

Bonnyholm Gardens Care Home Care Home Service

40 Bonnyholm Avenue
Glasgow
G53 5RL

Telephone: 01414 731 770

Type of inspection:
Unannounced

Completed on:
10 April 2024

Service provided by:
JSL Care Ltd

Service provider number:
SP2008010034

Service no:
CS2017361116

About the service

Bonnyholm Gardens Care Home is registered to provide care for a maximum of 61 older people. The provider is JSL Care Ltd. The home is located in a residential area of Crookston, close to Rosshall Park, transport links and local shops.

Bonnyholm Gardens is a purpose-built two storey building with lift access between floors. Accommodation includes single en suite bedrooms, communal lounge/dining rooms, cinema, hairdressers, function room and reception area.

There is a garden area located to the rear of the property and parking available to the front with alternative off street parking directly outside the home.

The service has opened all four units, from three at the previous inspection.

At the time of the inspection, the care home was caring for 59 people.

About the inspection

This was an unannounced inspection which took place on 9 and 10 April 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 throughout the inspection year.

To inform our evaluations we:

- reviewed 19 questionnaires returned by people who use the service and their relatives
- spoke with six people using the service, four family members and two external professionals (a community psychiatric nurse and a social worker) who have regular contact with the service.

Key messages

- People and relatives were satisfied with the care and support provided.
- People's health needs were regularly assessed and appropriate interventions sought from external professionals.
- The management team had worked hard to recruit staff and develop a stable staff group.
- Further work was needed to improve records relating to people identified at risk of dehydration and when supported with medication.
- Ongoing work was needed to make the environment more suitable for people living with dementia.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
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?

4 - Good

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

People benefited from warm, nurturing and genuine relationships they had developed with staff. Staff mainly used opportunities to speak with, and interact with, people living within the service. Staff also demonstrated patience when supporting people.

Families shared that they had been kept up-to-date with any changes in the health and wellbeing of their loved ones. One person told us: "They [staff] are very good at contacting me when they note any changes with her [relative's] health."

The service had developed the activity programme which meant there was a range of activities provided within the home and staff helped people connect with their local community. People living within the service enjoyed visits from children from a local nursery and some people visited a local shopping centre with support from staff. We would like the service to continue to develop the activities plan to ensure that it meets the needs of all people living within the service.

Relatives shared that they were made to feel welcomed when they visit the service.

Staff used a range of recognised assessment tools and these had been used to identify changes to each person's health and wellbeing and when appropriate had referred for the input from external professionals. Feedback from two professionals we contacted indicated that they had confidence in the support and care provided.

People were regularly offered snacks and drinks outwith mealtimes to encourage them to eat and drink enough to keep well. We heard how people enjoyed the food offered. "I think the food is very good and there is always choice at meals."

Observations of a mealtime revealed some good practice with staff and some improvements around promoting choice and involvement. The management team carried out audits of the meal time to look at people's experiences. These should continue to be developed to help promote consistency of staff practice. Plans around promoting decision-making and empowering people should also be completed.

Having the right medication at the right time is important for keeping well. People had received medication as prescribed. However, staff practice needed to improve when recording the effects of medication which had been prescribed on an "as required" basis to reflect the effect of the medication. Records around the ongoing area for improvement in connection with this area is repeated. See area for improvement 5 under What the service has done to meet any areas for improvement we made at or since the last inspection.

How good is our leadership?**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 management team had encouraged people to share their views to develop the service. A food group had been used to shape menus within the home.

An overview was used by the management team to identify people who may be at risk and check how effective interventions had been to keep people safe and well. We found a number of people who were identified at risk of losing weight had managed to maintain or gain weight as a result of planned interventions.

Falls management followed good practice in that a review was completed post fall and analysis completed on a monthly basis. This had been used to check if there were trends and identify potential causes that should be addressed.

A service improvement plan was in place. This was at an early stage and had begun to use findings from audits and feedback from residents to shape the content and identify priorities of the service.

The management team had a good overview of the training needs of staff. This helped to ensure that they had the correct knowledge and skills to fulfil the role and appropriately care for people. A plan was in place for staff to update and complete necessary training.

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 management team had worked hard at recruiting permanent care and nursing staff. This meant they had succeeded in having a stable staff group to help take the service forward.

There remained ongoing recruitment of domestic staff. Agency staff on shifts had not been used excessively. The management team strived to use the same staff to promote continuity of care.

We received a number of positive comments from people who used the service and their relatives.

"The staff are all very caring."

"They [staff] encourage her [relative] to eat well. I have no complaints."

"[Staff member] is especially good."

Staff recruitment followed good practice with robust pre-employment checks in place and competency based interviews. This helped ensure people with a good value base were recruited into the service. The recruitment process would be strengthened by involving people who use the service.

We heard positive comments from staff in relation to support and direction provided by the management team. The structured induction programme was welcomed by new recruits and gave them the opportunity to get to know the needs and preferences of people they supported.

Staffing rotas were sampled and we observed support provided by staff. We found that appropriate levels of staff were on duty to meet the needs of people living within the service. The management team should continue to monitor the changing needs of people and ensure staffing levels meet their needs whilst taking into account the layout of the environment.

There had been some staff observations of practice completed. These needed to be expanded and staff supported to complete reflective accounts when completing supervision. This would promote understanding and help staff practice becoming consistent in key areas.

How good is our setting?

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 standard of cleanliness throughout the home was good. The environment was bright, comfortable and spacious for people. We identified that the signing of cleaning records relating to equipment such as hoists needed to be more consistent and staff should be mindful of the appropriate storage of equipment.

Bedrooms were personalised and each bedroom had en suite toilet facilities. This helped staff to promote the privacy and dignity of each person when assisting with personal care.

A sensory room had been developed in the Chestnut unit for use by people throughout the home.

Environmental risk assessments and checks had been completed. However, some areas identified by inspectors had not been picked up, for example plasterwork repair. We suggested that records associated with the environmental checks needed to be better organised and material archived.

Contracts were in place and equipment had been serviced and maintained aligned to manufacturers' recommendations

Further improvements had been made to the enclosed garden area and this continued to be used by people who use the service and their families.

There were plentiful supplies of readily accessible personal protective equipment (PPE) which staff used aligned to good infection prevention and control (IPC) guidance. Laundry staff were familiar with IPC good practice guidance for the safe handling of laundry which reduced the risk of transmission of infection.

Some progress had been made to look at how the home could be made more user-friendly for people living with dementia such as improving signage on en-suite bathrooms. Further work was needed to apply this throughout the home. An area for improvement previously made in relation to this area had not been met. See area for improvement 2 under What the service has done to meet any areas for improvement we made at or since the last inspection.

How well is our care and support planned?**3 - Adequate**

We made an evaluation of adequate for this key question, we found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

The service was in a transitional phase in migrating information from paper care plans to an electronic system: Person Centred Systems. A phased approach had been used to allow staff to become fully familiar with the system. We sampled records in both paper and electronic format and noted that accurate assessments had been completed but these did not consistently translate into associated care plans to guide staff practice (see area for improvement 1).

Some good person-centred information was recorded reflecting the wishes, preferences and abilities of the person being supported and how independence should be encouraged. Planned care reviews had been completed with input from families or representatives.

Ongoing review of the use of equipment that could be regarded as restraining had been carried out with involvement of families which ensured people's rights had been promoted. Review meetings had been used to capture the views of people who used the service and their relatives. The service should capture outcomes achieved as a result of support and planned goals (see area for improvement 1).

Whilst we observed people being readily supported to eat and drink well, associated records for people identified at risk of dehydration were inconsistently completed. A previous area for improvement around this area is repeated. See area for improvement 1 under What the service has done to meet any areas for improvement we made at or since the last inspection.

Areas for improvement

1. In order that people receive the appropriate level of support:

- assessments should accurately and consistently inform associated support plans
- care reviews should reflect what outcomes have been achieved as a result of support provided.

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).

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 that people who have been identified as being at risk of dehydration receive enough to drink to keep them well, staff should ensure that targets are identified, consistently monitor throughout the day

amounts taken and offered and detail actions taken when targets are not met.

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

This area for improvement was made on 26 June 2023.

Action taken since then

We checked records for people identified at risk. These were inconsistently completed by staff and did not always reflect a target or the amounts offered and taken over a 24 hour period. The management team intended to use a new system to check that these were being completed as they should be.

This area for improvement has not been met.

Previous area for improvement 2

In order that the environment is used to its full potential and developed to meet current residents' needs, the manager should:

- a) Consult with residents and relatives about how they want to develop their home
- b) Implement actions identified after completion of The King's Fund tool to make the environment more dementia friendly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18).

This area for improvement was made on 26 June 2023.

Action taken since then

Some progress had been made with additional signage being put in place in bedrooms to help orientate people to en suite bathrooms. Signage had been ordered but not installed and further work was required with the consultation process with key people.

This area for improvement has not been met.

Previous area for improvement 3

To ensure seating is appropriate for the needs of individuals, reassessment should be carried out by an occupational therapist to ensure their chair provides adequate postural support, comfort and assists the individual to engage in day-to-day activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18).

This area for improvement was made on 26 June 2023.

Action taken since then

An individual who uses a postural support chair had refurbishment carried out to the chair and had benefited from this.

This area for improvement has been met.

Previous area for improvement 4

The service should ensure that care reviews are carried out as planned with a maximum of six month interval, detail the outcomes achieved as a result of support provided and reflect agreed future goals.

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 area for improvement was made on 26 June 2023.

Action taken since then

Care reviews were planned and completed within six monthly intervals. The quality of content had improved. The service should continue to build on and reflect outcomes achieved and detail further planned goals.

This area for improvement has been replaced by area for improvement 1 under How well is our care and support planned?

Previous area for improvement 5

The provider should ensure staff follow good practice when administering and recording medication prescribed on an as required basis. People who have medication administered covertly should have regular reviews to check that this continues to be required.

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

This area for improvement was made on 12 July 2022.

Action taken since then

There remained inconsistencies with recording when we checked records associated with the administration of medication prescribed on an "as required" basis and further work was needed around records associated with the ongoing review of medication prescribed covertly for an individual.

This area for improvement has not 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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Compass House
11 Riverside Drive
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