

# Bridge View House Nursing Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

30 April 2019

**Service provided by:**

Tayside Care Limited

**Service provider number:**

SP2005007567

**Service no:**

CS2003010712

## About the service

Bridge View is a care home service for older people provided by Tayside Care Limited. The home provides 24 hour care for a maximum of 42 older people. Bridge View is located to the west of the city centre in Dundee. The home consists of the original two storey house and extensions. There are attractive views over the River Tay from the front of the house. The care home's aims and objectives state that it aims to "provide individual nursing care in a relaxed and homely environment, where privacy and dignity will be respected".

## What people told us

We asked the manager to distribute care standard questionnaires to both residents and their relatives where appropriate. We did not receive any returned questionnaires.

We did speak to fifteen residents and five visiting relatives. People were mostly positive about the care and support that they received.

"It's a kind place, people are very nice and treat you well".

"I like the food, it is very good".

"I'm settled here, it's not home, but is ok".

"I feel looked after".

"There's not enough to do".

Further comments are noted within this report.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
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?

**3 - Adequate**

We evaluated that people's wellbeing was supported adequately. An evaluation of adequate applies where there

are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should be treated with compassion, dignity and respect. Residents we spoke with told us that they generally had good relationships with staff and that they were offered appropriate levels of physical care and support to their needs. We observed staff to be kind and caring.

Residents' comments included:

"The staff are all very nice, oh yes, they do treat me with dignity and respect".

"Some staff are alright, they do show dignity and respect".

"The lassies are awfy good".

"Some staff are alright and treat me well, others just do not appear".

Whilst most people got on well with their staff team, some indicated that not all staff treated them as they would expect. This included that staff did not always communicate as well as possible with them. The management team agreed to monitor this and support staff where necessary to improve skills.

Staff should be reminded about the importance of maintaining confidentiality, we observed at times that resident care was discussed in public places. Consideration should also be given to discreet storage of continence aids to help maintain people's dignity.

### **See area for improvement one**

People should be able to have an active life and participate in a range of recreational, social and physical activities both outdoors and indoors.

At the time of inspection there was no activity co-ordinator, however, a new person had just been recruited for this role. Staff told us that they struggled to support activities, as basic personal care needed to be prioritised.

We did observe some table top activities such as dominoes and colouring in, one person also enjoyed folding napkins in preparation for meal times.

There was limited physical activities or opportunities to getting out and about in the local community. One person asked to go outside, however, was offered a biscuit instead.

Comments of residents included:

"There is no activities going on, I just walk about".

"Nothing much going on at all".

"There are not really any activities, I do not go out, I am happy with TV".

"There needs to be more entertainment".

"I can choose how I spend my time, I spend it in my room as there is nothing else to do".

"I used to go down to the lounge as there were exercises, but they stopped and have never started again".

### **See requirement one**

The service carried out a range of regular health screening to help monitor people's wellbeing.

We saw that where screening highlighted health issues that the relevant health professional was contacted.

People were supported by a range of health professionals including GP, dieticians and podiatry.

We would expect good practice to be followed in the storing and administering of medications. Mostly we found that medication had been administered as prescribed. However, some areas of medication management needed to be improved. This included:

- The medication cabinet and room door were unlocked on one occasion which could put residents at risk.
- One medication was being used after the expiry date.
- The homely remedy agreements had not been amended to each individuals needs. This could increase risk of errors.
- One person had a specific protocol for administration of a medicine. This differed from the care plan.
- Topical applications were not always signed as given at planned times.

## **See requirement two**

People who use the service should be able to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning.

Feedback about the quality of food was mainly good, however, some felt it was just adequate.

Comments included:

- "Good food".
- "There is a great choice of food".
- "Plenty to eat and drink".
- "I like the food, it is very good".
- "It's just ok, nothing special".
- "I'm on a special diet and don't enjoy the food".

We observed two mealtimes, carried out one SOFI observation and found that experiences for people could have been improved.

This included:

- One person became distressed about having dirty nails. No-one supported them.
- Whilst there was choices of drinks available, a person wanted coffee and was told they would have to drink their juice first.
- Staff sometimes served people without speaking with them.

The management team had carried out a mealtime experience audit recently. They agreed to address our findings.

## See area for improvement two

### Requirements

1. The provider must demonstrate by 30 June 2019 that there are suitable and sufficient meaningful activities for service users to engage in based on their personal choices and abilities.

**This is in order to ensure care and support is consistent with the Health and Social Care Standard which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and in order to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.**

2. The provider must ensure that safe systems are in place and followed for the administration of medications by 16 June 2019.

**This is in order to ensure care and support is consistent with the Health and Social Care Standard which state that 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24), and in order to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.**

### Areas for improvement

1. In order to ensure service users' privacy, dignity and confidentiality are maintained, the service should ensure that staff are aware of the importance of this in their day-to-day work and maintain appropriate standards.

**This is in order to ensure care and support is consistent with the Health and Social Care Standard which state that 'If I am supported and cared for in the community, this is done discreetly and with respect' (HSCS 1.5).**

2. In order to ensure good and pleasant mealtime experiences for service users, the service should ensure that mealtimes are well planned and supported by staff.

**This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34), and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).**

## How good is our leadership?

**3 - Adequate**

We evaluated that leadership in the home was adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Performance which is evaluated as adequate may be tolerable in particular circumstances, however, continued performance at adequate level is not acceptable. Improvement must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

People should be able to use a service and organisation that is well led and managed.

Staff we spoke with told us that the manager was fair and approachable. We heard that the manager spent time meeting with residents and their relatives and observing care provision. Whilst some residents knew the manager, others said they did not know her. We discussed this with the management team who agreed to address this.

We expect the management team to make appropriate notifications to and discuss with us situations under certain circumstances and found that this was not always happening. This includes when accidents occur and if the service is asked to support a person under 65.

## **See requirement one**

People should benefit from a culture of continuous improvement, with the organisation having transparent quality assurance processes.

It was pleasing to see that a range of quality audits had recently been implemented. These were in the early stages of implementation and it should be ensured that actions identified had been taken. This included a medication audit and a dining audit.

We found that some issues identified through the homes own processes had not been resolved. One audit had found that staff stood over residents rather than sit with them when assisting them with meals. We observed that this practice continued.

## **See area for improvement one**

Whilst most staff said they felt supported, there was limited evidence of planned and regular supervision. This is important to help to monitor their practice and guide staff in their role.

## **See area for improvement two**

The manager had developed an improvement plan for the service. It was clear that a lot of areas for improvement had been identified but not yet been progressed. Some action plans had long time scales on them for areas which could be addressed quickly. This included the provision of snack boxes in lounges to be completed by June.

Although this was comprehensive, it did not fully take into account the new Health and Social Care Standards (HSCS) which focuses on outcomes for people using services.

## **See area for improvement three**

## **Requirements**

1. In order to ensure the service is operating legally, the provider must submit a formal application requesting to vary their conditions of registration by 30 May 2019. This must include reasons for the service variation: age group(s) and category of people who use the service and thereafter consult the Care Inspectorate each time any person is considered for admission that falls outwith the scope of registration conditions.

This is in order to ensure care and support is consistent with the Health and Social Care Standard which state that 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any vulnerability or frailty' (HSCS 3.18). It is also necessary to comply with the Public Services Reform (Scotland) Act 2010 part 5 of the Social Care and Social Work Improvement Scotland Regulations 2011.

### Areas for improvement

1. The approach to quality assurance should be improved by establishing robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, used effectively to improve the service for service users. This should include ensuring that actions identified from audits are actioned.

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

2. To support and develop the staff team the provider should develop and implement a schedule of regular supportive supervision for staff. This should be provided by staff with the appropriate skills and training.

**This is to ensure care and support is consistent with the Health and Social Care Standards 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).**

3. The service should self evaluate the quality of the service against the Health and Social Care Standards in order to enhance their improvement plan and take into account improving outcomes and experiences for people.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that '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?

### 3 - Adequate

We evaluated staffing as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. People's needs should be met by the right number of staff and they should have time to support and care for people and to speak with them.

There had been a significant turnover of staff and this caused us some concern. The service had continued to recruit new staff and used agency staff to cover shortfall.

We could not be confident that people were being supported well by staff. This was because people told us that they often had to wait for a long time to receive support.

We observed that areas of the home were unsupervised for lengthy periods. We noted one person shouting for assistance for 15 minutes with no means of summoning help. There was no one nearby to hear them.

Staff told us that sometimes they could not provide requested support for people when they wanted it. For example some people were given a shower in the afternoon when quieter as there was no time in the morning. Staff also told us that they did not have time to spend socially with people, this backed up our observations.

We were also told that people were supported to get up for the day when staff were free rather than at their preferred time.

The management team need to review staffing levels and deployment of staff around the home to ensure that people receive support promptly when needed.

**See requirement one**

## Requirements

1. In order to ensure high quality care and support the provider must by 16 June 2019 ensure that appropriate staffing levels, skill mix and deployment of staff are maintained to ensure service users are well supported at all times. This must take into account the complexity of people's needs, the layout of the setting and be linked to quality assurance processes including people's views, outcomes and experiences.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My needs are met by the right number of people' (HSCS 3.15), and 'People have time to support and care for me and to speak with me' (HSCS 3.16), and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 / Regulation 4 (1)(a) (welfare of users).**

## How good is our setting?

### 3 - Adequate

We evaluated the setting as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should be able to use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

The home was well presented and had some good signage to help orientate people around the home. There was a range of different communal areas which people could use. This included three lounge areas and small corridor seating areas.

There was a variety of different type of bedrooms across the home. People could choose to bring personal items from home.

The garden areas could be further developed to support people living with dementia. The layout of the gardens limited people being able to access these independently.

The service should formally assess the environment using recognised tools to aid this.

**See area for improvement one**



Whilst we saw some evidence of people being supported to be independent, this was limited to areas such as supporting personal care and mobility. The service should strive to support people, where they wish to participate in household tasks and getting out and about in their community.

### Areas for improvement

1. The provider should review the gardens to enable service users to use these safely and independently.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1), and 'If I live in a care home I can use a private garden' (HSCS 5.23).**

### How well is our care and support planned?

4 - Good

We evaluated how well care and support was planned and concluded that there were important strengths and some areas for improvement.

People needing the support of a care home should be fully involved and assessing their care and support needs. A personal plan should be developed which sets out how their needs, wishes and choices will be met.

We saw that prior to admission a pre-admission assessment was carried out and on admission a personal plan was initiated. This was then built up over a period of a few weeks as the person settled into the home.

We were satisfied that most care plans gave a reasonable overview of how to support the person.

The manager had identified that some personal plans needed more detail, to be reviewed and updated. This was consistent with our findings.

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

#### Requirements

##### Requirement 1

In order to ensure the service is operating legally, the provider must submit a formal application requesting to vary their current conditions of registration by 27 February 2019. This must include reasons for the service variation; age group(s) and category of people who use the service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.18 which states: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for

any vulnerability or frailty. It is also necessary to comply with the Public Services Reform (Scotland) Act 2010 part 5 of the Social Care and Social Work Improvement Scotland Regulations 2011.

**This requirement was made on 3 October 2018.**

### Action taken on previous requirement

A retrospective variation application was made to the Care Inspectorate by the service. Whilst this requirement had been met at the time we found on-going issues and have made another requirement regarding a similar event.

**Met - within timescales**

## Requirement 2

In order to ensure that people who use the service receive high quality care and support, the provider must by 31 March 2019, deliver training that supports staff to recognise, act on and appropriately document signs of stress and distress in people who use the service. This includes behaviour displayed by people who use the service that may challenge the staff group.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states: 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. It is also necessary to comply with the Public Services Reform (Scotland) Act 2010 15 (b)(i) training appropriate to the work they are to perform of the Social Care and Social Work Improvement Scotland Regulations 2011

**This requirement was made on 3 October 2018.**

### Action taken on previous requirement

A training programme has been ongoing for staff to undertake training on dementia awareness including stress and distress.

**Met - outwith timescales**

## 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

The provider should ensure that where staff raise concerns about health and welfare of people who use the service, that this is appropriately documented and acted upon. Where the provider can give feedback on action taken, they should ensure this is complete. Where the provider is unable to give an outcome due to sensitive information, the staff group should be advised accordingly.

**This area for improvement was made on 3 October 2018.**

**Action taken since then**

We found no issues about raising concerns about the health and welfare of people who use the service.

**Previous area for improvement 2**

The manager should further develop robust systems to ensure that appropriate lines of communication are followed, in line with the provider's contractual agreement, when decisions are made when residents move on from the home.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life - 4.12 - I am given proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes. 4.13 - I have enough time and support to plan any move to a new service.

**This area for improvement was made on 14 August 2018.**

**Action taken since then**

No further concerns have been identified.

**Previous area for improvement 3**

The provider should improve the range of activities available and ensure that staff are skilled in the provision of activities.

This is to ensure care and support is consistent with the Health and Social Care Standard which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25)

**This area for improvement was made on 13 July 2018.**

**Action taken since then**

This area for improvement had not been met. There appeared to be less activity provision and satisfaction from residents than at the previous inspection. A requirement is now made.

**Previous area for improvement 4**

The provider should continue to improve record keeping skills in staff and monitor the quality of this.

This is to ensure care and support is consistent with the Health and Social Care Standard 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 area for improvement was made on 13 July 2018.**

**Action taken since then**

No concerns were identified at this inspection about the quality of record keeping.

**Previous area for improvement 5**

The provider should ensure that medication is managed well following good practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standard which state that 'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

This area for improvement was made on 13 July 2018.

## Action taken since then

We have identified further areas where medication management must be improved. A requirement is now made.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	4 - Good

<p>5.1 Assessment and care planning reflects people's planning needs and wishes</p>	<p>4 - Good</p>
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