care inspectorate

Ballantine Court
Care Home Service

Ashgillhead Road
Ashgill
Larkhall
ML9 3AE

Telephone: 01698 887011 or 881078

Type of inspection:
Unannounced

Completed on:
27 February 2019

Service provided by:
Welcare Homes Ltd

Service provider number:
SP2004006888

Service no:
CS2005102252

HAPPY TO TRANSLATE

About the service we inspected

Ballantine Court is situated in the village of Ashgill on the outskirts of Larkhall. The service is on a local bus route and local amenities are near by.

The service is registered to provide up to ninety places in four units. The units are as follows: Laverlock - thirty-two places (dementia unit) and Wallace - twenty-nine places (frail elderly). Livingston - sixteen places (frail elderly) and Fleming - thirteen places (frail elderly). This includes, up to eight respite/short stay places as well as up to three beds for younger adults. At the time of the inspection, there were fifty-nine people living in the service.

The service provides single en-suite bedrooms with a range of communal and outside space for people to access.

The service had a statement of aims and objectives. This states that the service provides single en-suite bedrooms with a range of ordinary daily living, respecting the rights and dignity of all service users; ensure that service users independence and choice will be maximised, to ensure residents achieve their potential and adopt a person centred approach, to ensure that service users physical, spiritual, social and emotional needs are met in accordance with their needs and wishes.

How we inspected the service

We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place on Tuesday 26 February 2019 from 8.30am to 5.15pm and concluded on Wed 27 February 2019 from 8am to 1.15pm. We gave feedback to the home manager at the end of the visit. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves, or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service being inspected and gathering their views.

The purpose of the visit was to follow up on the progress being made towards the two requirements and seven areas for improvement, made at the previous inspection on 19 September 2018. We also followed up on three requirements and three areas for improvement that had been made following an upheld complaint since the last inspection. We found that one requirement and one area for improvement had been met, while the other requirements and areas for improvements were still being worked towards.

Taking the views of people using the service into account

We spoke with some residents during the inspection. Everyone told us that staff were friendly and that staff and management were approachable. A few people told us that at times staff can be very busy and that this had led to delays in staff being able to respond to their buzzers, within a reasonable time. We heard that the quality of food was good and that there was plenty of choices. Some people told us about some outings that they had been on and how they enjoyed the in-house activities. Some comments included:

- Carers are pretty good, but sometimes it takes a wee while to get help when I press my buzzer.
- Food is terrific. There is always something to eat if you don't like the main meal.
- I have my room exactly how I want it.
- I am quite happy here. It feels like home.
- I get on fine with the staff.

Taking carers' views into account

We spoke with visiting relatives, who told us that they were happy with how their relative was being looked after and that staff were very nice. Some comments included:

- My relative loves it here, He loves the company and the staff are good with him.
- My relative is content and well cared for.
- My relative care since she moved here has been 10 out of 10. The staff genuinely care about the residents.

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 that at all times service users have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider must:

- Ensure that fluid balance charts are completed accurately and in line with the identified care and support need.
- Ensure that there is documented evidence on action taken when service users are not achieving their targeted daily fluid requirements.
- Ensure that staff have a clear understanding about effective hydration for service users and the link to oral health, and can demonstrate this through effective care practice and monitoring.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My needs, as agreed in my personal plan, are fully met." (HSCS 1.23).
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) - a requirement to make proper provision for the health, welfare and safety of service users. Regulation 4(1) (a) requirement for the health and welfare of service users.

Timescale: To be completed by 31 Dec 2018

This requirement was made on 19 September 2018.

Action taken on previous requirement

We sampled this and found that recording was inconsistent. Some people who were on fluid recording charts on a short-term basis were well completed, whilst others who were on longer term monitoring, were not.

Not met

Requirement 2

The provider must ensure that effective audits are carried out in relation to resident care plans, accidents/incidents and the overall environment of the service, with sufficient information held and/or recorded to ensure that, where areas for improvement have been identified within the auditing system, there is sufficient information to show how risks have been minimised and progress made.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 3.15).

It also complies with Regulation 4(1)Welfare of Service Users and Regulation 5 Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

Timescale: to be completed by 9 November 2018

This requirement was made on 19 September 2018.

Action taken on previous requirement

We found that management had an overview of key health areas for residents, including falls, pressure care and nutrition. However, some of the paperwork could have been more organised. We looked at accident and incident records and found some good practice, especially around the management of any head injuries. Other areas needed more work, to ensure follow up actions and outcomes were noted. There were a few accidents that had not been notified to us as expected.

Not met

Requirement 3

To ensure care and support is appropriate in meeting people's needs, the provider must:

- Complete relevant assessments to inform the personal plan
- Review the personal plan in line with changes in assessed need
- Refer to service policy, procedure and current best practice guidance when completing risk assessments and personal plans.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 1.15 which state 'My personal plan (sometimes referred to as a care plan), is right for me because it sets out how my needs will be met, as well as my wishes and choices' and Health and Social Care Standards (HSCS) 4.11 which states 'I experience high quality care and support based on relevant evidence, guidance and best practice'. It is also necessary to comply with Regulation 5(2)(c) (Personal Plans) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 29 November 2018.

Action taken on previous requirement

Since the last inspection, the service had worked hard to develop a new care plan format. The service were ready to pilot the new care plan. We sampled some existing plans and found some areas that did not reflect the current care and support that was being delivered. We also found some key information was missing around areas of risk, relating to individual residents dementia. Documentation and risk assessments around falls management needed improved too. We have reminded the service that they must keep existing plans up to date, whilst they are implementing the new ones.

Not met

Requirement 4

In order to ensure that people get the medication that they need, the provider must put an effective medicines management system in place by 1 November 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standards 3.14 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' and Health and Social Care Standards 4.11 which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice'. It is also necessary to comply with Regulation 4(1)(a) Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 29 November 2018.

Action taken on previous requirement

We looked at medication management and found that people could be assured that they were receiving their medications as prescribed.

Met - within timescales

Requirement 5

To ensure the welfare of people experiencing care, the provider must ensure there are clear procedural systems for accessing medical services in the event of an emergency.

This is to ensure that, care and support is consistent with the Health and Social Care Standards (HSCS) 3.21 which state 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm.' It is also necessary to comply with Regulation 4(2) Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 29 January 2019.

Action taken on previous requirement

The service had devised a procedure for this, however, we have asked them to review the section around advise to staff about what must be notified to us.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should ensure that when using equipment that limits people's movement such as lap straps or bed rails, that the appropriate documentation is in place and appropriate consents recorded.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am as involved, as I can be in agreeing and reviewing any restrictions to my independence, control and choice." (HSCS 2.6).

This area for improvement was made on 19 September 2018.

Action taken since then
We found that an overview was in place for residents who used any equipment that may be considered restraint and required a discussion and consent from them or their representative. However, forms were not in place for files that we checked.

This area for improvements had not been met.

Previous area for improvement 2

The service should carry out a review of how they support people, to spend their day and consider new and meaningful ways of engaging with the community, trying new hobbies and having an opportunity to fulfil any wishes and aspirations.

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

This area for improvement was made on 19 September 2018.

Action taken since then
We heard from people that they had felt that there had been some recent improvements, especially around involvement in the community and activities coming to the home. We spoke with activity staff who were very keen and heard about lots of plans going forward too. The service had made good progress and we look forward to hear how it develops at the next inspection.

This area for improvement had not been met.

Previous area for improvement 3

The service must ensure that there is always an adequate supply of oral supplements available within all units of the service.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My care and support meets my needs". (HSCS 1.19).

This area for improvement was made on 19 September 2018.

Action taken since then

We found that oral supplement were out of stock in one unit and had been for the past week.

This area for improvement had not been met.

Previous area for improvement 4

The service should review the mealtime experience, particularly in Laverlock Unit to ensure that they are always a dignified experience for people.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible." (HSCS 1.35).

This area for improvement was made on 19 September 2018.

Action taken since then

We observed mealtimes and found that there had been some improvements made since the last inspection. People were supporting on an individual basis by staff. We noted that there were many people who needed a high level of support and the home were currently having meals in two sittings, to help with this. Tables were being set and plenty of drinks were offered. We received really good feedback about the quality of the meals. There were still a few areas that needed more work which we discussed at feedback.

This area for improvement had not been met.

Previous area for improvement 5

The service should update its policy to include the frequency of supervisions for staff. They should then work towards this. They should also devise a programme for staff meetings. Both would assist in enabling staff to contribute to the future direction of the service.

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

This area for improvement was made on 19 September 2018.

Action taken since then

Some meetings had taken place since the last inspection and action plans had been devised and were being worked through following these. Supervisions had not yet commenced, however, we heard that some new nursing staff were waiting to start and this would be organised as once they had settled in.

This area for improvement had not been met.

Previous area for improvement 6

The service should review the environment, particularly in Laverlock Unit, to look at ways making it feel more homely. They should also look at using all areas to avoid overcrowding in the main lounge/dining room.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "If I

experience care in a group, I experience a homely environment." (HSCS 5.6) & "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." (HSCS 5.18).

This area for improvement was made on 19 September 2018.

Action taken since then

We found that the small lounge was used in the afternoons now in Laverlock to provide some quite time for people. The service were in the middle of making some changes in the unit too, including a Barber's Shop and some re-decoration was due to start within the next few weeks. We look forward to seeing the changes at the next inspection.

Previous area for improvement 7

The service should ensure that daily charts are an up to date record of the care and support that has been delivered. This should include TMARS (topical medication administration records), SSKIN bundles for skin integrity and palliative care records.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My needs, as agreed in my personal plan, are fully met." (HSCS 1.23).

This area for improvement was made on 19 September 2018.

Action taken since then

We sampled these and found that TMARS were overall well completed. We found some inconsistencies on how skin integrity paperwork was being monitored and recorded with some completed well and other having gaps. SSKIN bundles seemed to be completed better that the palliative acre records.

This area for improvement had not been met.

Previous area for improvement 8

To ensure people's needs can be met safely at all times, an assessment should be undertaken to establish the suitability of the placement being offered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 4.27 which states 'I experience high quality care and support because people have the necessary information and resources'.

This area for improvement was made on 29 November 2018.

Action taken since then

We sampled these and found that these were in place.

This area for improvement had been met.

Previous area for improvement 9

To ensure the safety and wellbeing of people experiencing care, the provider should monitor the safety and security of the premises.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 5.17 which states 'My environment is safe and secure.'

This area for improvement was made on 29 November 2018.

Action taken since then
The home were in the process of getting of the external door made secure.

This area for improvement had not been met.

Previous area for improvement 10

To ensure a clear understanding of 'anticipatory care planning', the provider should ensure all staff have received relevant guidance/training on the purpose, limitations and implications of this document for people experiencing care.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 4.11 which states that 'I experience high quality care and support based on relevant evidence, guidance and best practice' and with reference to the guidance contained within www.gov.scot/anticipatory care planning

This area for improvement was made on 29 November 2018.

Action taken since then
This training was being obtained from the Care Home Liaison Nurses. One session had already taken place whilst dates were being organised, for those who had been unable to attend.

This area for improvement had not been met.

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