

Bonchester Bridge Care Centre Care Home Service

Bonchester Bridge
Hawick
TD9 8JQ

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Type of inspection:
Announced (short notice)

Completed on:
7 September 2023

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, converted country house. It is situated in a country setting 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 within the main building of the care service. The lounge areas and dining areas are all situated on the ground floor providing lots of natural light where some activities also take place.

About the inspection

This was a short notice announced inspection of the service which took place on 29 August 2023 between 09:00 and 16:30, 30 August 2023 between 09:00 and 15:30 and remotely on 31 August 2023 between 09:00 and 17:00. 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire.
- We talked with members of staff and the management teams.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the care home.
- Whilst staff were caring and respectful, there were variable approaches to support meaningful engagement and activities.
- The manager had a comprehensive suite of quality assurance tools in place.
- The manager and staff had worked hard to improve the quality of care and support plans since our last inspection.

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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the care home. People were supported by staff who clearly knew them well one person told us "The staff are lovely they take time to chat and take very good care of me".

The home has a regular programme of group activities in place provided by one activity coordinator. The activities coordinator had established links with the local community where residents could enjoy monthly exercise sessions and church services.

Whilst staff were caring and respectful, there were variable approaches to support meaningful engagement and activities. Some staff were very proactive and initiated or supported the activities coordinators in activities, others did not. People living in the home had a wide range of abilities and needs, this made it difficult to always provide activities successfully in a group. We noted that there were a significant number of people who did not join in with the group activities and we have asked the manager to consider how they ensure that everyone has regular opportunities to participate in activities meaningful to them. To support people to get the most out of life in the home, further development of staff practice was needed to move away from task orientated care to more meaningful engagement. **(See area for improvement 1).**

Support plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. The manager had made good progress in reviewing information held within these plans. We saw that appropriate referrals had been made to other health professionals if required and that their advice and guidance was reflected in relevant support plans. For those that had been reviewed care plans appeared to be personalised and regularly updated as people's health needs and preferences changed.

The manager regularly checked the medication practice of staff and recorded the findings. We looked at a sample of people's MARs and established that staff had given the correct medication to people at the stated times. We concluded that people could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

Areas for improvement

1. All staff should receive training on meaningful engagement with people living in a care home. This would give staff the knowledge, skills and confidence to initiate meaningful interactions with residents outwith direct care tasks.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27) "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)

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

People should expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes in place.

The manager had a comprehensive suite of quality assurance tools. There were systems in place to audit a range of areas including analysis of accidents and incidents, staff training needs, medication, and reviewing care plans. This helped staff to identify trends and take prompt action to prevent reoccurrence.

Daily flash meetings took place in the home with all departments represented. Staff meetings were held regularly. This meant that communication was effective within the service. The manager had oversight of staff training which was up to date. Robust recruitment processes were in place. There was a clear complaints procedure available to all stakeholders.

A well-structured improvement plan is in place for the service. This was informed by input from stakeholders, ensuring people's experiences were being evaluated and feedback acted on.

Safe systems were in place to safeguard people's finances.

All staff spoken to were complimentary about the management team and advised that they found them supportive and approachable. Relatives told us that they felt comfortable and confident giving feedback or raising concerns, because they knew that the management team welcomed this and were willing to work in partnership.

The manager demonstrated a good understanding about what was working and what improvements were still needed. There was a commitment to development and improvement, taking feedback from the inspection forward, and ensuring that people receive a high standard of care.

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

We could see that staff were recruited in a safe way. Induction processes were in place, and this included, support, observed practice, value-based training and development. This ensured that new staff were supported to achieve the expected standards of the provider which leads to better outcomes for people in the home.

The manager reviewed staffing needs using a monthly dependency tool and ongoing assessment of people's care and support needs. This helped ensure that there was sufficient and suitable staff to meet people's needs.

Staff worked well together and had positive leadership through their line managers. We noted improvements in interactions between staff and people living in the service compared with recent inspections. This made a positive difference to people's daily lives. This, however, was not consistent throughout the service. We have made an area for improvement in relation to this under Key Question 1. Deployment of staff could be improved to promote more interaction and social activity.

More time in the garden would be of benefit to people in terms of access to fresh air and outdoor exercise.

Staff completed a range of online and face to face training courses. However, staff training was not always up to date. The service should review how they ensure the leadership team have a clear oversight of staff knowledge and skills to support the effective deployment of staff to best meet people's needs.

Staff spoke openly about feeling supported in their role, particularly by peers and the current manager. Supervision sessions were now being provided and planned. The manager should continue to allow staff to have important time to reflect on their personal learning and development goals as well as to discuss and resolve any issues. Staff told us they would be confident raising any issues or concerns with the current manager outwith these sessions too.

How good is our setting?

4 - Good

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

People in the home had ensuite toilet and wash hand basin facilities within their bedrooms, which contained personal items to them. There were shared toilets and bath/shower rooms on each floor. All ensuite and communal shower rooms had been newly renovated to a high standard.

There was shared lounge and dining room facilities on the ground floor which could be used by residents should they wish to do so.

The home had a relaxed welcoming atmosphere and reflected the ages of the people living there. The residents had the choice of what they wanted in their rooms re entertainment, radios, televisions etc.

The garden areas to the side of the building had been newly developed offering a tranquil space for people to use and easily access.

The home was well maintained with a range of checks weekly, monthly and annually and records were signed and dated when completed.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

The manager and staff had worked hard to improve the quality of care and support plans since our last inspection. For those that had been reviewed we found that support plans were personalised and set out the care and support that people required to keep them safe. However, work needed to continue to ensure all care plans were of the same standard.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. People and their relatives were also benefitting from six monthly reviews of their care and support.

People had access to external professional supports such as GPs, opticians, and district nurses when this was needed. This ensured that people were receiving regular routine health screening and had access to other peripatetic professional supports. We found that guidance from other professional staff was recorded well within plans sampled.

It is important that people and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. Anticipatory care plans were in place, including do not attempt cardiopulmonary resuscitation (DNACPR) certificates. These helped to direct the care and support for people at the end of life and provide clear instructions for professional staff.

At the previous inspection we made a requirement in relation to care planning. Following our assessment at this inspection and to ensure sustained improvement we have revised this requirement to an area of improvement. **(See area for Improvement 1)**

Areas for improvement

1. To ensure that the health, welfare, and safety needs of people receiving care are met in relation to care planning and risk assessments. You should ensure that all personal plans are reviewed regularly (at least once in every six-month period) and contain up-to-date risk assessments and care plans which:

Accurately reflect the assessed current health and care needs of people receiving care, with particular attention being given to stress and distress, nutrition/weight loss and falls management. This should enable staff to identify the support required to meet the needs of the person receiving care, and the steps which should be implemented to address these needs, and mitigate any risks identified.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) 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)

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

Requirements

Requirement 1

By 10 March 2023, the provider must ensure people's personal care choices are being offered and supported daily or as frequently as recorded in the care plan. To achieve this the provider must, at a minimum, ensure:

- Care plans are reviewed and reflect people's personal care choices as to when they wish support to bathe or shower.
- Records are monitored to identify any gaps and any actions taken.

This is in order to comply with Regulation 4(1)(a) and (b) (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 care and support is consistent with the Health and Social Care Standards (HSCS), which states: "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected". (HSCS 1.4) "My needs, as agreed in my personal plan, are fully met and my wishes and choices respected." (HSCS 1.23)

This requirement was made on 30 March 2023.

Action taken on previous requirement

Since the last inspection, the manager has carried out a review of all care plans and these have been updated to reflect the residents personal care needs and wishes in regards to bathing / showering.

A personal hygiene folder has been implemented to support the actions documented within the online care planning system and acts as an overview for staff to enable them to provide the required support with bathing/showering. This is checked and signed off by the home manager every week. Omissions, gaps and changes to need are discussed within daily flash meetings.

Met - within timescales

Requirement 2

By 10 March 2023, the provider must protect the health and welfare of those who use the service. In particular, you must ensure people receiving care experience safe, competent, and effective support with medication. To achieve this, the provider must, at a minimum, ensure:

- That all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine.
- The medication of people receiving care is reviewed by relevant health professionals on a regular basis.
- That managers are involved in the audit of medication records, discrepancies and concerns are highlighted and action taken.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and (b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 30 March 2023.

Action taken on previous requirement

GP review of individuals medication has taken place.

The manager has introduced daily auditing of drug rounds to ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue medication. Discrepancies identified are highlighted with appropriate action plans being followed.

Met - within timescales

Requirement 3

By 10 March 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and well-being needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

- Reviewing the management and staffing structure to ensure the correct roles are identified to enable the home to always have sufficient management and staffing cover.
- Provide continual learning and development to support those in management roles.
- Implementing accurate and up-to date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay.
- Ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes
- Ensuring the current environmental improvement plan is adhered to, to improve the standard of living conditions for people receiving care and enhance their well-being.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) and (b), Regulation 10(2)(a), (b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 30 March 2023.

Action taken on previous requirement

Dependency tools are used on a weekly basis to ensure correct staffing cover. Management has introduced a host role to support care staff around busy times for example breakfast and lunch. In addition bank supply staff have been recruited for domestic cover and kitchen cover. Agency staff are also used as an when necessary although this has not been on a regular basis.

The regional manager continues to support managers learning and development needs, and the provider has developed a company training programme to support new managers within their roles .

Comprehensive auditing tools are in place on a weekly and monthly basis with clear concerns actioned and identified.

Care and support provided by staff meets the assessed needs of people receiving care.

Extensive work had been undertaken to ensure the standard of living conditions for people living within the home. This contributed to their wellbeing.

Met - within timescales

Requirement 4

By 10 March 2023, the provider must ensure that the health, welfare, and safety needs of people receiving care are met in relation to care planning and risk assessments. In particular, you must ensure that all personal plans are reviewed regularly (at least once in every six-month period) and contain up-to-date risk assessments and care plans which:

Accurately reflect the assessed current health and care needs of people receiving care, with particular attention being given to stress and distress, nutrition/weight loss and falls management identify the support required to meet the needs of the person receiving care, and the steps which should be implemented to address these needs, and mitigate any risks identified.

This is in order to comply with Regulation 4(1)(a), Regulation 5(1), and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 30 March 2023.

Action taken on previous requirement

Support plans were in the process of being updated. Good work had commenced on reviewing information held within plans to ensure they reflected the current health and care needs of individuals. We are confident in meeting this requirement, however, to ensure sustained improvement going forward we have made an area for improvement in relation to care planning.

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

The quality of the mealtime experience was poor. There were missed opportunities where staff could have enhanced people's independence by enabling and encouraging them to choose and help with their own meals, drinks and condiments. To do this and support individual needs and choices, staff's understanding and performance should be developed to a level where they perform consistently and promote independence during mealtimes.

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

This area for improvement was made on 30 March 2023.

Action taken since then

Overall the mealtime experience has improved. Management has introduced a host position to support residents with their fluid and nutritional intake, allowing care staff to support and encourage those who require more assistance.

Alternative meal options are offered to ensure all individuals enjoy the food provided, staff also offer the choice of hot or cold beverages throughout mealtimes.

Management continue to monitor fluid and nutrition information recorded for all individuals.

This area for improvement has been met.

Previous area for improvement 2

To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice through discussions at team meetings and through regular supervision with their manager.

This is in order to comply with the Health and Social Care Standards which states 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)

This area for improvement was made on 30 March 2023.

Action taken since then

Staff meetings are scheduled for the year and have taken place to date. Supervision sessions have now commenced allowing staff the opportunity to reflect on their practice and experiences.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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