

Bonchester Bridge Care Centre Care Home Service

Bonchester Bridge
Hawick
TD9 8JQ

Telephone: 01450 860 241

Type of inspection:
Unannounced

Completed on:
19 June 2025

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2003015517

About the service

Bonchester Bridge Care Centre is part of the St. Philips Care Group. The care home accommodates up to 24 older people in a large, converted country house. It is situated in a country setting on the edge of the small village of Bonchester Bridge, approximately seven miles from the local Borders towns of Hawick and Jedburgh.

The service is set out across three different levels within the main building of the care service. The lounge areas and dining areas are all situated on the ground floor providing lots of natural light where some activities also take place.

At the time of inspection 22 people were residing in the home.

About the inspection

This was an unannounced inspection of the service which took place between 11 and 16 June 2025. 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- People's health and wellbeing needs were being met.
- Regular staffing arrangements meant people were cared for by staff who knew them well.
- Staff worked well together and were supported by a competent leadership team.
- People experienced improved outcomes due to good quality assurance processes.
- Personal plans were well written, person centred and gave a good insight into the persons care.

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
How good is our setting?	4 - Good
How well is our care and support planned?	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

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a nice, relaxed and homely feel. Staff knew people well and all enjoyed friendly interactions. People told us, 'The staff are lovely, very kind and attentive', and 'the staff are wonderful, they always have a smile on their face and a spring in their step'. This meant that people were reassured that they were being looked after in a caring environment.

The manager and staff actively promoted meaningful contact between people and their families/friends. The staff team knew the importance of contact and supported this. One person told us 'My son visits regularly; he can come at any time.' People were able to come and go from the home, as their abilities permitted, going outside to use local community facilities. People were enabled to use digital technology to maintain contact with friends and family who weren't able to visit the home. The Provider offered access and support to use electronic devices to facilitate these contacts.

There was a varied menu on offer and staff were knowledgeable about people's needs and preferences. We were told, 'The food's really nice' and 'The food's good, there is plenty of choice'. It was positive that staff sat and supported people to eat their meals together. This provided people with natural prompts to encourage them to eat and drink and made for an inclusive atmosphere. We discussed with the manager, staff being aware of not becoming task focused towards the end of the meal this would ensure a consistent pleasant, social dining experience. The provider should consider reinstating the host role, this would support the dining experience ensuring that where care staff needed to provide personal care during lunch time, the lack of available staff would not detract from people's overall experience.

An activity schedule was in place, giving a variety of in-house activities. Activities took place in different areas of the home meaning that residents were not just confined to their own space, they could move around freely and use all the facilities on offer. This meant that people could choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities daily.

The activities coordinator had worked hard to ensure regular entertainers visited the home to perform for people. We saw that visiting relatives were also invited to attend these events. The service had made links with local community services such as nurseries and the local church. We encouraged the home to continue to build on the good practice displayed in this area.

People's health benefitted from good engagement with other health services. Feedback from other health professionals told us staff were quick to act on health-related issues and were responsive to any advice given. The manager and staff team held regular clinical meetings supporting good communication and oversight in relation to individual health concerns. This approach helped people keep well and ensured their health needs were being met.

Care plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. The information held within plans had been monitored regularly and we saw that appropriate referrals had been made to other health professionals if required and that their advice and guidance was reflected in relevant care plans.

Throughout the home there were PPE and hand hygiene stations clearly marked and readily available. Staff were seen to be wearing PPE appropriately; they were able to readily access PPE and identify what was required and when. This appears to be embedded and sustainable in practice. People experiencing care were seen to be supported in hand hygiene and were noted to use appropriate hand rub independently. Staff carried out housekeeping and cleaning duties in line with the Care Home Infection Prevention and Control Manual. This ensured measures were taken to prevent infection and minimise cross infection in different areas of the home.

How good is our leadership?

4 - Good

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Management had a good overview of the home. Staff told us the manager and management team had an open-door policy, where any aspect of care, support or development could be discussed and was listened to. The manager and senior staff modelled the practice they expected, and this led to good outcomes for the people living in the home.

The manager knew the care and support needs of people and was able to direct care in a supportive and professional manner. A settled staff team supported each other well through clear channels of communication. This ensured any changes to care were consistently achieved. Regular team meetings offered an opportunity for staff to share and contribute to the development of the service.

There were a range of audit tools used to inform the manager and senior management about how well the service was performing. A home improvement plan was in place which was supported by action plans to drive continuous improvement. Management meetings were in place to ensure all aspects of the service had an overview by the manager. The manager also held daily meetings with representatives from all departments in attendance to have an overview of actions for that day.

Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care Inspectorate. The manager ensured, where needed, that any identified risk led to changes in planned care.

There were regular residents' and relatives' meetings, where people could raise any issues, ask questions or discuss any suggested improvements. Standing items such as activities and meals were also discussed.

Since our last inspection the manager had worked hard to embed confidence in the leadership of the home. People told us: 'The manager is supportive, you can ask anything, and communication is improving, which is good, the care can't be faulted.' 'Managers are visible each time I'm in to visit, they are welcoming and friendly'.

How good is our staff team?

4 - Good

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were in line with best practice guidelines, were documented clearly with relevant checks being undertaken.

Staff were working hard and were enthusiastic about their work. They were clear about their roles and what was expected of them and demonstrated a good knowledge of people's care and support needs. Staff worked well together as a team and were visible within the home. People told us, 'Staff are very eager to help and are supporting me well' and 'I feel confident speaking to staff and seniors if needed'. People had confidence in the team who supported them with their care.

People experiencing care had the opportunity to meet any new staff being introduced. This meant that staff had time to get to know people and learn what was important to them. Staff confirmed that they felt they had a good induction with regular ongoing support from the management team.

Staff completed a range of online and face to face training courses relevant to people's needs. The leadership team had clear oversight of staff knowledge and skills; this insight was used to support the effective deployment of staff to best meet people's needs.

We saw that supervision records were completed for staff; staff told us they could speak with a manager at any time and attended regular handover meetings. We found formal staff meetings, competency checks, and staff supervision took place consistently. This meant there was opportunity for staff to share and discuss information about the service and for managers to evaluate staff's competency or learning and development needs.

How good is our setting?

4 - Good

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

People in the home had ensuite toilet and wash hand basin facilities within their bedrooms, which contained items personal to them. There were shared toilets and bath/shower rooms on each floor. All ensuite and communal shower rooms had been renovated to a high standard.

There was shared lounge and dining room facilities on the ground floor which could be used by residents should they wish to do so.

The home had a relaxed atmosphere and reflected the ages of the people living there. The residents had the choice of what they wanted in their rooms re entertainment, radios, televisions etc.

The garden areas to the side of the building offered a tranquil space for people to use and easily access.

The home was well maintained with a range of checks weekly, monthly and annually and records were signed and dated when completed.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

The service had worked hard to improve the quality of care and support plans since our last inspection. Personal plans sampled contained comprehensive information. Guidance was available for staff to follow to ensure people's needs were being met.

Daily recording of care given had improved since our last inspection, we asked the manager to continue reviewing the consistency of recorded information, to ensure an accurate reflection of the care delivered. People's preferences for how care should be delivered were clearly noted in plans. Where risks were identified, assessments had been carried out to ensure risks were reduced. This helped people remain as independent as possible whilst ensuring they remained safe. We made a previous area for improvement in relation to daily care recording, this area for improvement has been met.

People had access to external professional support such as GPs, opticians, and district nurses when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional support. We found guidance from other professional staff was recorded well within plans sampled.

It is important people, and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. Anticipatory care plans were in place, including do not attempt cardiopulmonary resuscitation (DNACPR) certificates. These helped to direct the care and support for people at the end of life.

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 ensure people's needs are fully met as agreed in their personal plan, the provider must ensure:

- All documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.
- Staff practice fully reflects the care as written in the personal plan
- ensure regular reviews of care and support are carried out with all significant people, particularly those who have third party legal responsibilities invited to participate. Reviews of care should be formally recorded detailing discussions held, and any arising actions identified.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 1.19) 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 15 January 2025.

Action taken since then

The manager had introduced a monitoring tool to support effective completion of daily records. We observed that staff practice reflected the care as written in the care plan. Reviews of care had been carried out with significant people invited to attend, records of reviews undertaken had been recorded well with identified actions detailed.

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.

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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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