

Bothwell Castle Care Home Care Home Service

35 Bothwell Road
Uddingston
Glasgow
G71 7HA

Telephone: 01698 622299

Type of inspection:

Unannounced

Completed on:

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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 21 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 rooms, reminiscence lounges and a piano bar, as well as, assisted bathrooms. Additional facilities include a cinema, hairdresser with nail bar, a tea room and private dining rooms where families and friends 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 focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

What people told us

People told us that they were happy, and staff treated them well. Family we spoke to told us that they were very happy with the care and support their relative received. They told us there was good communication and they were kept up to date about their relatives' care and any changes in the service.

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 good is our care and support during the COVID-19 pandemic?	5 - Very Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?**5 - Very Good****7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic**

Staff engaged with people and communicated very well. Where there were restrictions to people's freedom, this had been risk assessed, discussed with the person's next of kin and was sensitively supported by staff, ensuring that people's human rights were respected and promoted.

People were supported to stay in touch with the family and friends using video calls and visiting through windows. There was a visitors policy in place which contained detailed information for visitors, including links to the current guidance so that they would know what to expect. We saw that people's needs were assessed on an individual basis and for those who experienced distress, visiting of a named family member was risk assessed and supported as part of the person's care plan. Family we spoke to told us that they were kept up to date about their relative's wellbeing and were involved in decisions about their care and support. This meant that staff and family worked together to support people.

People's care plans we sampled were up to date and included detailed information about the person's care needs and how they liked to be supported by staff. The management sent regular update letters to families to tell them about what was happening in the service and let them know about activities taking place. There was clear evidence that relatives were being kept up to date about people's care, although there was a lack of detail in people's care plans about the arrangements for this. It was good to see that people had anticipatory care plans in place should they become unwell and that these had been completed with the support of their family.

People could be confident that their food and fluid intake was being promoted and monitored. Fluid charts we sampled were fully completed and included an individual target for the person which was being achieved. We saw that drinks were available in the lounge areas and staff encouraged people to drink at lunchtime. To encourage people to eat and drink out-with set times, we suggested to management that drinks and snacks could be arranged so that they were available for people to help themselves to throughout the day.

People benefitted from the good links that the care home had with the GP practice. The GP contacted the service regularly to discuss people's health and wellbeing and there were weekly consultations using the NHS video call platform 'Near Me'. The manager advised they had good experiences of obtaining people's medicines and the care home received regular deliveries from the pharmacy. A 'homely remedies' policy was in place and the GP had given instructions as to which medicines people could take. This ensured that people had timely access to medicines such as pain relief should they need it.

There was very good attention to people's need to have meaningful activities. Staff spent time chatting to people, doing crosswords, looking at photographs and providing hand massages. Entertainment had also been arranged in the garden for people to attend. We saw a resident being supported to enjoy the garden, at their request, with staff discreetly monitoring them to ensure their safety.

7.2 Infection control practices support a safe environment for both people experiencing care and staff

People benefitted from a home that was clean. Staff we spoke to told us that they had enough cleaning equipment and were able to confidently describe how they undertook cleaning tasks in accordance with current infection control guidance. Management told us that they encouraged leadership at all levels and described how ancillary staff had taken responsibility for ensuring high standards of cleanliness were maintained within the care home.

People can be confident that they are cared for by staff who are well informed and have up to date knowledge about COVID-19 and guidance from Health Protection Scotland.

Sensible measures were in place to reduce the spread of COVID-19 by allocating staff to set areas to reduce footfall. There was an ample supply of personal protective equipment (PPE) available and we saw that staff used this appropriately. Staff sanitised their hands frequently using alcohol hand gel. Hand washing facilities were well signposted and instructions for safe hand washing were clearly displayed.

The care home had begun to welcome new residents. This was being done in a safe way. COVID-19 testing arrangements were in place for new residents and there were detailed care plans in place to support people during their initial period of self-isolation. For those who were self-isolating, signs were in place and PPE stations were available outside their bedrooms. We suggested to the management that these signs should be laminated to allow for effective cleaning.

The manager advised that COVID-19 testing for residents and staff was due to start the following week.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

People can be confident that they are supported by a staff team who have received the training they need to support them in their role. We reviewed staff training records and found that these were well completed. We suggested some training that could be added to the list of essential training for staff and the manager agreed to take this forward. Staff continued to progress their own personal development by completing reflective accounts which enabled them to reflect on their learning and how this would impact on their practice.

People's care and support was well coordinated and there were systems in place to ensure that people experienced consistency and continuity in their care. People were supported by a staff team who knew them well, and communication was supported through regular 'flash' meetings. People experienced warmth, kindness and compassion from a staff team who had access to a range of support arrangements, including occupational health support and one to one supervision sessions. Staff told us they felt well supported by the management team.

People could be confident that their care and support was consistent and stable because staff worked well together. People were responded to promptly as there were enough staff available to meet people's needs. Staffing arrangements were regularly reviewed to ensure that there were sufficient staff on duty. There was a caring culture and we saw that people were supported by a staff team who were sensitive to their needs and wishes.

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

Requirements

Requirement 1

To ensure that people who have sustained a fall can be confident that the provider has robust systems in place, then the provider must ensure that by 31 December 2019:

1. They assess a resident's responsiveness and for any injury (including cuts, bruising, deformities or pain) at the time of the fall.
2. Assess level of injury, provide reassurance and take appropriate action (for example, call ambulance/GP/ NHS 24).
3. Ensure ongoing monitoring of the individual as some injuries may not be apparent at the time of fall.
4. Carry out a post falls analysis of this which takes into account why the fall may have occurred and any lessons learned to reduce the risk of this re-occurring.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: '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) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 21 October 2019.

Action taken on previous requirement

Focussed COVID-19 inspection. This area was not assessed at this inspection"

Not assessed at this inspection

Requirement 2

To ensure that people are supported with all aspects of their life, the provider must ensure that there are comprehensive personal plans in place, by 31 December 2019, to guide staff on how to care and support each person. This ensures care and support is consistent with the 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). It also complies with Regulation 5(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This requirement was made on 19 September 2019.

Action taken on previous requirement

New personal plans were in place. We found that these were easy to read and reflective of people's needs. There was clear evidence that families had been involved in the development and review of these. Resident's daily notes were detailed and reflective of the care and support provided on a daily basis.

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 service should keep records of the training needs analysis of each member of staff and details of delivery of training. This ensures care and support is consistent with the Health and Social Care Standards, which state: '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 19 September 2019.

Action taken since then

The service had introduced a new training system and there was clear evidence of all training undertaken by individual staff. Where additional training was needed this was sourced. Management had a clear overview of staff's training needs and this ensured that management could target training where needed.

Has this area for Improvement been met : Yes

Previous area for improvement 2

The service should ensure that all daily record charts including, but not limited to, TMAR (topical medication administration records) and food and fluid charts are recorded contemporaneously. This ensures that care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 19 September 2020.

Action taken since then

We reviewed some of the daily charts in place and found these to be completed at the time of care delivery. Records were completed appropriately and reflected the care being provided to residents.

Has this area for Improvement been met : Yes

Previous area for improvement 3

The service should ensure that a system is in place to demonstrate that residents and/or their legal representative have consented to certain aspects of their care. This should include the taking and use of photographs and the use of any equipment that could be considered as restraint. This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 19 September 2019.

Action taken since then

We saw information contained within residents' care plans that highlighted appropriate consents had been obtained from the relevant individuals in relation to areas such as consent for photographs and beds rails. The manager advised that they were currently reviewing this documentation in order to provide a clearer overview of consents agreed.

Has this area for Improvement been met : Yes

Previous area for improvement 4

The service should ensure that people receive any 'over the counter' medications following best practice guidance and their own Homely Remedy Policy. This ensures care and support is consistent with the Health and Social Care Standards, which state: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 19 September 2019.

Action taken since then

An appropriate homely remedies policy was now in place for over the counter medications with relevant agreements from the resident's GP.

Has this area for Improvement been met : Yes

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	5 - Very Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	5 - Very Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	5 - Very Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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