

Blackwood Care - Belses Gardens Care Home Care Home Service

Margaret Blackwood Housing Association
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Cardonald
Glasgow
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Telephone: 01418 836 680

Type of inspection:
Unannounced

Completed on:
3 October 2024

Service provided by:
Blackwood Homes and Care

Service provider number:
SP2003000176

Service no:
CS2003000865

About the service

Blackwood Care - Belses Gardens Care Home is a modern care home developed to provide integrated, accessible accommodation and care services for 15 people. At the time of the inspection, there were 14 people living in the service.

The home is situated in a residential area of Cardonald in Glasgow. The development is close to local amenities including shops, health centres and Queen Elizabeth University Hospital.

Each bedroom has an en suite facility which includes toilet and shower area. There is a choice of communal lounge areas and a separate dining room. The home is surrounded by accessible gardens.

The service's stated aims include providing person-centred, individually designed flexible support packages.

The care home can provide care and support services for adults, older people and people with physical disabilities, mental health issues, sensory impairment and learning disabilities.

About the inspection

This was an unannounced follow-up inspection which took place on 3 October 2024 between 09:15 and 15:15. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service, staff on duty and the management team and external manager
- observed practice and daily life
- carried out an environmental inspection
- reviewed a range of documents.

Key messages

- People had benefited from having greater opportunities to participate in meaningful activities.
- Staff had benefited from undertaking training to help support people with eating and swallowing difficulties.
- Further work was needed to fully meet the requirement relating to quality assurance systems particularly when any adverse events occurred with individuals.
- Areas for improvement relating to specific training for staff, direct observations of staff practice and management overview to monitor the changing needs of people needed further work.

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

Requirements

Requirement 1

By 25 September 2024, the provider must ensure quality assurance systems and audits ensure people are kept safe, protected and involved with the ongoing development of the service and fulfil their regulatory requirements.

To do this the provider must:

- a) Use audits to inform and prioritise service improvement plans detailing how people would be kept safe and well.
- b) Involve people who use the service, and their relatives, with the ongoing development and improvement of the service.
- c) Use a lessons learned approach following adverse events and use this information to inform associated risk assessments. Consistently report both internally and with external agencies, including social work, when appropriate and fulfil regulatory requirements by informing and updating the Care Inspectorate of actions taken to keep people safe and well.

This is to comply with Regulation 4(1)(a) 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 am meaningfully involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 26 July 2024.

Action taken on previous requirement

Progress had been made with the implementation and use of a range of audits. Overall, these had helped the management team identify and prioritise areas to help keep people safe and well. However, some of the audits required further work in detailing actions to be taken, for example, medication audits.

We will monitor progress with this part of the requirement which has not been fully met.

The management team had involved people in sharing their views around key aspects of the service. Relatives had been more involved when care review meetings had been completed and offered an opportunity to share their views of aspects of the service.

This part of the requirement has been met.

Systems had been developed in relation to any incident where an adult support and protection referral had been raised. Internal, as well as external, reporting to the Care Inspectorate had improved since the last inspection. However, the service had not consistently re-visited individual support plans and risk assessments when adverse events had occurred. This meant we could not be confident that risk mitigation had been consistently considered to keep people safe.

This part of the requirement had not been met at this time.

This requirement had not been met and we have agreed an extension until 21 January 2025.

Not met

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

Each person living within the service should be offered frequent opportunities to engage in activities that are meaningful to them and meet their social, recreational and psychological needs. Records should be completed detailing what was offered, when and what the person gained from participation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 26 July 2024.

Action taken since then

People using the service had been consulted on activities they wished to participate in. This had shaped the range of activities which had been offered to them. Staff need to adopt a consistent approach when recording. We concluded people using the service were benefitting from this approach and had increased opportunity.

This area for improvement has been met.

Previous area for improvement 2

To maximise learning opportunities, the service should ensure face-to-face training which takes account of the needs of people using the service is regularly offered to staff. The training programme should offer condition specific training and should include but not be limited to supporting people living with Parkinson's disease and epilepsy.

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 area for improvement was made on 26 July 2024.

Action taken since then

The management team had used online training to help meet staff members' training and development needs. There were plans in place to have face to face training and condition specific training to help improve staff understanding and knowledge.

The area for improvement has not been met.

Previous area for improvement 3

To ensure that staff consistently adhere to good practice when using personal protective equipment (PPE) and are following infection prevention and control (IPC) guidance, direct observations of practice should be regularly carried out, recorded and promote self reflection/learning.

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 area for improvement was made on 26 July 2024.

Action taken since then

Staff meetings had been used to discuss the importance of staff adhering to good practice. There had not been any recorded staff observations in connection with the correct use and disposal of PPE.

This area for improvement has not been met.

Previous area for improvement 4

To ensure that people receive food and drinks in accordance with their assessed needs, the provider should:

- Provide training to catering and care staff on meeting people's nutritional/hydration needs. This should include but is not limited to food fortification and modified textured diets.

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 area for improvement was made on 26 May 2022.

Action taken since then

Good progress had been made with 96% of staff including kitchen and care staff completing dysphagia training.

This area for improvement has been met.

Previous area for improvement 5

The management team should develop the systems they use to have a clear overview of the changing needs of people who use the service. This system should be used to identify trends, patterns and check if interventions had been successful in keeping people safe and well.

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 and support based on relevant evidence, guidance and best practice" (HSCS 4.11) 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 5 September 2022.

Action taken since then

The management team continued to use a range of audits and systems which produced specific reports, for example accidents and incidents. We recognised that management had a good knowledge of people's current needs. However, systems had not been used effectively to identify trends and check the effectiveness of planned interventions.

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

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