

Balhousie Luncarty Care Home Care Home Service

Scarth Road
Luncarty
Perth
PH1 3HE

Telephone: 01738 828163

Type of inspection: Unannounced
Inspection completed on: 13 November 2017

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Care service number:
CS2010272017

About the service

Balhousie Luncarty Care Home is part of the Balhousie Care Group. The manager of the service is responsible for the daily operations of the service and the supervision of staff.

Accommodation is provided for 32 older people with places for eight service users within a specialist dementia unit.

The accommodation comprises of ten bedrooms on the ground floor, seven of which are within the dementia unit. Five bedrooms are situated on level one and the remaining bedrooms are located on the second floor. A passenger lift is installed and provides access to the upper floor and the basement.

The general unit has access to a large garden and the dementia unit has ramped access to a small enclosed garden.

This service has been registered with the Care Inspectorate since 1 April 2011.

What people told us

During and after the inspection we spoke with people who used the service and with the family of a service user.

Residents said that they liked their rooms and that they felt happy living in Balhousie Luncarty. They spoke positively about the staff and we could see that they had good relationships with staff supporting them.

Some people were less able to tell us what they thought about the service or the care they received. We spent time observing how these people interacted with staff and how they spent their time. We saw that people responded positively to support from staff and enjoyed chatting with them.

We also used the Short Observational Framework for Inspection (SOFI2) to directly observe the experiences and outcomes for three people who were unable to tell us their views. Again we saw some positive interaction between them and staff.

We identified that some staff would benefit from further guidance and support to make everyday interactions more meaningful.

Self assessment

We did not request a self-assessment this year. We discussed and considered the service's own development plan as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

During the inspection we sampled personal plans of people who used the service. We saw that the service had completed the transfer of personal information to a more suitable format, and that this gave comprehensive information to staff on how people would like to be supported, as well as details of family contacts and legal conditions such as Power of Attorney and Guardianships. Where there were issues relating to capacity, the service had also clarified areas where the service user could make decisions and where for example, relatives needed to be involved. This meant that relatives were more confident that the service would contact them when required.

Risk assessments such as Must (in relation to nutrition) and Pressure Ulcer Assessments were completed monthly, and where relevant, we could see that a support plan had been put in place. Falls risk assessments were completed and generally appeared to reflect up-to-date information, however the staff should be clear on how to make some of the calculations such as how many falls a resident had had in the preceding year. A requirement had been made relating to the management of falls and the risk of falls, and we felt that this had been met but remained an area for improvement. We looked at current fluid balance charts for all residents who required them and we noted that few were completed correctly. Some were not completed at all while others were only partially completed or completed incorrectly. This meant that staff could not reliably calculate how much food and fluid some residents had had. A requirement was made about this at the last inspection and this remains in place. **See requirement 1.**

At the last inspection we made some recommendations about care and support which we felt had been met. In some cases the service could still improve, for example, in recording whether residents had refused care, suitable posture care had been arranged and the recording of pain assessments. (See more detail in section on recommendations made at last inspection.)

Accident and incident forms were completed as appropriate, and where necessary additional action was taken, such as referral to occupational therapy. Appropriate notifications were also made to the Care Inspectorate.

The service had employed an activities co-ordinator who was able to describe how she organised activities on a regular basis, reflecting the interests of residents. This included a wide range of activities such as football memories chat, prize bingo, therapeutic indoor gardening and Spanish lessons. She was able to describe how she evaluated activities and amended them as necessary. She was also able to describe how she would like to see the range of activities develop and we would see this as a positive improvement. We could see that a plan was in place for the activities for that week.

Requirements

Number of requirements: 1

1. The service provider must satisfy themselves that staff who complete fluid balance charts do so consistently and accurately and evaluate the content of the charts and plan care accordingly.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - a requirement that providers shall make proper provision for the health and welfare of residents; and Regulation 15(b)(i) - staffing.

Timescale: to be consistently completed by 8 January 2018.

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

Quality of environment

Findings from the inspection

We saw that information was displayed on the noticeboards that were in place throughout the home. These provided a range of information and photographs information to residents and visitors on activities that were planned and other relevant information.

During the inspection we did not note any malodours and the home appeared to be generally clean. The service had an extensive plan in place to update the environment and we could see that this was beginning to be worked on. One loose cable which was a trip hazard was immediately fixed.

We carried out an infection control assessment as part of the inspection and the service was generally meeting all good practice points apart from issues relating to the laundry. This area did not meet good practice in relation to preventing infection, and we will make a requirement about this. We saw that clean laundry was next to dirty laundry, there were insufficient work spaces, piles of laundry were on the floor, some of which were in bags, and some laundry (woollens) were hung in the staff room to dry. The service should take action to minimise the risk of infection specifically in relation to laundry. **See requirement 1.**

Requirements

Number of requirements: 1

1. The provider must undertake a review of the infection control procedures to ensure that work practices reflect best practice guidance for the prevention of infection in the laundry.

The provider must ensure that staff are provided with the necessary guidance and equipment to allow them to safely undertake their responsibilities in the control of infection.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 210 / Regulation 4(1)(d)

Timescale: staff should receive guidance by 31 December 2017, with any building work completed by 31 May 2018.

Practice Guidance : Building better care homes for adults. Design, planning and construction considerations for new or converted care homes for adults. Care Inspectorate March 2014. Publication code : OPS-1213-257 Part 4.16

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

During the inspection we could see that there were sufficient staff on duty to meet the support needs of residents. We observed some good interactions between residents and staff, and staff said that there were generally enough staff on duty to support residents. Staff also said that they could access training, particularly online training in a range of subjects relevant to their work. The service maintained a record of training and we could see that they had carried out a range of training such as dementia awareness, and adult support and protection.

We saw that the service had a supervision planner to ensure that staff were being offered regular and planned supervision. There was evidence of staff supervision covering both practice issues and training needs. We saw that staff meetings had been re-established and were planned on a monthly basis. These provided opportunities to discuss practice issues and resident support.

However, we found it difficult to identify when staff had completed specific training, this was due to the system that the service used to record training. This may benefit from review to ensure that the manager can quickly confirm training had been carried out. Although the majority of staff had completed training to the equivalent level of skilled practitioner in the Promoting Excellence Framework there was still a significant majority who had not, and this should be completed as a matter of urgency.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

As part of the inspection we were following up requirements made at the last inspection. One requirement related to staffing numbers on any shift in order to meet the health and welfare of people who use the service. During the inspection we could see that there were sufficient members of staff on duty, and we

looked at previous rotas to confirm that this had been the case since the requirement had been made. This requirement is therefore met.

A further requirement had been made relating to the recording and reporting of incidents. From records we looked at and notifications made to the Care Inspectorate we could see that the service had improved their recording and reporting procedures. We saw examples where the service had not only notified the Care Inspectorate, but had also informed all relevant parties of an incident, for example, social workers or health professionals. This requirement has been met but we would expect that the service would continue to monitor this to ensure appropriate communication with a range of professionals.

A recommendation had been made about the further development of the service's development plan. We could see that the service had taken action to clarify actions to be taken and responsibilities, and where relevant had clearly indicated where actions had been met. We felt that the recommendation had been met but that the service should continue to review this document to ensure that it remains up to date with relevant information on progress of actions identified.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure adequate opportunities for service users to partake in activity which is meaningful to them. In order to do this, the provider must:

- make a detailed record of the social, recreational and psychological needs of each service user
- ensure that service users' interests are taken into account when planning activities
- ensure that activities are recorded and evaluated.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4 (1)(a) - requirement for the health and welfare of service users.

Timescale for completion: to commence immediately on receipt of this report and to show significant

improvement within one month.

Best practice guidance and reference points include:

- Care about physical activity - Make every Move Count - a Care Inspectorate publication
- Make every moment count - a Care Inspectorate publication
- Celebrate Age Network - dundeeanforum.org.uk.

This requirement was made on 27 June 2017.

Action taken on previous requirement

This is discussed in 'Quality of care and support' in the report.

Met - within timescales

Requirement 2

The service provider must satisfy themselves that staff who complete fluid balance charts do so consistently and accurately and evaluate the content of the charts and plan care accordingly.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - a requirement that providers shall make proper provision for the health and welfare of residents; and Regulation 15(b)(i) - staffing.

Timescale: within 24 hours of receipt of this report.

This requirement was made on 27 June 2017.

Action taken on previous requirement

This is discussed in 'Quality of care and support' in the report.

Not met

Requirement 3

The provider must devise and implement a system to ensure that a high standard of cleanliness is maintained within the service at all times.

This must ensure:

- All areas of the home are kept clean and free of odours.
- There are detailed cleaning schedules for all areas of the care home and that these are followed by domestic staff.
- There is effective monitoring of the cleanliness of the premises on a sufficiently frequent basis to ensure the expected standard is being achieved.
- That all cleaning products are assessed as being fit to ensure good infection control and that the home is free of unpleasant odours.

This is in order to comply with:

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4 (1)(a)(d) - Welfare of Users and Regulation (2)(a) Fitness of Premises.

Timescale: to commence upon receipt of this report.

This requirement was made on 27 June 2017.

Action taken on previous requirement

This is discussed in 'Quality of environment' in the report.

Met - within timescales

Requirement 4

The service must ensure that all staff who support residents with dementia have up to date and relevant training equivalent to the skilled level of the "Promoting Excellence" framework.

This is in order to comply with :

Regulations 4(1) (a) and 15 (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210).

Timescale : within one month of receipt of report.

This requirement was made on 27 June 2017.

Action taken on previous requirement

This is discussed in 'Quality of staffing' in the report.

Met - within timescales

Requirement 5

The provider must ensure that the minimum staffing notice is met at all times. The number of persons working in the care service must be appropriate for the health and welfare of service users. The management must inform the Care Inspectorate when staffing levels fall below the level indicated in the staffing schedule. This should include what action has been taken to address this and the impact this had on staff and residents.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments SSI 2011/210 regulation 15(a)

Timescale: four weeks from receipt of report.

This requirement was made on 27 June 2017.

Action taken on previous requirement

This is discussed in 'Quality of management and leadership' in the report.

Met - within timescales

Requirement 6

The management team should ensure that concerning incidents reported to the Care Inspectorate are accurately recorded as to what has occurred. In addition, the management team must:

- (a) evidence that safeguarding plans after any concerning incidents are in place that demonstrates how residents are observed and supported that is continuous until no further risk is evident;
- (b) record and evidence how any ongoing identified risks are reduced and include the outcomes of any observations;
- (c) demonstrate that guidance and systems are in place for staff reporting of any further incidents or relevant information;
- (d) update other relevant health professionals and share information with the social work department;
- (e) provide refresher training for all staff with regard to Adult Support and Protection procedures.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, Scottish Statutory Instrument 2011/210: regulation 4(1) (a) - welfare of service users.

Timescale: to be in place four weeks after receipt of this report.

This requirement was made on 27 June 2017.

Action taken on previous requirement

This is discussed in 'Quality of management and leadership' in the report.

Met - within timescales

Requirement 7

The provider must ensure that the approach to managing falls is improved to keep service users safe. In particular, this should also consider how residents are supported to access and use the bathroom. In order to do this the provider must:

- ensure that falls risk and care planning is accurate, complete and reflects that appropriate advice is sought from health professionals;
- ensure that staff are aware of the information contained in Best Practice guidance 'Managing falls and fractures in care homes for older people';
- ensure that managers are involved in the monitoring, analysis and audit of falls and falls prevention.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users, regulation 4(2) - provision of adequate services from other health care professionals, regulation 5(1) - personal plans.

Timescale: to be in place by four weeks after receipt of this report.

This requirement was made on 27 June 2017.

Action taken on previous requirement

This is discussed in 'Quality of care and support' in the report.

Met - within timescales

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

Previous recommendations

Recommendation 1

It is recommended that residents do not sit for prolonged periods of time with no postural support. Due consideration must be given to this aspect of care. Residents' health and welfare should benefit through consistent and improved practice in the recording of and updating of assessments and plans of care in the personal plan documentation.

National Care Standards Care Homes for Older People - Standard 6: Support Arrangements

This recommendation was made on 27 June 2017.

Action taken on previous recommendation

This is discussed in 'Quality of care and support' in the report, and we felt that this was generally met but remains an area for improvement.

Recommendation 2

It is recommended that the management team refers to the Preventing Infection in Care resource and makes relevant improvements to infection prevention and control measures. This should include the management of laundry.

National Care Standards Care Homes for Older People - Standard 4: Your Environment: Your environment will enhance your quality of life and be a pleasant place to live

You can expect that the premises are kept clean, hygienic and free from offensive smells and intrusive sounds throughout. There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance.

This recommendation was made on 27 June 2017.

Action taken on previous recommendation

We have discussed this in 'Quality of environment' in the report, and feel that this recommendation is generally met. However we have made a requirement in relation to laundry facilities.

Recommendation 3

The management team should progress with the development plan of the service which should include the actions and improvements of their quality assurance and feedback gained from relatives, staff, residents and professionals involved with the service.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements

This recommendation was made on 27 June 2017.

Action taken on previous recommendation

This recommendation 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.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
12 Jun 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
24 Feb 2017	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
23 Jun 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed

Date	Type	Gradings	
		Staffing	5 - Very good
		Management and leadership	Not assessed
21 Jul 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Jun 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
27 Nov 2012	Unannounced	Care and support	Not assessed
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
19 Apr 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
2 Nov 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
24 Jun 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
11 Mar 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.