

# Blanefield Care Home Care Home Service

105 Glasgow Road  
Blanefield  
Glasgow  
G63 9AL

Telephone: 01360 771 011

**Type of inspection:**  
Unannounced

**Completed on:**  
24 September 2024

**Service provided by:**  
Blanefield Care Limited

**Service provider number:**  
SP2011011677

**Service no:**  
CS2011300477

## About the service

Blanefield House Care Home is registered to provide a care service for a maximum of 39 older people, some of whom may have dementia. This may include a maximum of five respite places. At the time of this inspection 37 people were staying in the home.

The home is a traditional building on the outskirts of the village of Blanefield. The home is spread over two floors, with lift access to the upper floor. All rooms have en-suite toilet and shower facilities.

The home has its own manager, along with a depute manager, nursing staff on site 24 hours a day, senior carers, and a team of care staff. Other staff include activity coordinators, care hosts, domestic and laundry staff, maintenance staff, a driver, and administrative staff.

The home registered with the Care Inspectorate on 01 November 2011.

## About the inspection

This was an unannounced inspection which took place on 23 and 24 September 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Received questionnaire feedback from four people living in the home; 18 relatives; 12 members of staff, and two visiting professionals.
- Spoke informally with people living in the home and four relatives.
- Spoke with staff from a variety of roles, including night staff.
- Observed practice and daily life.
- Looked at a variety of documents and recordings including care plans; medication records; health information; maintenance records, and quality assurance records.

## Key messages

- We observed kind and caring interactions between staff and people living in the home.
- We did not have concerns with the number of staff working in the home.
- Some aspects of medication administration had improved since our last inspection. However, the administration of topical medication needed to improve.
- Care planning needed to improve.
- Staff training within agreed timescales needed to improve.
- The induction of new staff into the home needed to improve.
- Opportunities for observing staff practice to ensure competency in key areas needed to improve.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement 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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	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

### 1.3 People's health and wellbeing benefits from their care and support

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

People's health generally benefitted because of the support they received. Staff demonstrated a good awareness of people's health needs and the necessary steps to follow in the event they noticed a change in someone's presentation. Staff practice we observed was generally good. Interactions were warm and respectful. Most comments made by people staying and their relatives were positive. These included:

- "The staff really look after my relative."
- "My parent tells me how well the staff care for her."
- "I am very happy with the way the home is run. The staff are amazing and work well together."
- "Very well cared for and happy."

Some people did raise concerns with us and shared less positive experiences of the care home. These included:

- "I think my relative should be doing more activities during the day and walking about more."
- "The staff need to encourage the residents to move more."
- "I would like there to be more staff so there is a better chance of individual care and attention."

People benefited from having access to multi-disciplinary health support. The service had well established relationships with a variety of health professionals. We were confident that any health concerns were escalated quickly to ensure people received the right care and support at the right time.

There were enough staff to ensure people who needed assistance to eat and drink generally received support at the right time. Hydration was promoted throughout the day, with staff regularly offering people a choice of drinks. However, we evaluated that staff should be more observant in monitoring whether people were drinking what was offered to them.

Staff responded promptly to any personal care needs people had. Staff took time to offer people assistance to ensure they were well dressed. However, we were not confident in the accuracy of some daily recordings that stated people had been supported to have a shower or wash. Oral care was also highlighted as an area that could be improved. This demonstrated a need for greater observation of staff practice. We therefore made a requirement about this. Please see section titled "How good is our leadership" for more details.

Medication systems were generally good and had improved since our last inspection. Medication administration records for medications taken orally or via injection were good. There was sufficient information around the use of "as required" medications which ensured people received the right treatment at the right time. People's legal status was well captured, and there were appropriate consents in place where medication had to be given covertly. These measures contributed to good health outcomes for people.

Procedures around some health recordings and the storage of topical medications needed to improve. Records for the administration of topical medications were stored electronically. Information in these records was not sufficient to ensure that the right topical medication was given at the right time to the correct area. Administration records indicated that topical medication was not being given in line with the prescribed instructions. This had the potential to lead to poor health outcomes for people in the form of an increased risk of skin breakdown which could result in further health complications. Some other health charts were poorly completed, meaning health staff did not always have the right information to inform their judgements. These issues placed people at risk of harm, so we made a requirement about topical medication and health charts.

### See Requirement 1.

The home supported some people who were staying for a short break or who had arrived in an emergency. Although we appreciated that these people's care plans would have less information than longer standing residents, there was not enough information in them to guide staff on their most important health and care needs. Some people had little or no information in their care plan. There were also some gaps in longer standing resident's care plans. This placed people at risk of harm because staff did not have the right information to ensure people received the right care and support. We therefore made a requirement around the need for accurate information in care plans to guide staff on people's current health and care needs.

### See Requirement 2.

## Requirements

1.

The provider must ensure that health recordings are accurate and medication administration procedures are safe and adhere to current best practice guidance.

By 17 December 2024 the provider must ensure that people are supported to have topical medications administered safely. The provider must also ensure that general health records and charts are accurate and kept up to date. In order to achieve this, the provider must, as a minimum:

- a) Carry out an audit of people's current topical medication. Ensure medication administration guidance matches the prescribed instructions.
- b) Ensure topical medications have appropriate guidance about where on the body it should be applied, how often, and the current dosage.
- c) Ensure medication administration records for topical medications are properly completed, to evidence that staff are administering the medication as per the prescribed instructions.
- d) Ensure appropriate health recordings and charts are in place for anyone who requires them. Ensure these records are accurate and up to date.
- e) Implement an on-going cycle of quality assurance to ensure any issues with medication administration or health records are identified and addressed.

This is in order to comply with regulation 4 (1) (a) (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, which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. The provider must ensure that people have a care plan that guides staff on their current health and care needs.

By 17 December 2024 the provider must ensure that people have a care plan in place. This includes people who have arrived in an emergency or for respite. Care plans must be kept up to date to reflect changes to people's health and support needs. In order to achieve this, the provider must, as a minimum:

- a) Identify the key information required to safely support a person who arrives in an emergency or for respite.
- b) Develop an appropriate care plan template for emergency and short break admissions. The template must include information to guide staff on how to support people with any individual health conditions; nutrition; moving and assisting, and mobility needs.
- c) Implement processes for gathering this information prior to people arriving in the home.
- d) Implement processes to ensure care plans for all residents are regularly checked and updated to ensure they reflect any changes to people's health and support needs.

This is in order to comply with regulation 4 (1) (a) (welfare of users) and 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, 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).

## How good is our leadership?

3 - Adequate

### 2.2 Quality assurance and improvement is led well

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses.

The home manager was carrying out a regular cycle of quality assurance activities. These were well completed and had generated actions which fed into an overall service improvement plan. The improvement plan contained too much information on minor improvements and would be more manageable if it focused on the overarching areas of improvement needed in the home. We discussed this with the manager, who was receptive to our feedback.

A lack of opportunity for leaders to observe practice to ensure staff competency in key areas had contributed to several of the issues we encountered during this inspection. These should have been rectified earlier had leaders been carrying out observations of staff practice. Health and wellbeing outcomes for people had been negatively impacted due to this. We therefore made a requirement on the need for leaders to be carrying out these activities.

**See Requirement 1.**

## Requirements

1. The provider must ensure quality assurance activities are used effectively to drive improvement.

By 17 December 2024 the provider must ensure people experience support in a service where leaders regularly observe staff practice to assess competency in key areas. To do this, the provider must, at a minimum:

- a) Establish clear roles and responsibilities for carrying out observations of staff practice in key areas.
- b) Implement an on-going cycle of observation activities. These must include but are not limited to: All forms of medication administration, including the use of topical medication; moving and assisting; ensuring people are well supported with their personal care needs and wishes; staff interaction and engagement with people, and promoting people's mobility.
- c) Implement an appropriate recording system that clearly evidences the quality assurance taking place.
- d) Establish clear procedures for addressing any actions generated from the quality assurance activities, with timescales for following through to completion.

This is to comply with Regulation 4(1)(a) (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 states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

And

'I use a service and organisation that are well led and managed' (HSCS 4.23).

### How good is our staff team?

**3 - Adequate**

#### 3.3 Staffing arrangements are right and staff work well together.

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses.

We acknowledge the challenges in social care recruitment nationally. We were confident leaders were doing everything they could to successfully recruit staff into the service. However, service delivery, and in turn, people's experiences, had been impacted due to recruitment issues and the resultant skills mix of staff.

Leaders were using a dependency tool to assess required staffing levels in the home. Staffing levels were generally sufficient to meet people's needs. People received support when they needed it at key times of the day. This included any support requirements with eating and drinking or personal care.

People sat in the same place for extended periods during our inspection. There were also prolonged periods where people experienced little or no engagement from staff. Although we acknowledge that activates staff were not working for part of the inspection, it is vital that all staff recognise engaging with people in a meaningful way is a key part of their role.

There were some missed opportunities where staff could have engaged more with people. This demonstrated the need for leaders to monitor staff practice. Please see the requirement we made under "How good is our leadership" for more details.

The safe induction of new staff into the home needed to improve. New staff received two "shadow shifts" where they worked alongside existing staff. This was not enough time to ensure staff were competent in their role before providing direct care and support. Induction paperwork needed to improve. It did not cover key areas including the values of the home, and the role of a care worker. Documents we sampled were not well completed and had gaps. Leaders did not have a robust overview of formal training completed by staff during their induction period. Leaders could therefore not be assured that new staff were sufficiently competent in key areas of practice. Taken together, these issues placed people at risk of harm, so we made a requirement about the induction of staff into the home.

## See Requirement 1.

Training for all staff needed to improve. Records we checked identified that a significant proportion of existing staff had either not completed or were overdue refresher training in key areas. We were concerned that people were not placing enough importance on the need to complete training and had ignored requests to do so. Leaders could not be assured they had a safe skills mix among their staff team as so many staff still needed to complete their training. We were also concerned about the quality of moving and assisting training being offered to staff. Training issues placed people living in the home at risk of harm. We therefore made a requirement about this.

## See Requirement 2.

### Requirements

1. The provider must ensure that new staff receive a safe induction period.

By 17 December 2024 the provider must ensure that people experience support where new staff have been safely introduced to the home. In order to achieve this, the provider must, as a minimum:

- a) Ensure new staff have the appropriate time to shadow well established staff. They must be classed as supernumerary to agreed safe staffing levels until their shadowing period has covered key areas of practice.
- b) Set dates when key areas of training for new staff must be completed by. Use quality assurance activities to ensure training has been completed by the agreed dates.
- c) Ensure new staff are not carrying out any tasks where training is necessary until such training is completed, and their competency has been assessed.
- d) Improve the induction handbook to ensure it covers key areas of practice and expectations of the role. Ensure the handbook is completed during the induction period.

This is in order to comply with section 8 (1) (a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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).



2. The provider must ensure that all staff have received training appropriate to their role and responsibilities.

By 17 December 2024 the provider must ensure that people experience support from staff who are trained and competent in carrying out all aspects of their role. In order to achieve this, the provider must, as a minimum:

- a) Carry out a full analysis of current training needs in the home.
- b) Implement a programme, with agreed timescales, for all staff to complete core training relevant to their role.
- c) Source appropriate accredited moving and assisting training. Ensure all staff who carry out moving and assisting have completed moving and assisting theory training along with accredited practical training and assessment.
- d) Implement quality assurance systems to ensure training levels are maintained, including the completion of refresher training within required timescales.

This is in order to comply with section 8 (1) (a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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 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 individuals' day, and support their wellbeing, people should have opportunities to take part in meaningful engagement to help them live a fulfilling life. In doing so, there should be increased emphasis placed on:

- a) exploring peoples preferences, wishes and aspirations
- b) engagement with people who choose (or are required) to remain in their own rooms
- c) ensuring good communication about planned events with people, in a way that is meaningful to them.

This is 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 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 21 September 2023.**

#### Action taken since then

Leaders and staff had made progress in this area. Two activity/wellbeing coordinators were employed in the home. On the second day of our inspection, we saw the positive impact these staff had. However, activity staff were not working on the first day of our inspection. People sat for long periods without any staff interaction.

Leaders and staff should further develop opportunities for people to shape the opportunities and activities available in the home.

Several family members stated they would like to see more opportunities that promoted mobility.

We will evaluate this area for improvement again at our next full inspection of the service.

#### Previous area for improvement 2

To ensure that people are kept safe and healthy and receive the right medication at the right time, the provider should:

- a) Ensure that people who receive 'as required' medication have an up to date protocol that is clear about when medication should be administered and what alternative options should be explored beforehand.
- b) Ensure that administration of all medication, including topical medications, are detailed as prescribed, given as prescribed and a record of administration or omission is maintained.
- c) Ensure, where there is a need to administer medication covertly, that all documentation and authorisation is in place and regularly reviewed.
- d) Implement a system to regularly monitor all aspects of medication management.

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 21 September 2023.**

#### Action taken since then

Some progress had been made in this area.

We were satisfied at the improvements around 'as required' medications. Records we sampled gave clear guidance about when these medications should be administered. Staff were also recoding the outcome of the medication.

Consents were in place around the use of covert medication.

We had concerns around the safe administration of topical medications. This area for improvement has been closed and has been replaced by the requirement we made to the provider in this report. Please see the section titled, "How well do we support people's wellbeing" for further details.

### Previous area for improvement 3

The provider should improve outcomes for people living in the service by further developing their quality assurance systems to include clinical audit. Outcomes of any audit should be used to inform clinical leaders in order that appropriate preventative interventions are identified and actioned. This should include but is not limited to:

- 1) Falls prevention.
- 2) Skin integrity.
- 3) Nutrition and malnutrition.
- 4) Peoples dependencies.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'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 21 September 2023.**

#### Action taken since then

We had concerns around some health records and quality assurance in the home. This area for improvement has been closed and been replaced by requirements made within this report.

Please see sections; "How well do we support people's wellbeing" and "How good is our leadership" for more details.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 iarrtas.

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.