

Ben View Community Bathing Service Support Service

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Type of inspection:
Unannounced

Completed on:
22 November 2024

Service provided by:
Ben View Resource Centre

Service provider number:
SP2008009903

Service no:
CS2008179974

About the service

Ben View Community Bathing Service provide a bathing and showering service to adults within their own homes in the Dumbarton and Vale of Leven areas. The company office is located within Ben View Resource Centre in Dumbarton. Previously the service had also been offered at the resource centre but this had changed during Covid-19 restrictions.

The service's stated aim is to provide a bathing service for adults within the Dumbarton and Vale of Leven area who need assistance with personal care. They also work with other agencies to ensure a holistic care package is in place and assess and refer onto other services where required.

At the time of the inspection, 36 people were using the service.

About the inspection

This was an unannounced inspection which took place on 20 November 2024 between 10:00 and 16:40. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

This was a pilot inspection to test a new way of inspecting to provide assurance that better performing services continue to deliver a very good level of care and support. No new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing and planned care/support.

We confirmed that the service continued to provide a very good level of care and support. We know this because on this inspection we:

- spoke with four people using the service;
- spoke with four members of staff and management;
- observed practice and daily life;
- reviewed documents.

We had also received very positive survey results from seven supported people, four staff members and one external health professional.

Key messages

Legal Assurances

We found the service was operating legally and in line with their conditions of registration, including having current and appropriate insurance in place. A range of policies and procedures that promoted good outcomes for people were implemented and adhered to. This meant that people were safe and protected from harm and could have confidence in the organisation providing their care and support.

Wellbeing assurances

Staff and management that we spoke to had a good working understanding of adult support and protection and how to raise concerns immediately and effectively. We could see that concerns were acted upon very quickly and resolved in ways that supported the best outcomes for people. The service had robust induction and shadowing processes for new staff which included protection training. Staff had also attended further training from their local HSCP (Health and Social Care Partnership) which enhanced their knowledge.

The service had an online system for people's care plans and recording of visits. The daily logs that were made routinely recorded people's physical and mental wellbeing, often capturing ongoing feedback from people. The service did not provide support with medication or finances but any risks regarding personal care and bathing had been assessed and people told us that dignity and respect was always considered and maintained.

IPC (Infection Prevention and Control) had been covered by a relevant policy and the service had an identified IPC champion. Staff had all completed training in IPC, use of PPE (Personal Protective Equipment) and hand hygiene. Competency observations for each staff member took place twice per year and supported people were routinely asked for feedback regarding this topic. The service had received 25 responses within their own quality monitoring that showed people agreed that IPC standards were adhered to by staff.

Care plans identified people's next of kin and noted who was important to them. We could see that identified contacts were kept up-to-date and staff knew who the relevant people were. The service had built up positive relationships with people and their families and made appropriate contact with them when needed. The service also routinely signposted people to other relevant services that would be of benefit or of interest to them.

Leadership assurances

The service continued to seek feedback from people at every opportunity. This included people's comments in daily recordings, yearly surveys, quarterly quality monitoring and during staff competency observations. One person told us that they got a phone call every month and that they 'fill the forms every three months. I don't mind doing it if it helps them'. People told us that they felt very well informed and involved.

The service was very responsive to feedback and had an improvement plan in place which identified themes and actions. We saw how the management team had used this plan effectively to meet the two areas for improvement from our previous inspection. This plan was regularly updated and targets met which evidenced that continuous improvement took place.

Staffing assurances

There were effective oversights in place that tracked staff training, team meetings, supervision, qualifications and professional registration. We sampled recruitment files and spoke with the manager to confirm their knowledge of safe staffing. There had been no missed visits and no use of agency staff.

Staff told us they felt well supported and they had high confidence levels in the management team. Staff also told us that their induction was effective and one supported person told us 'they always introduce new staff'. All supported people we spoke to knew which staff member would be visiting them. The small and consistent staff team meant that positive and trusting relationships had been built.

Planned care / support assurances

The care plans that we sampled were sufficiently detailed and contained information on people's routines and preferences. There was also reference to people's interests and hobbies which helped to build an understanding with staff. The online platform in use clearly showed that plans and risk assessments had been reviewed and updated regularly.

Review meetings with people and/or their representatives routinely took place and informed the service if any changes should be made to planned visits. However, people we spoke to confirmed that the service were always flexible and responsive and wouldn't wait for a formal review to request changes.

People told us:

'they do what feels right for the customer, wouldn't change a thing'

'they're bang on the button and help you any way they can'

'to be honest, they're second to none.'

A service level agreement had recently been introduced by the local authority which gave additional quality assurance and monitoring for people receiving support.

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

Policies should include dates of when written and when due for review. Policies should reflect current legislation and best practice guidelines. Policies should be clear and easy for staff to follow.

This area for improvement was made on 20 October 2023.

Action taken since then

The service had included dates on policies and each had a table to show when reviews had taken place. The policies we sampled were all current and had appropriate content. The policies were clear and easy to follow.

This area for improvement has been met.

Previous area for improvement 2

Any risk assessments should be reviewed at a minimum of six-monthly intervals, or before if circumstances change. This should include checking their content, relevance and reflect any changes required to best support the staff team with effective and safe work practices when supporting people.

This area for improvement was made on 20 October 2023.

Action taken since then

The service had introduced and embedded the practice of reviewing risk assessments at six-monthly intervals. The service had a general risk assessment which had been reviewed within this timescale. People's specific risk assessments had also been reviewed and had contained clear recording methods for dates.

This area for improvement has 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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