

Bothwell Castle Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
25 January 2024

Service provided by:
Bothwell Care Limited

Service provider number:
SP2018013104

Service no:
CS2018365959

About the service

Bothwell Castle Care Home is registered with the Care Inspectorate to provide a care service to a maximum of 75 older people. The provider is Bothwell Care Limited.

The home is purpose built and the service is provided over three floors with lift access between each. All bedrooms are provided on a single basis with en-suite toilet, shower/wet room, and wash hand basin. Shared bathing and shower facilities are available. People have access to communal lounges and dining rooms on all floors. Garden space is located at the rear of the home and a courtyard is also available. Visitors' parking is located at the front of the home.

At the time of the inspection 54 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 24 and 25 January 2024. 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 nine people using the service who were able to give their opinion and six relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with three visiting professionals.

Key messages

- The staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from regular activity and social opportunities.
- Families reported being happy with the care and support their loved ones received.
- The home was clean and welcoming.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People told us that staff interacted warmly and respectfully with them. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. This supported good conversations and growing good relationships and gave people a strong sense of their own identity and wellbeing. We were told that care and support was carried out in a dignified way and personal preferences and choices respected.

Feedback was positive about the quality of care and support people received. Comments included "I enjoy getting out and about, the service is brilliant, and everyone is friendly" "staff are very good and know what I like" and "I have no complaints about the service, it's a lovely home." " Relatives' comments included "Mum is very happy here, they all do a fantastic job" and "the communication is excellent, I am always kept informed."

People enjoyed coming together for meals. Staff ensured that mealtimes were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. The dining process was quality assured to ensure any issues identified were resolved. People's health and wellbeing benefitted from the provision of high quality and well-presented food.

Activities involved all care staff but were led by a small team of activity staff. People's preferences for activities were noted in their personal plans. People were provided with a weekly activity plan which included physical exercise classes, entertainment, arts and crafts and group trips out of the home. Relationships between people experiencing care were developed because of well provided activities.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health-related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences. We saw and heard about reviews which fully involved the person receiving care and their relatives. The interventions by staff showed that there was structure and meaning for the individual, encouraging independence and to take control of their life.

How good is our leadership?

5 - Very Good

We found significant strengths in the leadership of the service and how this supported positive outcomes for people, therefore we evaluated this key question as very good.

The service demonstrated a positive attitude towards quality assurance. There was regular audit of incidents, accidents, falls and key health needs such as nutrition, oral health, and skin care. The themes emerging from audits informed care planning, ensuring care was responsive to people's individual needs. The management team had a very good oversight of what was happening within the home. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

A review of the complaints received by the service showed that these had been responded to promptly. Complainants were advised of the method of investigation and the outcome of their complaint. Where a complaint had been upheld an apology was offered. The findings of complaint investigations were used to enhance learning and improve practice. This reflected a learning culture with improved outcomes for people.

There was a Service Improvement Plan, which focussed upon improving the experience of people using the service. This demonstrated that there was a commitment to evaluating the service and learning from feedback from residents, relatives, and other stakeholders.

The service produced a regular newsletter that provided good information on what was on offer in the service and activities that had taken place. The newsletter included an invitation to friends and relatives to share their views on the service provided. The feedback from those who responded was overwhelmingly positive.

Residents and relatives' meetings had taken place and there was evidence that managers had taken action to address issues raised. However, it was unclear how feedback on the action taken had been communicated to those concerned. Consideration should be given to how best to communicate outcomes from these meetings. (See area for improvement 1)

Staff, relatives and visiting professionals spoke highly of the management team. They were positive about communication and commented upon the visibility of the manager. Staff felt able to approach managers and were confident that their views would be listened to.

Overall, we found very good leadership within the home, with a clear focus on improving the quality of life for the people living in the service.

Areas for improvement

1. In order to promote the meaningful involvement of residents/people, the provider should improve participation opportunities. This may include surveys, meetings, and other methods of participation to evidence that people are listened to and can effectively contribute towards improvement.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The staff team were valued by people experiencing care. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: "The staff are amazing and work hard," and "I am well looked after". Relatives we spoke with said they felt well supported by the staff team and were reassured that their loved ones were being looked after. This assured us that the staff team were caring and considerate in their practice.

The management team monitored the staffing levels required to safely meet peoples' needs. These were regularly reviewed and updated to ensure there were sufficient staff working within the service. Staff were familiar with people and the service. This ensured that people were supported by staff they knew and provided continuity of care.

Staff were encouraged and motivated in their roles. Staff we spoke to told us that the management team were supportive. Training was ongoing and the service had introduced champions roles to support staff progression. There was evidence of good communication for staff including meetings, handovers, supervision, and annual appraisals. This ensured that the staffing arrangements were right, and staff worked well together.

Staff received supervision in line with organisational policy, where self-evaluation was used to encourage staff to reflect on their practice. Supervision provided an opportunity to talk about their development. Staff spoke positively of the process of supervision where they felt able to bring up anything positive or negative about their work and life outside of the home. They felt valued and a sense of commitment towards the home.

Staff completed training that was relevant to their roles, and most had received or planned training in dementia awareness and adult support and protection. There was a clear overview of staff training ensuring staff had up to date guidance in line with best practice. The management team was proactive in promoting access to training for staff, with online and face-to-face learning being made available. This meant that staff had the necessary skills to support people to meet their needs.

We found many staff were new to the service. Residents and families were aware of this and found new staff did not know people's care needs as well as others. The management team should continue to support staff to grow relationships, skills, and knowledge to create continuity of staffing within the home. This will support better outcomes for people.

How good is our setting?

5 - Very Good

We found significant strengths in relation to the setting and how this supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

The home was warm and welcoming. The service has taken account of best practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were enabled people to move easily and independently around the home. The environment was regularly assessed to ensure that it remained dementia friendly.

People enjoyed accessing the Hairdressing salon, the cinema, the tearoom, sensory room, and activity rooms. There were large, well-kept enclosed gardens for people to use. People could independently use the garden, weather permitting. There was plenty of social space. People chose where to spend their time.

The communal areas were welcoming, spacious and tidy. The environment and equipment were generally

cleaned to a high standard and well maintained. Any issues reported were actioned quickly, promoting people's health and safety. Maintenance records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure.

How well is our care and support planned?

5 - Very Good

We found significant strengths in relation to care and support planning and how this supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

It is essential staff have all the relevant information about each person to be able to deliver care and support effectively. Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make. Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs completed when this was people's chosen outcome. Anticipatory care plans were recorded showing discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

Contacts for relevant health professionals and family members were noted in plans, meaning people could be quickly contacted when issues arose. Relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member.

When people's health needs had changed, personal plans and risk assessments were promptly updated. This ensured care and support delivered was responsive to people's changing needs.

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

Requirements

Requirement 1

By 14 June 2022 The provider must ensure that people experiencing care have their continence care needs assessed and a support plan implemented which identifies the support required.

To achieve this the provider must:

- a). Ensure staff have access to training and development around continence management.
- b). Clarify the role and responsibility of the Continence Champion in supporting continence promotion.
- c). Ensure people have access to an adequate supply of appropriate continence products at all times.
- d). Ensure a review of people's continence care needs is undertaken where there is a change in their needs.

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 No. 210 Social Care)

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, are able to reflect on their practice and follow their professional and organisational codes' (3.14).

This requirement was made on 22 July 2022.

Action taken on previous requirement

Staff training was in place in relation to continence care. The service had a continence champion in place. A full review of continence needs had taken place and people had adequate supplies of continence products. We had no concerns in relation to the management of people's continence care needs.

Met - within timescales

Requirement 2

By 22 October 2022, the provider must ensure that people are supported safely by trained and competent staff.

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

- a) carry out a training needs analysis to identify any condition specific training needed; the staff who require this and include this in the training plan.
- b) ensure staff are receiving regular supervision meetings.
- c) provide opportunities for feedback including team meetings.

This is to comply with Regulation 15(a) and (b) (Staffing) 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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 22 July 2022.

Action taken on previous requirement

We saw the service training matrix and training provided to staff. There was clear plan set out for the year which covered mandatory training and other training to support the needs of people living at Bothwell Castle Care Home. Training dates were communicated with the staff team giving opportunity for individual and team learning and development.

Team meetings and supervision recorded feedback and reflection from staff. Team meetings could become more consistent, we have reported on this further under Key Question 3 – How good is our staff team?

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**

To ensure people's health and care needs are correctly documented and met, the provider should: Improve recordings in all daily charts and health records. This should include but is not limited to medication, nutrition, and falls.

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 because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 22 July 2022.

Action taken since then

We sampled daily notes and found information recorded reflected care given to meet the needs of residents. We checked incident and accident records in relation to falls which gave a clear description of what happened along with details of investigations and actions. We have reported on this further under Key Question 1 – How well do we support people's wellbeing?

This area for improvement had been met.

Previous area for improvement 2

In order to promote the meaningful involvement of residents/people, the provider should improve participation opportunities. This may include surveys, meetings, and other methods of participation to evidence that people are listened to and can effectively contribute towards improvement.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (4.19).

This area for improvement was made on 22 July 2022.

Action taken since then

Residents and relatives' meetings had taken place, but it was not clear how often these were to happen. We asked the provider to look at the participation policy and be clearer on how this should be carried forward.

People generally felt listened to and could tell us about actions taken as a result of their feedback. However, this was not always recorded. Surveys had been completed but there was little response and engagement. We found several positive reviews and responses through the online website. We discussed with the manager about different ways of sharing information to show people what had been done as a result of their feedback.

This area for improvement has not been met and has been restated.

Previous area for improvement 3

To ensure that people receive consistent care and support the provider should review the leadership, staffing mix and clarify roles and responsibilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23), and 'I am supported and care for by people I know so that I experience consistency and continuity' (HSCS 4.16).

This area for improvement was made on 22 July 2022.

Action taken since then

There was a staff team allocated to each floor. There was a mix of different roles to ensure needs of people were met. Staff were clear on their roles and stayed on the floor they were allocated to for consistency. Dependency assessments indicated staffing levels for each floor. We did not find any concerns in relation to staff numbers and staffing mix. Professionals visiting the service gave positive feedback about the way staffing was deployed.

This area for improvement had been met

Previous area for improvement 4

To ensure people's mobility and independence is supported the provider should undertake a review of the environment that includes but is not limited to lighting, signage, and personalised door signage.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted to high quality care and support.' (HSCS 5.1).

This area for improvement was made on 22 July 2022.

Action taken since then

Lighting had been replaced within the home to ensure this was bright, encouraged safer mobility and independence. New signage, including personalised door plaques and pictures were in place to direct people round the home. People were involved in choosing their own photograph for their door.

This area for improvement had been met.

Previous area for improvement 5

To ensure that people's health care needs are being met effectively, the provider should further improve the level of detail recorded in personal plans for specific health conditions. This should include, but not be limited to, detailed information on the health condition, medication protocols, assessment of pain and condition management.

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

This area for improvement was made on 22 July 2022.

Action taken since then

Personal plans showed what mattered to people and gave detailed information about how that person wanted to be supported. Information in plans included people's wishes and preferences.

Specific health information and assessments were clear and set out how people's needs were to be met. Plans we sampled were reviewed and updated regularly. We have reported on this further under Key Question 5 – How well is our care and support planned?

This area for improvement had been met

Previous area for improvement 6

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

- a) the level and quality of risk assessments covering all identified risks.
- b) the quality assurance oversight and related actions taken address risk.

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).

This area for improvement was made on 22 July 2022.

Action taken since then

Risk assessments were in place for people which were detailed, reviewed regularly, and appeared to manage risk well. Management oversight was in place to monitor and ensure records are updated regularly. We have reported on this further under Key Question 2 – How good is our leadership?

This area for improvement had 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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