

Balnacarron Care Home Service

116 Hepburn Gardens
St. Andrews
KY16 9LT

Telephone: 01334 474221

Type of inspection:

Unannounced

Completed on:

2 August 2018

Service provided by:

HC - One Oval Limited

Service provider number:

SP2016012770

Service no:

CS2016349811

About the service

Balnacarron is a well established care home, which is situated in a pleasant residential area of St Andrews. The home is registered to provide care for a maximum of 34 older people.

The service comprises a large Victorian villa with an added extension. Well-kept, landscaped gardens surround the home and there are outside seating areas for people and their visitors to enjoy.

Balnacarron was operated by BUPA until October 2017, when it joined the HC-One group of care homes. HC-One states that "it is our mission to be the first choice care home for residents and colleagues in each of the communities we serve. We hope to achieve this mission through providing the kindest possible care to residents".

This service has been registered with the Care Inspectorate since 1 April 2002.

What people told us

We spoke with 11 people using the service and gathered views from six Care Standards Questionnaires (CSQs). They indicated that they were happy with the home and the care provided and made comments such as:

"The staff are always busy but supportive."

"Staff are highly sensitive to the needs of residents."

"At times I get out in the garden, but not open so much just now."

"The food is good and varied."

"I have a nice room."

"Rooms are adequate."

We also spoke with five relatives/carers/visitors and gathered views from five CSQs. Like people using the service, they were happy with the care and support provided. We received comments such as:

"Staff are outstanding - everyone can update on my relative's condition."

"Staff try their best."

"Food is good - my relative has been introduced to new foods."

"Room is alright."

Self assessment

The service had not been asked to submit a self assessment before this inspection took place. We were advised of the service's plans to improve the quality of care provision and how these would be taken forward. Advice was given to the service about developing the service's improvement plan.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

People told us that they were happy living in the home and were, overall, satisfied with the standard of care. They were particularly complimentary about the staff and service manager.

Staff were warm, caring and attentive to people's needs, however, there was a shortage of domestic staff. This meant that care staff had to spend some of their time cleaning, which impacted on their ability to provide support beyond people's direct care needs. As a result, opportunities for people to participate in regular social and physical activities were limited.

Issues relating to staffing are also identified under 'Quality of staffing'.

The service did plan and organise activities and we saw some of these taking place - for example: a well attended church service and an exercise group. We also heard about links with 'Active Fife', local schools and St Andrews University. Nevertheless, many advertised activities did not take place, due to pressures on staff time.

(See recommendation 1.)

From the above observations, we felt that people could be confident that their care needs would be met, but less sure about how they might spend their day doing things they enjoyed.

Care plans were in the final stages of being transferred to the new owner's documentation. Overall, the content was person centred and covered key areas of people's care and support. However, more information about people's lifestyle and personal choices, along with greater involvement of people in care planning, would help ensure that care reflected people's individual wishes. The service identified that they intended to make improvements in this area. Progress will be followed up at the next inspection.

Measures to help people deal with stress and distress were identified in care plans. This helped staff reduce any distress that people experienced. Nevertheless, in some cases, there could have been clearer information on different approaches that could be adopted, before resorting to the need for medication. The service recognised this and undertook to further develop relevant care plans. This will be reviewed at the next inspection.

People were able to enjoy their meals in the dining room, or the comfort of their own room, according to personal needs and choice. Assistance with eating and drinking was available if required and the choice and quality of food was good. There could, however, have been more encouragement for people to interact and make mealtimes a more sociable experience.

People had ready access to healthcare advice and treatment, with regular input from, for example GPs, district nurses and mental health services. Where specialist support and advice was necessary, we saw that this been accessed appropriately.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should ensure that regular activities take place at an individual and group level. The activities should take account of personal choice and interests, and should help maintain and improve people's everyday living skills and quality of life.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), 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).

Grade: 3 - adequate

Quality of environment

Findings from the inspection

People lived in accommodation which was mixed in presentation. Sitting and dining rooms, were well presented and decorated, however these became very busy at times. This limited the space that people had to interact with each other. The service agreed to give further thought to the layout of communal areas to improve people's experience in these areas.

Cleanliness in some areas was not of an acceptable standard. More attention, in particular, needed to be given to vacuum cleaning and deep cleaning toilet areas. We understood that this was due to a shortage of domestic staff and that the home was taking steps to recruit more staff. This matter has been made subject to a requirement. **(See requirement 1.)**

Due to the age of the building, many areas were tired and in need of renovation. A number of rooms were very small and en-suite shower areas were not suitable for people's needs. This restricted people's ability to move around and have the space to care for their own needs without assistance.

There was a lovely garden area to the rear of the property, but access was restricted because of concerns regarding people's safety. This was mainly due to the condition of pathways and the need to make the garden more secure.

Better design of the internal and external environment was needed to address the above issues. We were informed that an assessment of the internal and external environment had been undertaken and that significant refurbishment of the premises was planned. In the interim, we saw that efforts were being made to improve the quality of decoration and furniture in some rooms and action was being taken to make the garden more secure.

In taking forward developments, use of the King's Fund Environmental Assessment Tool was recommended to inform the design of bedroom, communal and garden areas. This would help identify appropriate fixtures and fittings, colour schemes and signage, as well as the layout of the garden. When making improvements, specific attention should be given to the needs of people experiencing reduced mobility and cognitive impairments. **(See recommendation 1.)**

Requirements

Number of requirements: 1

1. The service provider must implement robust systems to ensure that an appropriate level of cleanliness is maintained at all times throughout the home.

This is in order to comply with The Social Care and Social Work Improvement (Requirement for Care Services) Regulations 2011 SSI 2011/210 4 (1) (a) (Welfare of users) and 10 (2) (b) (d) (Fitness of premises).

An action plan, detailing the steps to be taken to improve cleanliness in the home, must be sent to the Care Inspectorate by 1 October 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

Recommendations

Number of recommendations: 1

1. The service provider should consider and implement changes to internal and garden design, to make it more appropriate to the needs of people using the service. Particular attention should be given to the needs of people experiencing mobility and cognitive impairments. The use of the King's Fund Environmental Assessment Tool was highlighted as a useful resource when examining this issue.

This will be followed up at the next inspection

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People and their visitors were, overall, very positive about the staff and manager. Staff were found to be warm and caring in their interactions with people, and were attentive to their care and support needs. Vacancies for domestic staff and an activities coordinator, however, reduced the amount of meaningful time that staff could spend with people in individual and group activities. We found care staff carrying out cleaning tasks, which should not be part of their work schedule. This meant that many people were inactive for long periods.

The service was recruiting staff and sought to cover staff shortages using agency staff. Hopefully, this will have a positive effect in allowing staff to spend more time on their caring duties. The need to staff the service more appropriately has been made subject to a requirement. **(See requirement 1.)**

People could be confident that existing staff had been appropriately recruited. Records identified that safer recruitment practice was being followed and that staff were registered with the Scottish Social Services Council.

Staff identified that they felt personally supported by the manager, however, there was little to demonstrate that their care practice had been effectively discussed. Staff appraisal and supervision processes were in place, but were not being used to best effect. There was little evidence of reflective discussion about care practice and identification of training needs.

Staff had access to training and development opportunities, such as a range of Scottish Vocational Qualifications in care practice and leadership, and adult support and protection. However, individual training needs were not clearly identified and there was no overall service training and development plan. We noted that training records, produced under the previous owners of the service, had been removed - this affected the manager's ability to have full oversight of staff training needs. In order to ensure that people receive care and support, which reflects up-to-date practice, effective supervision processes and training and development plans need to be put in place - a recommendation has been made in respect of this. **(See recommendation 1.)**

Requirements

Number of requirements: 1

1. The service provider must ensure that, at all times, suitably qualified and competent persons are working in the care service as are appropriate for the health, welfare and safety needs of people using the service.

Due to the processes involved in recruiting and organising staff (which can take some time), no prescribed timescale has been set.

This is in order to comply with the Social Care and Social Work Improvement (Requirements as to Care Services) Regulations 2011 SSI 2011.210, Regulation 15 (a) - Staffing.

Timescale: This requirement will be followed up at the next inspection.

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

Recommendations

Number of recommendations: 1

1. The service provider should ensure that all staff are provided with regular formal supervision, through which their practice is discussed and training and development opportunities identified. The information about training needs should be used to inform the development of individual and service-level training and development plans.

This will be followed up at the next inspection.

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

Grade: 3 – adequate

Quality of management and leadership

Findings from the inspection

The service was found to be in a state of transition, having transferred ownership from BUPA Care Homes in October 2017. The current manager was also leaving and a new manager had been appointed. It would, therefore, take time for the new management structure to become embedded.

It is important that processes are in place to ensure that the service operates safely. We found that clear audit process processes were in place for key areas such as care plans, medicines administration and accidents and incidents; however, these had only recently been transferred to the new owner's systems. How these have embedded into practice will be reviewed at future inspections.

Going forward, the quality of care and support that people experience will depend on the provision of sufficient and suitably qualified staff – primarily, in the areas of direct care, activities and cleaning duties. The need for this has been identified under 'Quality of care and support' and 'Quality of staffing'.

It will also be important to ensure that people, their relatives and carers and staff members are encouraged to submit ideas for improving the service. This will ensure that developments are in line with people's needs and expectations. We did see evidence of meetings with people using the service, relatives and carers, and staff, but these could be more frequent and have more detailed agenda and minute documents. This would help ensure that matters of importance are discussed, with actions identified and followed up.

Further development of the service's improvement plan will help ensure that people's suggestions are taken forward and that areas of priority are identified. The need for this has been made subject to a recommendation and will be followed up at future inspections. **(See recommendation 1.)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To help continuously develop better outcomes for people, the service provider should further develop its improvement plan for the service.

This should set out ideas and plans for improving the service and should involve a variety of stakeholders, for example people using the service, their families/carers, and staff members. The service provider was asked to submit a copy of the improvement plan to the Care Inspectorate by 30 November 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

Grade: 3 - adequate

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

Previous requirements

Requirement 1

This requirement was made following a complaint investigation.

The provider must ensure people who use this service received their medication as prescribed. The service should ensure that trained staff can demonstrate they are able to ensure:

- i) All prescribed medication is recorded appropriately on MARs.
- ii) All PRN medication has a support plan which shows the decision-making framework to guide and direct staff practice.
- iii) All trained staff revisit best practice guidance about the administration of medication.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 5 (1) Personal plans and should also take account of the national care standards for care home for older people standard 5 and 15.

Reference should also be made to SSSC Guidelines the Code of professional conduct for social work employees.

Timescale: within four weeks on receipt of this report

This requirement was made on 24 April 2018.

Action taken on previous requirement

Appropriate action had been taken in respect of this requirement, and has been assessed as having been met.

Care staff had attended training updates on the administration of medicines and improvements had been made medicines administration records, in terms of detail and the provision of information regarding the administration of 'PRN' ('as required') medication.

Met - within timescales

Requirement 2

This requirement was made following a complaint investigation.

The provider must ensure people who use this service have a personal plan which meets their assessed needs. The service must demonstrate how they will introduce a policy document which directs staff practice for short stay clients.

This should include reference to:

- i) The need to have a fully completed pre-admission assessment document.
- ii) Support plans to guide and direct staff practice with all aspects of care and should include detail of aids used to assist with independence and their maintenance, facial hair and preferred attire.
- iii) Established medication regimes in place, confirmed with GP if appropriate.
- iv) Planned communication and how this should be managed.
- v) Inventory of all belongings and items of value.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4 and to take account of the national care standards for care home for older people standard 5 and 6.

Timescale: within four weeks on receipt of this report

This requirement was made on 24 April 2018.

Action taken on previous requirement

Appropriate action had been taken in respect of this requirement, and has been assessed as having been met.

The service was in the final stages of transferring care plans to the new owner's documents. The new documents were seen to be of a good standard and person centred, in terms of the assessment and identification of people's individual needs and preferences.

Met - within timescales

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

Previous recommendations

There are no outstanding recommendations.

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	
12 Mar 2018	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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