

# Bridge of Weir Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 November 2024

**Service provided by:**  
Bridge of Weir Care Home Limited

**Service provider number:**  
SP2020013532

**Service no:**  
CS2020380109

## About the service

Bridge of Weir Care Home is a care home for older people situated in the village of Bridge of Weir in Renfrewshire. It is registered to provide a care service to a maximum of 74 older people.

The purpose-built accommodation is provided over three levels and all rooms are single occupancy with en suite facilities. The main entrance of the building is on the first floor and looks out to the main road in the village. A hairdressing salon and cinema are located on the ground floor. Each floor has two main communal dining/lounge areas and they also benefit from further small lounges and dining areas which can be used by residents. These small rooms can also be used by visitors, if appropriate.

The ground floor has ready access to a secure garden area. The floors above have balconies which are glass fronted and offer good shelter to people using them. The outdoor space on one aspect of the building looks out to the river and a local walkway. Residents living in the lower floor have patio access to a secure garden area and can enjoy this area at their leisure. On the two upper floors, the balconies also look out onto the river and are accessed from the dining rooms.

## About the inspection

This was an unannounced follow-up inspection which took place on 1 November 2024 between 08:40 and 13:55. Feedback was given to the provider on 4 November 2024. The inspection was carried out by one inspector 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 and one of their family
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Improvements had started in the delivery of adult support and protection (ASP) training.
- Online ASP training needed to further improve but was already being considered by the provider.
- Quality assurance processes needed to better identify areas for improvement and link them to the improvement plan.

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

### Requirements

#### Requirement 1

By 11 October 2024, the provider must ensure that people using the service are protected, as far as possible, from potential harm in accordance with the Adult Support and Protection Scotland (Act) 2007.

To achieve this, the provider must;

- a) ensure staff have access to the required policies and procedures to demonstrate their understanding and awareness of adult support and protection procedures
- b) provide adult support and protection training for all staff relevant to their job roles and responsibilities
- c) ensure adult support and protection training is mandatory for all new staff as part of their induction to the service.

This is in order to comply with Section 8 of Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that the quality of staff 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 29 July 2024.**

#### Action taken on previous requirement

Adult support and protection (ASP) training was available to staff through an online platform and face-to-face training. Face-to-face training had started recently and covered Scottish legislation. Staff and management reported that they found it helpful. Just under 40% of staff had completed this and it was due to be rolled out to all staff. We were assured by the manager that this would happen.

Managers spoke with staff following training to check their knowledge and understanding. This was positive as it evidenced a desire to ensure staff truly understood the importance of ASP. People's care is better supported by staff who understand how to recognise signs of potential abuse and respond appropriately.

Online training had changed its title to be a Scottish version. It was disappointing to find that the actual training again referenced English legislation and principles of that legislation. This really should have been checked by the provider prior to being offered to staff. However, the external management team have assured us that this is being addressed with the use of a new training package which is reflective of Scottish legislation. We will follow this up in our next inspection.

The ASP policy was in place and whilst staff could access it through management, it was also being placed on an online platform to allow staff to have full access to it. That was in process and we were confident that management will complete this rollout in a timely fashion.

New staff had completed ASP training as part of their induction. Fortunately, those we spoke with had completed the face-to-face training which ensured they were up-to-date with Scottish based practice.

**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 provider should ensure that people benefit from robust quality assurance systems that drive continuous improvements. Actions identified from audits, as well as feedback from people experiencing care and stakeholders, should be clearly linked to the service improvement plan.

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

**This area for improvement was made on 29 July 2024.**

#### Action taken since then

We looked at the service improvement plan but it did not capture the notion of improvement across all aspects of the service. It only reflected the areas that we had highlighted as needing improvement. As such this meant that all the rich information gathered using audits, feedback and other work was not being used to truly inform how the service would develop.

Sometimes in services, things can go wrong despite staff's best efforts. It is important that situations like that are used to reflect on what went wrong and what can be learned from it to lessen the likelihood of it happening again. There was potential of making more use of such reflective practice which helps to drive improvement.

**This area for improvement has not been met.**

#### Previous area for improvement 2

To ensure that people are supported by trained staff, the provider should develop a working and effective staff training tracker which should be kept updated.

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 29 July 2024.**

### Action taken since then

The manager had created a training tracker which allowed them to identify who had completed training and when they were due refresher training. It reflected both online and face-to-face training.

The tracker allowed for easy identification of completed training and gaps in training undertaken. As such, the tracker had served its purpose.

From this, we could see where some staff had not completed relevant training. People should be supported by staff who are skilled and competent within their roles. Most staff are registered with professional bodies where both they and their employer adhere to a code of conduct. Within these codes are expectations that staff maintain and improve their knowledge and skills and that employers support this. Management should ensure that all staff are compliant with required training. This is to ensure people are supported safely.

The tracker also highlighted a need for a stronger direction on exactly when staff completed their required training. We found that not everyone got access to online training on starting and had to wait which is not acceptable. External management assured us of new processes which should prevent this recurring. We will look at how effective the processes are when we next inspect.

**This area for improvement has been met.**

## Previous area for improvement 3

To ensure that people are always being supported safely, the provider should provide the management team with a full inventory of required equipment and utilities service checks, detailing the timing of such checks and ensuring they are carried out within the noted timescales. The associated paperwork should be in place and easy to locate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

**This area for improvement was made on 29 July 2024.**

### Action taken since then

We were unable to access maintenance files due to them being locked in the maintenance officer's room and they were off for the day. This highlighted a lack of access for management to such information. Managers should have oversight on such information as they should also be checking everything is in place as required.

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

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