



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	7
Title	Bonnyton House Care Home Inspection Report
<p>Summary</p> <p>This paper provides an overview of the report from our recent Care Inspectorate inspection at Bonnyton House which was published on 27th October 2023.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

22 November 2023

Report by Chief Officer

Bonnyton House Care Home Inspection Report

PURPOSE OF REPORT

1. To provide Performance and Audit Committee members with an overview of the findings from our recent inspection at Bonnyton House which was undertaken by the Care Inspectorate in September 2023, and their report published on 27th October 2023.

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the report.

BACKGROUND

3. The Care Inspectorate is the scrutiny body which supports improvement and ensures the quality of care in Scotland meets high standards. In evaluating quality, they use a six point scale where 1 is unsatisfactory and 6 is excellent.
4. The Care Inspectorate undertook an unannounced inspection of Bonnyton House over 21st and 22nd September 2023. Their findings were published on 27th October 2023.
5. In preparation for the inspection the Care Inspectorate reviewed information about the service, including previous inspection findings, registration information, information submitted by the service and intelligence gathered since their last inspection which took place in June 2022.

REPORT

6. During the inspection, Inspectors spoke with 8 residents, 4 family members or friends and 7 members of staff.
7. Key messages from the inspection were that:-
 - The care home was clean, comfortable and homely.
 - People were well cared for with their health and wellbeing needs met.
 - The staff team were dedicated and knowledgeable about people being cared for.
 - Some outstanding areas of refurbishment need to be completed.

8. The inspection focused on two areas and awarded grades of 4 (good) in their evaluation of the following areas:
- How well do we support people's wellbeing
 - How good is our leadership
9. We were pleased to hear that the Care Inspectorate found residents to be well cared for and treated with kindness, compassion and dignity. Comments from residents included:-
"It is very comfortable and very, very good. It couldn't be any better",
"Its lovely here, it's so clean and comfortable"
10. Staff communication and good team working was also praised and it was noted that feedback from visiting professionals, staff and families indicated that management were very approachable and supportive.
11. The Care Inspectorate noted that there was no activity coordinator however acknowledged that the staff team worked well keeping people engaged throughout the day with meaningful activities. The Activity Coordinator post is currently being recruited to.
12. Whilst there were no recommendations made, two areas for improvement were identified during the inspection and these are detailed in the table below along with our planned action.

Inspection Area	Areas for Improvement	Health and Social Care Standard	Action
How well do we support people's wellbeing?	In order to promote peoples dignity and privacy the provider should ensure that people visiting loved ones have access to facilities, including, but not limited to, visitors toilets.	'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).	Visitor toilets will be included as part of the extended refurbishment process No timeline at present for works to commence.
How good is our leadership?	To show accountability and inform service improvements the manager should set target dates and identify people responsible for improvements within the service improvement plan.	'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).	Service plan to be reviewed and target dates and responsible people/departments to be added. November 2023

13. The report also confirmed that the five areas for improvement made during the previous inspection had all been met.

14. The table below provides an overview of the previous inspections under the same framework for comparison.

	October 2023	July 2022	November 2019	November 2018
How well do we support people's wellbeing?	4 – Good	4 – Good	3 – Adequate	4 – Good
How good is our leadership?	4 – Good	4 - Good	3 – Adequate	3 – Adequate
How good is our staff team?	n/a	5 – Very Good	3 – Adequate	4 – Good
How good is our setting?	n/a	5 – Very Good	3 – Adequate	3 – Adequate
How well is our care and support planned?	n/a	4 – Good	3 – Adequate	3 – Adequate
Recommendations made	0	0	3	4
Areas for improvement identified	2	5	4	3

CONCLUSIONS

15. This most recent inspection demonstrates the continued focus on the provision of a high standard of care by a competent and well managed staff team.
16. The service is currently performing to a good standard and continues to develop ways to improve the service to promote good outcomes for residents.

RECOMMENDATIONS

17. Members of the Performance and Audit Committee are asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

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7 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Report: 21.09.2022 – Item 07. Bonnyton House Care Home Inspection Report
[https://www.eastrenfrewshire.gov.uk/media/8179/Performance-and-Audit-Committee-Item-07-21-September-2022/pdf/Performance and Audit Committee Item 07 - 21 September 2022.pdf?m=637987495045870000](https://www.eastrenfrewshire.gov.uk/media/8179/Performance-and-Audit-Committee-Item-07-21-September-2022/pdf/Performance%20and%20Audit%20Committee%20Item%2007%20-%2021%20September%202022.pdf?m=637987495045870000)

Bonnyton House - Busby Care Home Service

Bonnyton House
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Busby
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G76 8PU

Telephone: 01415 774 845

Type of inspection:
Unannounced

Completed on:
26 September 2023

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2003045155

About the service

Bonnyton House - Busby is situated in a quiet residential area of Busby and provides care and support for up to 34 older people, with physical and cognitive impairment, including, six places for respite and short-term rehabilitation. The service is provided by East Renfrewshire Council and is within close proximity to local amenities and transport links.

The home is purpose-built and has three units over two levels with a passenger lift providing access to the first floor. Each room has en suite facilities and personal shower. There is one large lounge and dining room to cover two of the units and a smaller lounge and dining room covering the other unit.

The ground floor provides unrestricted access into the enclosed patio area, with seated areas for people who live there to use, and another two small garden areas outside that people and their visitors can use.

At the time of this inspection, there were 23 people residing in Bonnyton.

About the inspection

This was an unannounced inspection which took place on 21 and 22 September 2023. 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 eight people using the service
- spoke with four of their family or friends
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The care home was clean, comfortable and homely.
- People were well cared for with their health and wellbeing needs met.
- The staff team were dedicated and knowledgeable about people being cared for.
- Some outstanding areas of refurbishment need to be completed.

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

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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed that people were treated with kindness, compassion, and dignity. Staff took time to make sure that people were happy and quickly addressed any needs for people in a warm and caring manner. We saw that staff were focused on achieving the best outcomes for people and that people experiencing care were listened to.

People were seen by us to be well presented and well cared for.

There was a stable staff team in place who knew people well and as such they were able to anticipate people's needs as well as detect changes in people's individual wellbeing and presentation.

Appropriate arrangements were in place to support individuals who were unable to express their choices and decisions, for example Power of Attorney (POA) or Guardianship. This meant that people had input from loved ones to the care they experienced.

Food was of good quality and we saw that for people who had a change of mind of their first choice then alternative options were provided. People were encouraged and supported with eating and drinking in a kind and dignified way, and there were staff in each dining room to provide support and assistance for those who needed it. Overall, the dining experience was a quiet, pleasant and relaxed event that provided a comfortable social experience for people.

There were snack fridges in each unit as well as prominent areas where people could freely access hydration and this meant that people could be comfortable with regards to dietary needs at any time of the day.

People's specific dietary needs were assessed using a recognised risk assessment tool. This helped ensure that individuals with specific requirements were given appropriate diets and fluids to suit their needs.

People living there told us they were happy to be there and that they enjoyed it. One person told us that they had been there for two years and "it is very comfortable and very very good. It couldn't be any better", whilst another told us "It's lovely here, it's so clean and comfortable", meaning that people experienced good wellbeing.

To meet people's medical needs, the service had a safe, well-managed medication system. For example, staff had received training and had clear guidance to support this task safely. There was good oversight of medication management, and we were confident that people's medication needs were being regularly reviewed and monitored.

We looked at a sample of care plans and found that the information they contained was person-centred and helped guide staff as to the care each person required, their individual preferences, likes and dislikes. This enabled staff to support people in keeping with their known wishes.

Risk assessments were generally up-to-date and there was a range of assessment tools and charts in place to monitor people's health to external professionals when required, examples of these were to the Community Mental Health Team (CMT), District Nurse, Physiotherapist, Dentist and Optician. This meant that people could feel confident that their care was being provided by the right people and professionals.

There was effective communication between staff, and information was handed over well. The visiting health professional we spoke with told us that communication with staff was good and that she was able to get the required information from staff before attending to an individual. She was satisfied that staff were competent and able to carry out treatment plans, and that they would pass on relevant information to relatives.

We spoke to family members and friends and they all felt that their loved ones received the best care possible. One family member told us that "the personal care here is marvellous".

We were told by families that communication was good between the staff team, managers and themselves. Families and friends told us that they felt things could change for the better if there were more areas available for visiting their loved ones. At the time of inspection visits were only taking place in people's private bedrooms. This meant that there were no private toilet facilities available for people. Visitors felt that as bedrooms/bathrooms were used for personal care they were not always comfortable in having no other facilities available. We spoke with the manager about toilet facilities and she told us that visitors toilets were part of the extended refurbishment process that had still not been completed, though it was ongoing. (See area for improvement 1).

We highlighted with the manager the lack of visiting areas and she was able to show us that this was being developed. We also discussed the use of the large dining area for visiting at times when it was not in use. Before the inspection was completed people being cared for had been consulted on the use of the dining room for visiting and had agreed to being able to use it with visitors outwith meal times. By doing this we saw that the service had a supportive and inclusive approach towards people, and that they were consulted on decisions within their own home.

There was no individual person in place to provide activities for people, however we did see that the staff team worked well at keeping people engaged throughout the day. Meaningful activity is important to people and known to benefit people's wellbeing and this was why staff continued to support people to become involved. We observed staff taking time to talk with people, and staff deployment took account of the need for staff presence in communal areas. This supported people's safety and supported conversation and interaction.

There was private transport available to allow outings for people twice a week. These varied from individual outings to small group outings, and could be to places of interest, the local community, lunch or shopping trips. This meant that people had opportunities to participate in recreational, social, learning and physical activities both indoors and outdoors.

We spoke with the manager about the possibility of having an individual staff member identified with responsibilities for meaningful activity and she told us that it had now been agreed that an activity coordinator would be appointed.

People living in the care home had good connections with the local community, including local churches, local nursery schools and older children.

People were kept safe in different areas in that there were push button keypads used to get between units. There was also a safety keypad where people had access to their bedrooms and toilet from the dining/ lounge area. This was a barrier in allowing freedom of movement. We discussed this with the manager and arrangements were made for it to be deactivated imminently.

We saw that throughout the care home there was Personal Protective Equipment (PPE) well placed and plentiful throughout all the units and that Infection Prevention and Control (IPC) was used well. This meant that people living there were at less risk of infection.

Areas for improvement

1. In order to promote people's dignity and privacy the provider should ensure that people visiting loved ones have access to facilities, including, but not limited to, visitors toilets.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?

4-Good

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

The service benefits from a range of quality assurance systems including, but not limited to, falls monitoring, care plan audits and medication audits, all of which are carried out at an appropriate frequency. It could be seen in these audits that where any issues arose further input took place from managers, and audit results improved. The management team were responsive to feedback and this meant there was an ongoing process of continual improvement within the service that impacted positively on people experiencing care.

The manager kept good oversight of staff training, supervisions and registration with professional bodies. We saw that supervision was being carried out in line with the provider's policy and we saw evidence that staff were being encouraged to keep up-to-date with their training. There was mandatory training in place for any new staff as well as training that had to be updated and refreshed on an annual basis. Completion of training by all staff was regularly monitored by the manager and the team leader. We were satisfied that the service's quality assurance processes were effective in having a positive impact on outcomes for people.

The service development plan was of a good standard and was partly informed by feedback from relatives and people experiencing care. It identified areas covering what the service does well and what it would want to do better. We discussed this with the manager and advised that a target date should be set for achievement with an identified person being responsible. (See area for improvement 1).

Feedback from visiting professionals, staff and families indicated that management were very approachable and supportive, and we heard that there was good team working. There was a positive culture and ethos of improvement and development. This was led by the management team, but staff at all levels were able to describe and demonstrate it. We saw a respectful and supportive team who shared the aims and values of the service. This meant that people experiencing care were supported by a dedicated and positive workforce.

Areas for improvement

1. To show accountability and inform service improvements the manager should set target dates and identify people responsible for improvements within 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).

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 that people fully enjoy their mealtime experience, the manager should minimise the number of extraneous staff in the dining area at mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSC 1.35)

This area for improvement was made on 17 August 2022.

Action taken since then

The number of staff in the dining room at mealtimes has now been reduced. Medication had previously been administered in the dining room, and this meant that extra staff had to be in and around the dining area. A discussion took place to with managers and staff to see how they could meet the area for improvement and it was decided to change the process. The new process is now that people receive their medication in their own rooms, or in another place of their choice.

This area for improvement has been met.

Previous area for improvement 2

To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.

This is to ensure that care and support is consistent with the Scottish government document "Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing." (2.18)

This area for improvement was made on 17 August 2022.

Action taken since then

The care home follows guidance provided by The Scottish Government on supporting meaningful connection for people living in care homes. There has now been a removal of restrictions within the care home and outings are no longer limited or restricted. There are options for outings in either the minibus, electric car or adapted car.

This area for improvement has been met.

Previous area for improvement 3

The management team should ensure that staff use PPE in accordance with current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.

This is to ensure that 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 4.11).

This area for improvement was made on 17 August 2022.

Action taken since then

We could see that the team leader within the service carries out regular audits on Personal Protective Equipment (PPE) use. They also provide regular training for staff regarding infection prevention and control, as well as how to use Personal Protective Equipment (PPE) appropriately. This includes how to put it on, how to take it off and how to dispose of it.

This area for improvement has been met.

Previous area for improvement 4

To inform improvements to the service, the service should:

- a) develop its quality assurance activity by encouraging feedback and participation from people who use the service and their relatives.
- b) record quality assurance actions in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan. This should include how people who gave their views were responded to.
- c) record the actions in the service plan in a way that demonstrates how they have improved outcomes for people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

This area for improvement was made on 17 August 2022.

Action taken since then

The service used feedback from people using the service and their relatives and friends to develop the service improvement plan.

These areas have been highlighted in the current service development plan.

The plan is clearly written and recorded showing any improvements that have been made.

A new and updated quality questionnaire has since been developed and will be used in future consultations, as well as a news letter being sent to people which will include results of their input and how it has improved outcomes for people.

This area for improvement has been met.

Previous area for improvement 5

To ensure that care plans are person centred the service should ensure that:

- a) When care is reviewed, the information should be updated clearly, agreed actions should be recorded, and the completion of the actions should be recorded in a way that is easy to track.
- b) When people have been offered support and have declined, this should be recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: (HSCS 1.15) and "Assessment and personal planning reflects people's outcomes and wishes (HSCS 5.1).

This area for improvement was made on 17 August 2022.

Action taken since then

Care plans were examined by us and we saw that they take place on a six monthly basis. They are then updated accordingly showing clear updates. Care plan reviews and other information are easy to access within each care plan.

We could also see that it was clearly recorded where people had been offered supports but had chosen to decline it.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - 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

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