

Blanefield Care Home Care Home Service

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Blanefield
Glasgow
G63 9AL

Telephone: 01360 771 011

Type of inspection:
Unannounced

Completed on:
18 December 2024

Service provided by:
Blanefield Care Limited

Service provider number:
SP2011011677

Service no:
CS2011300477

About the service

Blanefield 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 31 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 ensuite 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, kitchen, domestic and laundry staff, maintenance staff, a driver, and administrative staff.

The home registered with the Care Inspectorate on 1 November 2011.

About the inspection

This was a follow up inspection which took place on 18 December 2024. The inspection was carried out by two inspectors.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations we:

- met with the owner of the home, the registered manager, and senior support staff
- checked medication administration records and other health recordings
- checked assessment information and care plans
- looked at quality assurance activities
- checked training records and induction procedures for new staff.

This inspection was carried out specifically to follow up on the five requirements made in the inspection report dated 24 September 2024. These related to health and medication recordings, care planning, quality assurance, staff induction and staff training.

Key messages

- Leaders and staff had responded well to the five requirements we made following our inspection in September 2024.
- Medication administration records and health recordings had improved.
- The quality of initial assessments and care plans had improved.
- Quality assurance in the home had improved.
- Induction processes had improved.
- Staff training had improved.

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

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

When we inspected Blanefield Care Home in September 2024, we made requirements around medication and care planning.

Procedures around some health recordings and the storage of topical medications needed to improve. Some other health charts were poorly completed, meaning health staff did not always have the right information to inform their judgements. There was not enough information in care plans. This placed people at risk of harm because staff did not have the information to ensure people received the right care and support.

During this inspection, we found leaders and staff had made significant improvements in these areas.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 1 - How well do we support people's wellbeing?

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for more information.

How good is our leadership?

4 - Good

When we inspected Blanefield Care Home in September 2024, we made a requirement around quality assurance.

Leaders in the home were not carrying out observations of staff practice in key areas. This included medication administration, moving and assisting, and staff interaction and engagement with people. 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, which placed people at risk of harm.

During this inspection, we found leaders and staff had made significant improvements in these areas.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 2 - How good is our leadership?

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for more information.

How good is our staff team?

4 - Good

When we inspected Blanefield Care Home in September 2024, we made requirements about the induction of new staff and staff training.

The safe induction of new staff into the home needed to improve. 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.

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. 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.

During this inspection, we found leaders and staff had made significant improvements in these areas.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 3 - How good is our staff team?

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for more information.

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

Requirements

Requirement 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, at 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; and
- 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 (HSCS) which state that:

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

This requirement was made on 8 October 2024.

Action taken on previous requirement

Leaders and staff had responded well to this requirement.

Topical medications were being audited. Processes were in place to ensure prescribed guidance matched in-house administration guidance. Leaders had worked with their local pharmacy to achieve this. Administration records had significantly improved. The quality of health records and charts specific to people's needs had also improved. Quality assurance was being used to ensure standards were maintained.

Taken together, these measures had reduced risk within the home and supported improved health outcomes for people.

Met - within timescales

Requirement 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, at 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; and
- 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 (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 requirement was made on 8 October 2024.

Action taken on previous requirement

Leaders and staff had responded well to this requirement.

The home manager had introduced clearer procedures for safely admitting people in an emergency situation. This meant key health information was available to staff prior to the person arriving in the home. Documents we sampled had enough information to guide staff on people's support requirements. An appropriate care plan template was in place for people staying in the home in an emergency. The quality of care plans had improved. Those we checked were up-to-date. Plans were in place to ensure they would be reviewed on a regular basis.

Taken together, these measures had reduced risk within the home and supported improved health outcomes for people.

Met - within timescales

Requirement 3

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; and
- 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).

This requirement was made on 8 October 2024.

Action taken on previous requirement

Leaders in the home had responded well to this requirement.

Quality assurance was being used more effectively to drive improvement. The home manager, depute and senior staff were carrying out regular quality assurance activities. These included observations of staff practice, medication audits, home walk rounds, one-to-ones with staff, and ensuring staff completed training within required timescales. Records were clear and showed areas where improvements were required, and who was responsible for making the improvement.

Taken together, these measures had reduced risk within the home and supported improved health outcomes for people.

We gave feedback to leaders that quality assurance could be developed further by having clearer guidance on key quality assurance roles and responsibilities, frequency, and how it contributes to an overall service improvement plan. We will check progress at our next inspection.

Met - within timescales

Requirement 4

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, at 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; and
- 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 (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 8 October 2024.

Action taken on previous requirement

Leaders in the home had responded well to this requirement.

The induction of new staff had improved. Procedures had been enhanced to ensure the induction period covered all necessary training and more opportunities to shadow existing staff. Processes were in place to ensure staff were not carrying out activities until they had completed the necessary training and they had been deemed competent in that area. New staff were allocated a line management mentor along with a 'buddy' colleague.

A new induction workbook for staff had been introduced. It covered wide ranging areas of competency with timescales for staff to achieve. There had been limited opportunity for new staff to complete this in the period since our last inspection. We will check how it is being used in practice at our next inspection of the service.

Taken together, these measures had reduced risk within the home and supported improved health outcomes for people.

Met - within timescales

Requirement 5

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, at 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; and
- 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 (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 8 October 2024.

Action taken on previous requirement

Leaders and staff had responded well to this requirement.

An analysis of training needs was carried out following our last inspection. A programme with set timescales was introduced to ensure staff completed core training relevant to their role. We checked training records during our follow-up inspection. They indicated that training levels had significantly improved, and core training in key areas was now at an acceptable level.

The provider had sourced appropriate moving and assisting training. Some staff had completed an advanced "train the trainer" course, which allowed them to train staff in moving and assisting. Most staff had completed this training.

Quality assurance was being used to ensure training levels were maintained.

Taken together, these measures had reduced risk within the home and supported improved health outcomes for people.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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

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