part in activities which interested them, we agreed this would be looked at during the next inspection where we hope to see where evaluations have taken place and care plans are updated.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 2

The provider should consult with people and their representatives to look at how outdoor space could be used more effectively to ensure that people are able to use all of the outdoor spaces available and not be

hampered by only having access to space on their living level.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can use a mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1) and "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors." (HSCS 1.25)

This area for improvement was made on 12 May 2023.

Action taken since then

Some outdoor work had taken place at the front entrance to brighten the place up and to also provide some more seating.

The downstairs enclosed garden remained untouched. Flagstones have had repair, where required, but regular cleaning of these is essential to reduce the risk of falls in damp weather. People who enjoy to walk about should be able to access this area with ease, this was not the case when we visited.

We will be looking at the level of engagement that people and families have been offered to better use outdoor places at the next inspection.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To ensure that quality assurance systems effectively drive development and improvement of the service, the provider should do the following:

Review and fully utilise the quality audits to monitor medication management, care planning/reviews and the infection prevention and control systems.

Ensure all other quality assurance systems are used to continually evaluate and monitor service provision to inform improvement and development of the service.

Ensure that actions taken are reviewed to demonstrate that they effectively improve outcomes for service users.

Consolidate the development goals/plans into one service improvement plan.

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

This area for improvement was made on 12 May 2023.

Action taken since then

Whilst we could see some improvements such as having a detailed service improvement plan in place, we did not feel that sufficient advances had been made around auditing practice and this is impacting on the outcomes for some people being less positive than we would all like to see.

The improvement plan had identified much of what we have identified but timescales had not been adhered to. Some of this is due to a new management team being in place who have worked hard to improve relationships with people and families but work is needed to improve some of the supports offered to ensure good practice is available to all people at all times. We are also mindful that the new team have yet to get to grips with the systems which the provider uses.

This area for improvement has not been met and remains in place.

Previous area for improvement 4

This area for improvement was made following a complaint investigation.

The provider should ensure that accountable records are kept of every GP visit to a person experiencing care, the outcome of the GP visit and any medication prescribed after the visit.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13).

This area for improvement was made on 28 July 2023.

Action taken since then

Given the need to meet the medication related requirements, we will look at this during a further inspection.

This area for improvement has not been assessed and remains in place.

Previous area for improvement 5

This area for improvement was made following a complaint investigation.

In order to ensure good outcomes for people experiencing care, the service should, as part of the person centred plans for each individual, set out choices, wishes and current abilities. This should inform a meaningful person centred activity plan for them. The provision of activities should be clearly recorded within the personal plan or activity planner. Individuals' personal plan, choices, wishes and preferences should be regularly updated to inform a meaningful person centred activity plan for them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

This area for improvement was made on 3 August 2023.

Action taken since then

This area for improvement has not been assessed and remains in place.

Complaints

Please see What the service has done to meet any requirements we made at or since the last inspection and What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld. www.careinspectorate.com

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.