

Boclair Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 September 2023

Service provided by:
Boclair Care Limited

Service provider number:
SP2022000156

Service no:
CS2022000224

About the service

Boclair Care Home provides a 24 hour, 7 day a week service and is part of the Care Concern Group. The staff team is made up of registered nurses, team leaders, senior care assistants, care workers, activity staff and a team of ancillary workers. The overall purpose of Boclair Care Home is to provide luxurious flexible, person centred care and support for older people, that enables them to maximise their quality of life, maintain good health outcomes, promote social inclusion, and enhance independence. The service is based in Bearsden in the East Dunbartonshire local authority area. At the time of inspection there were 40 people living at the care home. The home has an upper floor which does not yet have any residents living in it.

The service has been registered with the Care Inspectorate since August 2022 and this was their first inspection.

About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 September 2023. The inspection was carried out by 2 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information and information submitted by the service.

In making our evaluations of the service we:

- Spoke with 11 people using the service and 6 of their family representatives
- Spoke with 11 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with 3 visiting professionals

Key messages

- People at the service were well supported and treated with dignity and respect.
- The service was effective at supporting people to engage in activities and get the most out of life. Care plans could involve more detail about people's interests and life histories.
- There was evidence of very good clinical practice and ongoing recording of health charts. Although most health and wellbeing needs were being met, there were a couple of areas that the service could improve upon.
- The service had quality assurance processes and had identified key areas for improvement. However, these documents were not consistently recorded and progress not always noted.
- Staff were well trained and were supported by management enabling them to work to a high standard. Practice was observed and reflected on, including challenging poor practice. Some staff training on care planning would help staff to fully understand the purpose of care plans and the mechanisms of the recording system in use.
- The setting was of a very high standard and people and their families had access to well-appointed resources.
- Care planning was effective in terms of outcomes. People and their relatives were included and consulted in the care planning process. Important changes should be highlighted within the care plans.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We witnessed warm and compassionate interactions between staff and people living at the service. Staff in varying roles across the service knew people well and were very supportive in terms of promoting choice and independence. People were able to choose when to get up, when and what to have for meals and how to spend their day. We met several people who had keys to their rooms, and all had freedom to access several outdoor areas in a safe way.

People were able to stay in their rooms if they wished, or were able to join others in comfortable and well equipped communal areas. Rooms were personalised and clean and we met people who were well presented with their personal hygiene maintained to a high standard. People's life histories were known, acknowledged and celebrated. Management strongly promoted a positive ethos and were quick to challenge things that did not meet the required standard. People living at the home had been involved in recent recruitment for new staff. This meant we could see that people were treated with compassion, dignity and respect.

People told us:

'a hundred percent, no complaints'

'yes, I'm happy here'

'staff take care of me very well'

Relatives told us:

'the environment is like a five star hotel'

'there are regular staff and they keep us well informed'

'they do a lot here and they're really good with everyone'

There was a lively buzz to the main areas and the atmosphere promoted socialising and interaction. Visitors were frequent and welcomed by the service. There was a private dining area available to people and their families to spend quality time in. We were also made aware that people were enabled to make visits to relatives or had the option of having relatives stay with them at the home. Two activities staff had been recently appointed and were offering activities and trips. We heard about days out, fishing trips and in-house activities like gardening, arts and crafts and keeping active. The activities staff member we spoke to was knowledgeable about people, but we suggested the service should increase details in care plans for people in terms of activities, hobbies and life history. This could enable care staff to further engage meaningfully with people and their interests even when no timetabled activities were taking place. The service had already identified this as an area they could improve upon. Some people had been given the opportunity to showcase their talents and celebrate their achievements by reciting poetry, presenting their crafts or giving talks on their area of expertise. This meant that we were assured of people getting the most out of life.

Health recordings were regular and monitored to support good outcomes for people. We saw evidence of very good practice in terms of wound care. We met one person who had come to the home with an extensive wound and likelihood of amputation.

The high standard of clinical care meant that the limb was saved and their quality of life much improved. The service were proactive in their approach to falls and gave consideration to equipment and technology whilst promoting least restrictive practice. Regular recordings were made in terms of weights, nutrition and skin integrity. We consulted with external health professionals who told us the service were very professional and had very robust palliative care plans in place. However, we were told that there had been a couple of instances that led to a delay in the administration of painkilling medication (**see area for improvement 1**). The service had already begun to explore solutions to this issue. Although there were not a lot of incidents, we also heard that staff could be more confident in dealing with the stress and distress of people (**see area for improvement 2**).

Overall, we could see that people's health and wellbeing benefitted from their care and support.

Areas for improvement

1.

The service should clarify, and ensure staff adhere to, procedures for administration of medication when a second staff member is required as a witness. This is to ensure that people receive medication at a time that is right for them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'my care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14)

2. The service should use training and supervision to check that staff are confident in dealing with stress and distress for people.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any vulnerability and frailty' (HSCS 3.18)

How good is our leadership?

4 - Good

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

We viewed records of audits, meetings and the service improvement plan. Records were kept of complaints received by the service, but there had not been many of these. People's feedback was sought on activities, food and about other aspects of daily living. This was done at meetings for residents and relatives, or by the chef asking people about their thoughts on the food provided. Questionnaires were sent out by the service and the majority of the responses had been very positive. Although the service did have many types of audits and quality assurance documents, these were not always consistently recorded and sometimes lacked action plans. Progress that had been made was not always easy to track. The service would benefit from streamlining the amount of documents currently required by their wider organisation, or by providing the manager with more support to complete the paperwork already in place (**see area for improvement 1**).

The service were making the appropriate notifications to us regarding notifiable events, like accidents and incidents. There were not many incidents but we could see that the service thoroughly investigated any concerns and took the appropriate action afterwards.

We could see that a key worker system was in place and that people had named staff. We suggested that the key working role was not yet fully established as people were not aware of who their key worker was and what the role involved. The service were able to tell us that more training was required to improve knowledge of the online system that was being used. We were given assurances that this was due to take place. We could see that quality and assurance was led well but required attention in terms of recording actions, outcomes and progress.

Areas for improvement

1. The service should complete their quality assurance documents by further utilising action plans and recording progress. The service should consider streamlining the amount of documentation in place or by having additional availability of staff to support with the tasks.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was able to evidence very good levels of training statistics for the staff team. There was an induction process in place for new staff which was robust. Staff we spoke to were happy and felt supported by the management team. We observed staff practice that was very good, and management were quick to pick up on any practice that required improvement. The service had completed staff competencies in key areas. We could see that these had included values, like dignity and respect, as well as health related themes, like oral health and IPC (Infection Prevention and Control). We could see that team meetings had been taking place and supervision sessions for staff were in place to support their learning and development.

People, relatives and other workers were able to nominate a staff member of the month based on different values, like kind, trusted and respectful. Staff were also supported to gain qualifications and reflect on their own progress during supervision sessions. We heard very positive feedback about the manager and the deputy from the staff team and from external professionals. The deputy was about to undertake a study on the use of syringe-drivers in palliative care. We observed staff practice and saw that people were receiving appropriate levels of support. We were able to see that the staff team were effective in terms of supporting good outcomes for people but would benefit from further training on care planning and the online system in use.

Areas for improvement

1. The service should ensure that staff have completed care plan training in terms of the purpose of care plans, and using the online system that is in place.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on and follow their professional and organisational codes' (HSCS 3.14)

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home had been open for just over a year at time of inspection and had been purpose built. The facilities had a high standard of decoration throughout and there was an elegant feel to the details and fixtures. Each unit had their own easily accessible, but secure, outdoor area. Alternatively, there was access to a large communal outside space which was well utilised for activities and to facilitate family visits. There were covered areas outdoors that could still be accessed in poorer weather, and gardens were well stocked with activities equipment like outdoor games and gardening spaces. People had freedom of movement between the units, lounges and other spaces whilst access was restricted to riskier places like the kitchen and laundry areas. There was a sense of community to shared areas and people and visitors had freedom to access coffee, chilled drinks and home baking. Relatives told us how much they enjoyed the facilities, and we met families who brought in their dogs to visit people living there. There was a sensory room and a cinema room. These were upstairs and they did not yet appear to be used to their full potential. The cinema room did feel more like an additional lounge and could have benefitted from some further input. We did also ask the service to consider putting people's photographs on their bedroom doors to aid navigation around the home in an independent way.

The attention to detail was very good, and areas like assisted bathrooms that could have felt clinical were decorated to a high standard. We heard of further improvements that were planned. The call system could be noisy and the service had arranged to have this changed to a less obtrusive alert on staff hand held devices. We heard that the current noise of the call system was causing some distress to a resident and the service had been very responsive to changing this. People had food passports and details were known by care staff and kitchen staff about specific dietary requirements. Choices and alternatives were offered and food was of a high standard. The dining experiences we observed were positive, tailored and the support was at appropriate levels.

Maintenance and cleaning were regular throughout the home and health and safety checks routinely took place. Records were kept of IPC (Infection Prevention and Control) and checks were being completed by senior staff. We were assured that the facilities were of a high quality.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff seemed to know people well and were aware of details in their care plans. The service were using an online care plan system and we were able to see up to date records relating to people's care and support. We could see that strategies were noted in terms of supporting people with stress and distress. Risk assessments were in place to keep people safe and clinical risk meetings were scheduled and recorded. Levels of dependency were checked monthly and staffing was at a level to match these figures. We could see that the service had also given consideration to the staff skill mix on each shift.

The service made use of external professionals and referrals were made in order to support people with their health needs. We did suggest that some updates were not as clear as they could have been. This could have resulted in some important information being overlooked. We could see that people and their families/ representatives were consulted in terms of care and support provided by the service. The service was very good at supporting people's wishes in terms of palliative and end of life care. We could see that assessments and evaluations were taking place whilst taking people's outcomes and wishes into account.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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