

Balhousie Dalnaglar Care Home Service

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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Balhousie Care Limited

Service provider number:

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Service no:

CS2010272004

About the service

Balhousie Dalnaglar provides care and support for up to 40 older people. This service may also provide respite care and short breaks.

The service is located close to the centre of Crieff. The building is a two storey Victorian building with a purpose-built extension. The home, which is comprised of three units: Laggan, Dalvrec and Torleum, had a major refurbishment programme to upgrade all areas of the home. A newer wing was added to the premises which included 14 bedrooms with en-suite shower facilities. Residents also have the additional use of assisted bathing facilities.

The garden has been landscaped for the benefit of residents and provides a very pleasant space for residents to spend time and enjoy the spectacular views.

What people told us

Before the inspection we issued 10 Care Standards Questionnaires (CSQs) to people who lived in the service and 10 to relatives and carers. We received seven completed questionnaires from relatives or carers and two from people living in the service. The majority of these were positive. Comments included: 'Pleasant staff, always approachable and helpful', 'excellent care, staff are superb, nothing is too much trouble' and 'I'm happy with all standards of care'.

However, we received some negative feedback about the quality of the service as people told us; 'I never see the manager', 'there's too many new faces all the time', 'clothing gets lost in the laundry' and 'there's limited activities and outings for wheelchair users'.

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?	3 - Adequate

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

The manager of the service had been in post for three months at the time of our inspection. There were some strengths that just outweighed weaknesses. The service needs to work on their strengths whilst addressing the areas that are not contributing towards a positive experience or outcomes for people.

People should expect to experience compassion, dignity and respect when using the service. We carried out a SOFI (Short Observational Framework for Inspection) and saw some good interactions between staff and people in the service where humour and kindness was evident. We saw that staff came down to the level of residents sitting and put a gentle, reassuring hand on their shoulder. However, there were also some missed opportunities to engage appropriately with people, for example when staff were sitting chatting amongst themselves without including residents. Most of the interactions that we observed were task-focussed and impersonal. We thought that there was a focus on meeting people's basic care needs, which at times were impacted by a shortage of staff on the floor. Staff required support and mentoring to help them reflect on their practice and improve the culture within the home.

People presented as well looked after although some told us that the laundry occasionally mislaid their clothing. We discussed this with the manager who told us that a new labelling system was now in place to address these concerns.

People should expect to get the most out of life and be able to participate in a range of meaningful social, creative, recreational and learning activities every day, both indoors and outwith the home. The Activity Co-ordinator had recently left her post and we saw very little stimulation for people. We saw people sitting around the communal areas sleeping or watching television and there was limited social interaction with staff. Physical activity is beneficial to people's quality of life, health and feeling of wellbeing. The service should consider how opportunities for physical movement can be incorporated into a daily activity programme. Activities should take account of people's personal wishes and preferences, reflecting what is important to them to support them to get the most out of life. (Area for improvement 1).

People told us that the quality of food was overall good. They spoke of choices at mealtimes and being well supported. However, we observed one person asking for a snack outwith mealtimes and being told that they would have to wait until the afternoon tea trolley came, as there were no snacks available. Another person told us that they had to wait until 09:30 for their breakfast although they would have preferred to eat earlier. The manager agreed to take these issues forward to ensure that people are respected in their choices.

People benefitted from support from a range of healthcare professionals including GPs, dentists, podiatry, opticians and psychiatric services. We saw that for some people staff accessed support and advice where there was a change in people's health. However, we felt that staff did not have adequate knowledge with regards to the management of dementia and specifically de-escalating incidents of stress and distress. (Area for improvement 2).

The management of medication was adequate. There had been recent medication errors and during our inspection we saw unclear or contradictory protocols and lack of medication audits. The service was to ensure that best practice guidelines were maintained and built on. The manager told us that the medication administration policy was in the process of being reviewed which we will follow up at our next inspection.

Areas for improvement

1. The provider should improve the range and availability of meaningful activities offered in all units of the home, taking into account people's abilities, preferences and choices.
2. The provider should ensure that staff complete dementia training which can be mapped across to the learning outcomes of the Promoting Excellence Framework Training Resource developed by the Scottish Social Services Council and NHS Scotland as part of the Scottish Government's Dementia Strategy with senior staff being trained to at least 'enhanced' level.

How good is our leadership?

3 - Adequate

We thought that the service was reaching an adequate level in response to the question, 'How good is our leadership?'

We acknowledged that there had been the recent appointment of a new manager who was in the process of learning about the service, staff and resident's needs. The manager had recently implemented a 'regulation visit' audit by another manager within the Balhousie group. This was a comprehensive review of practices that highlighted many of the issues we had identified. The manager told us that this had formed the basis for her improvement and development plan. We found the manager was willing to take account of our inspection findings and make the necessary improvements.

Residents should expect that their experiences within the home are continually evaluated to ensure that, as far as possible, they receive the right care and support. We saw that some audits in wound care, meal experience and the environment had been completed. We expect that further auditing across all aspects of the service, which takes account of our findings during this inspection, will support the manager to make continued progress.

Complaints received by the service had been managed appropriately with relevant action plans in place.

We were encouraged by the manager's commitment to engage with people who use the service, their relatives and staff as this will identify further areas for improvement. We discussed how further progress of the home's development plan should also include any required or recommended improvements. It should also outline details of what is to be done, how it will be done, by whom and timescales of when it will be achieved.

How good is our staff team?

3 - Adequate

People should expect to have confidence in the staff who care for them because they are trained, competent, skilled and able to reflect on their practice whilst following their professional and organisational codes.

We thought the service was achieving an adequate level in response to the question 'How good is our staffing'. This was because, although there were some strengths, there were key areas of performance that needed to improve, particularly in relation to assessment and dependency of people to help inform staffing levels.

We thought the staff team were, on the whole, positive and keen to provide a good standard of care for people they looked after. We were told how they tried to work together and there was a daily briefing system in place to ensure that staff knew what was happening in the home each day.

Recruitment practices were good which meant that people could be confident staff had appropriate checks to ensure they were suitable to work in the home. It was good to see that there was a checklist of all staff and details of their registration with the appropriate regulatory body meant that they were able to work in the service. Staff also told us that they had a comprehensive induction period with mandatory training and shadowing opportunities.

People should expect to have confidence in the staff who support them because they are trained, competent and skilled. There was a range of training taking place, mainly through online learning. We spoke to staff and were encouraged that they acknowledged an improvement in the level of support received from the new management team.

The supervision that staff took part in was not always reflective to help support their learning and development. Staff did not have the opportunity to explore, reflect on or improve their understanding of the care and support they offered to people. The manager told us this was an area for improvement with all staff throughout the service and we will look at this again at our next inspection. We discussed the use of direct observation of practice to regularly support staff's learning. These observations could then form part of their supervision to assess and improve their understanding and competence.

It is important that people's needs are met by the right number of staff. We thought that, given the layout of the service, there was not enough staff on duty to ensure resident's needs were met and their quality of life enhanced. Staff were not visible within communal areas resulting in people who needed assistance having to wait for long periods of time. The call system was also left unanswered for extended periods of time. There had been an increase in the number of falls and incidents between residents. The manager told us that she was using dependency tools to formally review the staffing levels and we encouraged her to take into account the layout of the building which is on two floors and spread over three units. (Area for improvement 1).

Areas for improvement

1. In order to ensure that people being supported are provided with the correct level of staff to meet their needs, the service must review their staffing needs analysis to ensure that appropriate levels of staff have been identified.

How good is our setting?

3 - Adequate

People should expect to experience a homely environment that is relaxed, welcoming and peaceful.

We carried out a walk-through of the home and saw that some refurbishment work had recently taken place. We thought that communal lounge areas were bright with pleasant décor and free of odour. People told us that they were encouraged to bring personal belongings from home so their rooms were more familiar and homely.

We saw that there was good written and pictorial signage in place to help support residents with dementia and other cognitive impairments. Further improvements to the environment were documented in an action plan.

However, we saw that moving and handling equipment was being stored in corridors and thought that the general appearance of the home was cluttered and untidy.

Maintenance issues were recorded by staff and actioned by the maintenance person who was shared with another home. The maintenance person conducted a range of safety checks throughout the home, although

there was no evidence that the work had been completed. Some satisfactory checks of equipment were in place however others, including moving and handling slings and PAT tests, were out-of-date. (See area for improvement 1).

Areas for improvement

1. The manager should ensure that any safety checks of equipment are carried out within the service in a timely manner to ensure the home and equipment is safe and fit for purpose.

How well is our care and support planned?

3 - Adequate

People who experience care should expect that their personal plans are right for them because it clearly sets out how their needs will be met, as well as their individual wishes, preferences and choices.

At the time of our inspection, Dalnaglar was in the process of transitioning over to an electronic care planning system, PCS. We looked at both paper and electronic care plans and acknowledged that this was a work in progress. Discussion took place around the need to ensure that some of the previous work on life histories, people's likes/dislikes and preferences, which were of a high standard, was not lost in the process.

People's health needs were monitored, which helped to identify where improvements could be made and we saw examples of where this had a positive benefit for residents. Generally, where a need had been identified, there was a care plan in place which gave information on how it was being managed.

Six-monthly formal care review meetings are required to take place and we saw that this was not happening for all of the people living in Dalnaglar. The manager acknowledged that this was an issue she was addressing and we have made it an area for improvement. (Area for improvement 1).

Care plans, reviews and evaluations should be improved to evidence that people are able to participate in meaningful activities in accordance with their individual preferences and agreed outcomes. This should include how people with dementia are involved in activities and events that are meaningful to them.

Areas for improvement

1. To ensure that people living in Dalnaglar receive responsive care and support, the provider must ensure that people's care needs are reviewed formally at least every six months.

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

Requirements

Requirement 1

The provider must implement robust systems to effectively demonstrate how all residents' individual care and support needs and personal preferences are being met. This should include evidence of ongoing monitoring, and show how this is being regularly evaluated.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 No 210: 4 (1) (a) – requirement for the health welfare and safety of service users.

This requirement was made on 27 February 2018.

Action taken on previous requirement

The service was in the process of moving over to an electronic care planning system. We looked at the previous system and thought that a lot of work had been carried out with people living in the home, their families and people involved in supporting them, to gain information about their needs, preferences, interests and hobbies. This information was then used to inform each individual's personal support plan. In particular, the life stories provided an excellent level of detail about people's needs, preferences and choices. We discussed with the manager the need to ensure that this work is carried over to the new system which we will look at again during our next inspection.

Met – outwith timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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