

North Inch House Care Home Service

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Telephone: 01738 632233

Type of inspection: Unannounced
Inspection completed on: 1 December 2017

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Care service number:
CS2003009765

About the service

North Inch House is located in Perth, on the edge of North Inch Park. It is within easy access of the town centre and other amenities. The care home is registered for 78 older people. The original building, 'North Inch House' is registered for 40 older people. The newer building, separate but within the same grounds, is called 'North Grove' and is registered for 38 people with a specific diagnosis of dementia.

The North Inch House part of the care home is on one level with five areas, each catering for eight residents. Each area has a separate lounge/dining room, bathroom facilities and a small kitchen. Some bedrooms have an en-suite. There are two internal patios accessible to residents and a large function room with an informal seating area.

North Grove has two floors with lift access. This part of the home has four named units but these are currently operated as two larger units, one on each floor. Each unit has a lounge/dining areas and bathroom facilities. There is also an activity kitchen and a meeting room. The bedrooms are all en-suite and there are two small enclosed gardens.

What people told us

Throughout this inspection we met and spoke with people using the service and their relatives. We also received comments from completed Care Standard Questionnaires.

People were happy to share their views of their experience of living in North Inch House. We observed people taking part in social activities which were well attended. People clearly enjoyed taking part in discussions and activities which were in keeping with their interests.

People spoke favourably about the staff looking after them and told us they felt they could approach staff if they had any concerns and these would be addressed. We could see that people had good relationships with the staff supporting them.

Relatives told us they had good communication with the service and found the staff and manager approachable. Some of their comments included,

"Always phoned by senior carer and lets me know what is happening e.g. if doctor has been"

"Very good at letting us know about changes, keep us informed"

"Staff all approachable, manager very approachable".

Some relatives told us they sometimes felt staffing levels could be better in the service, they commented,

"Overall sometimes feel staff are a bit short-staffed, quite a turn over of staff, they do their very best"

"Staff shortage is always a problem but I know how difficult it is to get the right person for the job"

"Staff work hard often under pressure of being short-staffed".

We discussed these views with the manager as part of the inspection. We found the manager was implementing positive ways to help promote recruitment and retention of staff and had introduced more flexible ways of working to help enhance staffing numbers at key times of the day.

Overall relatives made many positive comments about the service and staff, these included,

- "Care staff all join in with activities"
- "X is happy with everything no complaints seems happy here"
- "Can't complain have been very good to X and me"
- "Food is very nice "
- "We pop in at all sorts of times and are always welcomed"
- "Staff very good, helpful and kind".

One relative commented on the positive difference they had observed in their relatives quality of life since moving into the home, they commented,

"At home X would sit and watch TV here she likes to socialise, big difference with quality of life, likes to go to most activities".

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the service's development plan and quality assurance documentation. These demonstrated the service's priorities for development and how they monitored the quality of provision within the service.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

During our inspection we looked at a sample of personal plans for people living in North Inch and North Grove and observed staff working with people in both areas.

Staff demonstrated they were knowledgeable of the needs and preferences of people. We observed some nice approaches from staff who spoke to people respectfully and helped support people to maintain their independence and abilities in their day-to-day activities.

People and their families told us they were involved in providing important information about their needs and how they would like to be supported. This information was then reflected in their personal support plans. Staff were able to demonstrate an understanding of people's specific needs and what was important to them.

The staff team had continued to work hard to bring personal plans up to date to ensure they represented people's changing needs and wishes. There were records kept of the support being provided to people and each area of support was being regularly evaluated by staff. Review meetings were also taking place with people, their relatives and professionals supporting them.

This provided opportunities for people to reflect on what was working well and what perhaps needed to change with their support. There were systems in place to check the detail of support plans and for staff to update plans where changes were needed. This helps in ensuring support continues to be centred around the person, and is responsive to their changing needs and wishes.

We found that information about a person's needs was held in different folders such as daily records, records of professional visits, records of personal care and monthly outcomes. We felt this made it difficult to access the most up to date information about a person's needs and increased the likelihood of information not being effectively communicated. We discussed in detail with the manager ways in which support planning records should be further developed to ensure records kept are more easily accessible and consistent. We will monitor progress with this at future inspections.

The service had built very positive working partnerships with a range of health and social care professionals and this had led to positive health and wellbeing outcomes for people. For instance, staff met regularly with community mental health staff and social work to share information and discuss ways of working to improve health and wellbeing outcomes for individuals with dementia and people whose mental health was deteriorating.

Professionals visiting the service spoke highly of their communication with staff and the service. They commented that,

"Staff definitely knowledgeable about service users, know them well, manage their needs well, also know their limitations if struggling will pick up the phone"

"Very willing to have meetings to discuss any issues"

"End of life care is good, keep people here and manage the care well"

"All the staff appear really caring".

Medications were seen to be managed in line with good practice guidance. There were effective systems in place for recording and monitoring changes to medication and staff were seen to be knowledgeable of these. We did note areas where medication recording practice could be improved. This was in relation to the recording and reviewing of "as required" medication. We discussed this with senior staff and the manager and some suggested changes were implemented during our inspection and reviews of PRN medications were planned.

Staff worked well with community nurses ensuring effective communication regards monitoring of conditions such as diabetes, and people were encouraged to maintain their independence such as with managing their diabetes and administering their insulin.

We discussed how the service could develop more opportunities for staff to have practice discussions around the provider's medication policy and good practice guidance. This will help to continue to promote staff understanding of their role in supporting people with their medication.

The activities coordinator had been working with people to identify their specific interests and we could see that people were taking part in a range of activities of interest to them. There were records kept of people's experience of planned activities.

We felt records could be more detailed and evaluative and demonstrate how information about people's experiences is used to inform person centred support. The service should also continue to encourage staff to support people to incorporate social activity and engagement into their daily routines and not simply view social activity as a planned, organised event.

The service had made good links with the local community such as links with schools, nurseries and nearby places of interest. We discussed the need to continue to develop opportunities for people to take an active part in their local community. This has the potential to help people to maintain their physical independence and abilities, and lead to an increased sense of wellbeing.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

We found that the service had an adequate level of performance in relation to this statement. We concluded that there were a number of strengths which had a positive impact on the experience of people who use the service, as well as areas which were constraining service performance and needed to be improved.

We saw that arrangements were in place to keep the service secure and safe from intruders. This did not restrict people's access to all areas of the service.

We were pleased to see that the service had responded to areas for improvement suggested at the previous full inspection and had developed the outdoor areas at North Grove. Areas had been developed with artificial turf and floral displays planted to create a bright space which people could enjoy and access independently. We saw evidence of how the areas had been well used for recreational activities during the warmer months.

People's own bedrooms in both North Grove and North Inch had been personalised with items and furniture brought from home. This helped support people to feel more at ease and familiar with their room. We heard how one person was being supported to look after their pet cat in the home. This had made a positive difference in helping them settle into the care home environment and had enhanced their overall wellbeing.

Different areas of the North Grove building had been decorated in a variety of themes based on the interests of people living there. Areas had been developed such as quiet areas, to be more homely pleasant spaces for people to spend time with their visitors. A lot of thought had gone into enhancing the surroundings to support the wellbeing of residents and their visitors.

Whilst the North Grove building was in a good state of repair and well maintained we found that the environment within the North Inch building was tired and in need of refurbishment. This was discussed at the previous inspection and an extensive refurbishment was being planned at that time.

We discussed progress with this with the manager who advised that original refurbishment plans had been revised and new plans to refresh and upgrade the environment were being reviewed and finalised.

We discussed specific areas for improvement in the North Inch building which included paintwork which was damaged and flaking, furniture which was stained, ceiling tiles marked in one communal area, temperature in different lounge areas was variable and one shower area had been awaiting repair for a number of months. The manager advised that issues with the heating were being attended to during our visits and the shower repair was now planned.

We felt that communal lounge areas could be improved to be more homely and inviting spaces with a range of seating to suit people's varied physical needs. This would encourage people to move about more and to enjoy spending time outwith their rooms, with their visitors and friends.

We also discussed the benefits of creating greater opportunities for people to access outdoor spaces. The manager told us development of an additional outdoor area adjoining North Inch was planned. It was acknowledged that refurbishment of the North Inch building will provide a much improved environment for people (see Requirement 1 below).

We carried out a range of health and safety checks. Records showed that the on-site maintenance person carried out required repairs promptly and routine maintenance checks and servicing of equipment were being undertaken timeously.

While there were systems in place to identify and progress any maintenance and repairs we found that when work required was beyond the remit of in-house staff there were delays in work being completed. In particular a shower requiring repair was out of use and had been reported a number of months previously. This had impacted on people's waiting time for use of facilities and their overall quality of experience of support.

We discussed with the manager how the system of reporting and monitoring contracted repairs could be improved. For instance, by ensuring requests are formally acknowledged, timescales given for completion and effective measures are in place to track the progress of requests. This will help minimise delays and ensure essential work is being effectively prioritised and carried out within appropriate timescales (see Requirement 1 below).

Requirements

Number of requirements: 1

1. The provider must ensure the environment in North Inch House is well equipped, maintained and kept in good decorative order.

In order to achieve this, the provider must:

a) Agree and progress with redecoration and refurbishment plans for North Inch ensuring residents, their relatives and representatives views are central to the development of the environment.

b) Provide a written refurbishment plan to the Care Inspectorate which identifies the work to be carried out and the expected timescales for this to be completed.

c) Review systems for reporting and tracking requested repairs to ensure these are effective in ensuring essential work is being prioritised and carried out within appropriate timescales.

Timescale for completion: by 5 March 2018.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 Regulation 4 (1)(a) a regulation regarding the health, welfare and safety of service users.

National Care Standards, Care Homes for Older People, Standard 4 : Your Environment.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People were kept safe by the service following good practice guidance when recruiting new staff. We looked at a number of staff files and saw evidence of pre-employment checks being carried out for new staff in advance of them beginning their employment in the home.

New staff completed a central induction programme where they were introduced to the policies and procedures of the organisation, the National Care Standards (NCS), Scottish Social Services Council (SSSC) Codes of Practice, and received mandatory training.

New staff told us about their experience of induction which involved reading personal support plans to get to know individuals and how they liked to be supported, shadowing experienced staff, and completing a range of computer based training as well as classroom based training sessions. New staff talked about finding the manager, depute and senior staff were available and approachable to discuss any concerns or issues they had. They told us their induction gave them a good grounding for undertaking their role.

We discussed with the manager where practice could be improved around staff induction. This included, keeping clearer, consistent records of induction activity, including records of probationary reviews, and promoting a greater focus on practice observations, and a reflective approach to learning and development.

The service maintained a record of staff training and we could see that they had carried out a range of training and refresher updates such as in moving and handling, and adult support and protection. Staff talked about finding moving and handling practical sessions particularly beneficial as they were able to try out equipment and explore any practice issues with the trainer.

There were plans for further staff training around falls prevention, and senior staff had liaised with the continence service to promote staff understanding of the use of continence products. We found it difficult to identify when staff had completed specific training. We felt the system used to record training would benefit from review to ensure the manager could quickly identify training completed and due. This would make it easier to plan and schedule training timeously.

Formal processes such as staff supervision and appraisal were in place however the quality and frequency of these varied. There had been a number of new staff employed and the service should focus on improving the frequency and quality of staff supervision. A reflective practice approach should be embedded, which promotes practice discussion and continuous improvement and development. This will help to promote good practice and improve the consistency of care provided.

There were opportunities for staff to meet as a team, to discuss practice and support for people. We felt staff attendance at team meetings could be further promoted and discussions more regularly facilitated around policies, practice developments and good practice guidance. This will help to further support opportunities for staff to develop their skills and knowledge .

The staff team spoke about staff numbers being low at times especially when staff were absent at short notice. Overall staff felt staffing numbers had improved recently and a number of new staff had been employed in the service. Staff acknowledged that the manager was continually recruiting new staff and looking at ways to enhance staffing levels.

During the inspection we could see that there were sufficient staff on duty to meet the support needs of residents. We observed staff to be knowledgeable of people's needs and warm and caring in their approach, listening to people and respecting their choices. Through discussion with staff they appeared committed to improving the quality of support for residents.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Residents and relatives we spoke to during the inspection told us that they felt senior staff and the manager were approachable and open to hearing their views and acting on their concerns.

People were encouraged to share their views and ideas on how the service could improve through forums such as residents and relatives meetings. We could see some examples where people suggested improvements and action was taken to progress these.

The service should increase opportunities for residents, relatives and staff to be involved in leading service development and use their views to inform the service development plan. They should ensure that the outcomes of people's views and ideas are always fed back to them. This will confirm to people their views are being listened to, are valued and used to influence change.

There were systems in place to monitor key areas of the service's activities such as audits of finances, support planning, accidents and incidents and medication audits. Improvement actions were identified and there were mechanisms for monitoring these to ensure expected actions were being addressed.

The outcomes of the various audits were held in different folders and locations. We discussed the benefits of bringing all the outcomes together to make it easier for the manager to access an overview of where improvements were needed. This would help in planning and prioritising the resources needed to promote improvements across the service as a whole.

We discussed in detail with the manager staffing arrangements for the service. During the inspection we could see that there were sufficient members of staff on duty. We also looked at previous rotas to confirm that this had consistently been the case. Staff recruitment is ongoing and the manager continues to prioritise contingency planning and to support staff attendance.

The manager continued to notify the Care Inspectorate of any significant occurrences and actively sought ways to support improvements required. We looked at records of incidents and accidents and there had been a number recorded pertaining to falls. We could see records were reviewed by the manager and reported as part of provider monitoring. We could see that immediate actions to safeguard individuals were taken at the time of incidents. Relevant referrals to other professionals or further preventative measures were acted on to reduce the likelihood of reoccurrence.

There were plans in place for further training to be accessed around falls prevention and the use of "Managing Falls and Fractures in Care Homes for Older People - good practice resource".

The service had established a development plan which was focused on improving the quality of care and outcomes for people. It set out areas for improvement, resources needed to progress these, those responsible for taking actions forward and expected timescales.

The service should ensure they regularly review their development plan to make sure that it remains up to date, includes input from residents, relatives and staff and that information on the progress of actions is clearly identified. They should also ensure the plan is regularly shared with the staff team to ensure they are aware of the priorities for the service and their role in supporting service development.

We saw that the service had continued to maintain their system in place for making sure that staff were registered and continued to be registered with the Scottish Social Services Council (SSSC). We highlighted with the manager that where there were any delays experienced around registration for individuals that the progress with completing registration should be closely monitored. This will help to ensure all information and actions needed to progress registration are being completed and enable any emerging issues to be dealt with.

The manager and staff team worked well in partnership with multi disciplinary professionals. Feedback from professionals we spoke to indicated that the manager and staff team were committed to acting on professional advice and working together to help achieve positive health and wellbeing outcomes for people.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The service must ensure that all service users have a care plan which is revised in line with changes in their assessed needs.

This is in order to comply with: SSI 2002/114 Regulation 5(1) and 5(2)(b)(i) Personal Plans.

This requirement was made on 19 June 2017.

Action taken on previous requirement

We looked at several personal plans and found that the manager, seniors and staff team had continued to work hard to ensure personal plans contained up to date information regarding people's needs and preferences.

Personal plans set out areas for support and contained information about the outcomes people wanted to achieve and the support they needed. The day-to-day support people received and any changes in their health and wellbeing were recorded. There were daily handover meetings with staff coming on shift which helped ensure all staff were aware of any changes and the support to be provided.

There were established systems in place to check the detail of support plans and for staff to highlight where changes were needed to bring information up to date. We heard from people and their relatives how they provided information about their needs and preferences and this then informed their personal support plan and the support they received. We observed staff supporting people in line with their wishes as set out in their personal support plan.

While we felt this requirement had been met we will continue to monitor this area of practice at future inspections.

Met - within timescales

Requirement 2

For the safety of all service users, the service must ensure that staff adhere strictly to accepted moving and handling practice.

This is in order to comply with: SSI 2002/114 Regulation 4(1)(a) Welfare of Users.

This requirement was made on 19 June 2017.

Action taken on previous requirement

We saw evidence that moving and handling training and updates were being routinely completed by staff. Identified moving and handling trainers were available within the staff team to support staff practice. Staff we spoke to told us how they had found the "hands on" training provided to be particularly good and beneficial in supporting their practice development. We observed good systems of communication in place for staff to report any concerns regarding practice or changes with people's mobility. We found evidence of actions being taken to ensure, referrals were made to appropriate professionals as necessary and to ensure expected practice standards were being met.

The manager, depute and senior staff were accessible and were able to observe staff practice, and provide practice guidance as appropriate.

Met - within timescales

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

Previous recommendations

Recommendation 1

To ensure awareness of service users' needs, it is recommended that all staff read and familiarise themselves with the case file for the individuals they are supporting.

National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing.

This recommendation was made on 19 June 2017.

Action taken on previous recommendation

Staff we spoke to talked about learning about service users needs and preferences through reading their personal support plans, as well as through discussion with the person and their relatives. In our discussions with staff we found them to be knowledgeable of the needs and preferences of the people they were supporting.

Other professionals we spoke to commented that staff appeared to know people well. We saw evidence of staff highlighting changes with people's needs and this being recorded and communicated to the staff team.

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings
13 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
4 Oct 2016	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 4 - Good 4 - Good
6 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
25 May 2015	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 4 - Good
14 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 4 - Good

Date	Type	Gradings	
14 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
9 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
27 Feb 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
24 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed Not assessed
10 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 4 - Good 4 - Good Not assessed
11 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 4 - Good
1 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good Not assessed Not assessed
5 Dec 2011	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate Not assessed Not assessed

Date	Type	Gradings	
30 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
31 Mar 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
20 Jan 2011	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed
12 May 2010	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
13 Oct 2009	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
6 May 2009	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
7 Sep 2009	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
14 Jan 2009	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

Date	Type	Gradings	
30 Sep 2008	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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