

Barlochan House Care Home Care Home Service

Palnackie
Castle Douglas
DG7 1PF

Telephone: 01556 600287

Type of inspection:

Unannounced

Completed on:

13 February 2019

Service provided by:

Barlochan House Ltd

Service provider number:

SP2005007671

Service no:

CS2005102686

About the service

Barlochan House is a care home registered for 50 older people. This includes the option to accommodate two younger adults if their needs can be met.

The service provider is Barlochan House Ltd. A small company with two care homes in Scotland.

Barlochan House is located in Palnackie village, Dumfries and Galloway. The home comprises an older house and a modern extension, linked together. Most accommodation is on ground level, with four bedrooms on the first floor, served by a passenger lift.

The home is divided into three areas, with staff allocated to work in each. These are Barlochan (older house), Clifford (newer building) and Solway (adjacent to Clifford)- a small area for eight people living with dementia.

All bedrooms have en-suite facilities, comprising a toilet and wash-hand basin and some also have showers. The home has homely shared bathrooms and wet floor shower facilities suitable for assisted use. There was a good choice of sitting and dining areas throughout.

At the time of the inspection there were 48 people (residents) living at the service.

The service states their aim is "to promote a safe, homely environment which acknowledges the individual's rights to privacy and choice". It describes staff as "committed to providing a friendly, caring home".

The service do not employ nurses as a part of the staff group. Nursing and health needs are met by referral to district nurses or other specialists as needs arise.

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What people told us

Prior to the inspection we issued questionnaires to help gauge the views of people using the service.

We received three completed questionnaires from residents of the service, all three "strongly agreed" overall they were happy with the quality of care provided. No comments were provided, such as:

"We appreciate our relative can walk outside which helps to keep her fit and have her cat which helped her to settle so well."

"Very high level of care, always accommodating & willing to help, reassured my relative is safe and well looked after."

"Dedicated manager confident in deputy, seniors all capable, staff experienced. Everyone encouraged to be independent, relative treated with respect & staff are super."

However, some slightly negative comments were also made:

"Staff spend too much time doing paperwork, need more staff to spend quality time with residents, too much

time in front of TV, some programs not appropriate, music enjoyed better, laundry facility not good for woolens, outdoor space could be improved."

"Most carers have very high standards, only one or two speak to me & tell me how my relative is getting on, there are times after meals when my relative is left covered in food stains."

During the inspection our inspector volunteer focused on talking with residents and relatives. An inspector volunteer is someone who has experience of care services and is specially trained to help gain the views of people using them.

Seven residents and three relatives were consulted. Positive views were expressed. There was confidence in the staff, people felt there were activities going on, they were kept informed about meetings and involved in the care plan. There was praise for the manager who was highly visible and people felt comfortable in raising any issues which they felt would be quickly resolved.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

People using the service should expect to be treated with compassion, dignity and respect. We heard very positive feedback from residents and relatives who felt strongly this was the case. Our observations concluded staff interacted in very appropriate ways with residents. We saw examples of good communication which was paced to suit the individuals and staff knew residents well. This meant interactions were kind and warm which helps people feel respected. We saw examples of staff "going the extra mile" to work out person centred solutions so that personal choices and needs could be met. The service had ways of involving people using questionnaires and meetings and openly displayed minutes. This meant people could express their view and responses were also displayed to show "you said/ we did". This gives people confidence their voice will be heard and acted on.

People using the service should expect to be supported to get the most out of life. This includes feeling safe and protected. We found staff were updated regularly on adult support and protection procedures and were using these to report issues. Some aspects of these procedures needed more explanation so staff escalate issues more consistently. The manager was aware of this, had arranged additional training and review of internal procedure. This will help staff to be clear about their roles and ensure any issues are responded to appropriately. We saw involvement of the local dementia support team (IDEAS) has helped staff to develop strategies to help minimise stress/distress for some residents and this is good practice. To further promote safety the access to staff call (buzzer) system and staff pagers could be reviewed to ensure residents and staff can get help when they need it.

People using the service should feel supported to make choices on how they spend their day and achieve their wishes/aspirations. We found people could spend their day as they wanted and most engaged well with the activities provided. A small number of residents were unable to take part and staff had not always been able to identify meaningful activity and how to support alternatives. This could develop with further training and focus. We discussed "Namaste" care as this provides a focused programme for people with later stage dementia. The manager was keen to introduce this and has already explored ways of gaining support to do this.

In order to develop a stronger focus on personal outcomes for people we suggested this could be developed through the personal planning process. This would help ensure people's wishes are well understood and what they want to achieve is clear. This may be in relation to how to spend their day and be comfortable or include a more aspirational goal such as attending an event or going on holiday. We thought the review process needed to develop to ensure agreements and outcomes were focused on more clearly. See area for improvement 1.

People often need support to manage their finances and be able to purchase things. We found the system to support residents' monies was not fully auditable and needed review so receipts could be tracked and show what spending had taken place. The bulk purchase of toiletries was not good practice and we encouraged this to be reviewed so people could have a choice of going to the local shop or make another suitable arrangement with their keyworker. See area for improvement 2.

People should expect their health to benefit from the care provided. Residents and relatives spoke positively about how people's health was monitored and felt confident appropriate health professionals would be involved. We found there was good links with community health teams and people would benefit from regular visits from G.P. and so on. However, the health section of the personal plans did not always identify a full medical history and ensure long term medical conditions were listed. This meant staff may not be fully aware of these or be sure how to monitor. We observed a staff handover and felt this could be used more proactively to ensure important aspects of health and safety are highlighted to the next shift. For example falls and infections. The risk assessments for falls and skin could be used more effectively. This could help reduce falls and increase movement to promote better health. We saw medication was managed well. Further monitoring of medications which sedate (antipsychotics) would be good practice as these can cause unwanted side effects. See area for improvement 3.

Areas for improvement

1. The service provider should identify outcomes with residents and use the review process to check if these are being achieved.

1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

2. The service provider should review financial policy/ procedures to ensure:

- It is clear as to how residents monies will be managed and what to do if they go over/ under certain limits,
- Purchases such as toiletries should be individually traceable and preferences noted in the personal plan as to how to shop for these.
- Review meetings are used to check if spending in someone's best interest should be explored further to achieve additional comfort/ improve lifestyle.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.

3. The service provider should ensure aspects of health monitoring are reviewed and linked to best practice. This is with particular reference to:

- Falls risk assessment and review to ensure full use of Managing falls/ fractures resource. The aim being to reduce the number of fractures occurring.
- Waterlow assessments to ensure skin protection plans, and support for changes of position/ movement is encouraged to enhance health.
- Reviews of sedative medications (antipsychotics).

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.19 My care and support meets my needs and is right for me.

1.24 Any treatment or intervention that I experience is safe and effective

How good is our leadership?

4 - Good

People should expect transparent quality assurance, including self evaluation and improvement plans, drive change and improvement where necessary. We found the service did monitor some aspects of the service but this was not driven by a well thought out quality assurance system. Development had not yet taken place to consider the use of self evaluation and how identified priorities would then feed into a service improvement plan. This meant although improvements occurred, it was not always possible to see how this had been identified or what changes had resulted. This is important to ensure people benefit from a culture of continuous improvement. See area for improvement 1.

Leadership training was limited and staff needed allocation to take on areas of responsibility to lead on subjects such as infection control, dementia care, falls and so on. For these roles to be successful use of leadership training such as "Step into Leadership" could be helpful. This can help ensure the service is well led and care is of a high quality.

The current audit programme needed review to ensure it was more effective for example the finance audit was not robust. Accidents and incidents were monitored but management overview could be stronger to show follow up actions help prevent re-occurrence. This means people would experience care and support which has been checked against best practice.

Overall, there were high levels of satisfaction expressed and good feedback which suggested there was confidence in the management and organisation who seemed keen to move forward and get things done.

Areas for improvement

1. The service provider should develop a quality assurance system/ improvement plan with particular reference to:

- review of all policy/ procedures, with priority focus on quality assurance policy,
- service aims and objectives,
- effectiveness of audits to check they are successful in identifying areas for improvement and driving change,
- leadership in key subject areas in order to drive improvement, and
- include self evaluation against the health and care standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

How good is our staff team?

4 - Good

People should expect staff have been well recruited. There was evidence of safer recruitment checks in use to help ensure the right staff are employed to care for residents.

People should expect staffing levels are right and staff work well together. There was a process for assessing the overall dependency/care hours needed to meet resident's needs. However, changes in dependency were not always discussed at review meetings even although this may have increased. This meant staffing levels were not as flexible as they could be. A calculation of care hours by unit and check to see how this matches with staff hours available should be checked at least weekly. This helps to ensure staffing levels can meet changing needs of residents well.

Staff we spoke with were aware of their responsibilities to maintain registration with Scottish Social Services Council (SSSC). This was monitored by management. Staff knew about the codes of practice and these had recently been re-enforced by management to ensure staff adhered to the expectations these confer.

Feedback from residents and relatives about staff was very positive and indicated there were good relationships, trust and confidence. Staff told us they worked well together and this helped to create a warm atmosphere within the service.

How good is our setting?

4 - Good

People should expect the setting to promote their independence and to be safe. Some beneficial changes had been made recently. This included fencing to the perimeter to help make the garden areas safer. Progress was seen in how the environment was being adapted to be more dementia friendly. This was seen particularly in Solway unit and further changes were planned for the other units. This meant the setting was homely and developing to suit people with dementia better. For example by making bedroom doors more obvious and colour contrasts to help use of use of toilets.

Residents should be confident equipment is clean and safe. We noted deficits to the facilities for cleaning commode pots and urinals. This needed to be brought up to modern standards and include review of mop cleaning, laundry and hand wash sinks. See area for improvement 1.

We noted the laundry door could not be locked and chemicals were stored which could be hazardous. The manager responded and a keypad was ordered to make this safer.

Some of the en-suites were difficult to access for people with mobility issues. The manager ordered new commodes with wheels to help residents to use en-suite toilets with more dignity. Further exploration could take place to see if en-suite door access can be made wider to enable more ease of use.

The setting was best suited to people with dementia in Solway unit as this was small and homely. Clifford unit had some access to a small kitchenette but this was not easy for residents to use. These facilities could be developed to encourage more involvement in day to day activities for residents who are able. We noted the stay warm trolley for serving food was not always used and this would have been better practice.

Barlochan House had a large sitting/dining area which would benefit from partitions to sub-divide and make the room more homely. Again, provision of kitchenette would be beneficial to allow drinks and snacks to be made by residents/staff or to support residents in everyday activity such as washing up.

Access to the outdoors was available but the internal courtyard had steps within it which could be hazardous. This limited the chance for doors to be left open and allow more independent access without the need of staff supervision. Other outdoor spaces still needed attention to make them more inviting. The access to the garden had progressed well in Solway unit with plants showing the way.

Health and safety checks were carried out by the maintenance person. We noted some issues had not been recorded such as extractor fans and checks to the staff call system. These records were being revised by the manager and will be checked at the next inspection.

Areas for improvement

1. The service provider should ensure equipment is safe and clean and infection control measures are in place by reviewing and upgrading the facilities for:

- cleaning equipment such as commode pots/ urinals, (Dirty utility room)
- ensure there are sufficient hand wash sinks,
- cleaning equipment in the laundry such as laundry trolleys/ baskets
- domestic services room (DSR) is appropriate for mop bucket use/ hand wash.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

How well is our care and support planned?

4 - Good

Residents should expect assessment and care planning to reflect their needs and wishes. A clear policy on how assessment and care planning should take place could be developed to guide staff. This could be beneficial to support improved risk assessment, enablement and identification of personal outcomes. The personal plans had a clear index and were easy to follow. However there was no holistic assessment and some needs were not well identified. For example, social, exercise/movement or personal goals. Medical history could also be listed more clearly and linked to how long term medical conditions should be monitored to ensure staff know what to look for.

Residents should expect to be involved in compiling, agreeing and reviewing their personal plan. Although there was some evidence of signatures this could be strengthened. It would be good practice to see comments from residents/representatives recorded more fully in six monthly reviews and to show they have agreed with risk assessment/personal plan contents.

Discussion took place on how the review process could be developed to be more meaningful and check agreements on important areas such as changes to medications, finances/how and what to spend on, resuscitation decisions/anticipatory care plans (ACP's).

Residents should expect their future care and support needs to be anticipated. It was recognised by management that further work was needed to ensure people had an agreed anticipatory care plans (ACP). This sets out agreements of what to do in the event of a sudden deterioration of health and with development will ensure GP and out of hours services are aware of these decisions. Progress with this will be checked at future inspections.

Areas for improvement

1. The service provider should:

- review policy, procedures and content of personal plans to develop more person centred approaches in keeping with best practice.

Provide staff training in person centred planning to ensure successful use of records to become more outcome focused.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.15 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.

4.27 I experience high quality care and support because people have the necessary information and resources.

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

Requirements

Requirement 1

The manager must review the safety and security of the premises, including exit routes, lighting, perimeter of the external grounds and internal areas which must be kept locked at all times to ensure safety.

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) Welfare of users.

Timescale: 12 weeks from the publication of this report.

Initially made on 20 January 2017 and repeated on 15 November 2017.

This requirement was made on 20 January 2017.

Action taken on previous requirement

Fire exit alarms were used when staff were not in the vicinity. We saw a review of use of these alarms had taken place following an incident. This should be kept under review as one door is used regularly by staff and there is the potential for complacency. A new fence had been installed to secure the perimeter of the property.

Met - outwith timescales

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 continue to develop individual life story work, ensuring that this is linked to the keyworker role and a more personalised activity programme. In addition, the activity programme should be extended to include physical activity and use of external areas.

National Care Standards care homes for older people – standard 6: support arrangements.

This area for improvement was made on 20 December 2017.

Action taken since then

Life story work was still to be developed. An activity programme did take place. Day to day activity was still to develop, physical activity sometimes takes place. These issues are on-going for further improvement.

Previous area for improvement 2

The service should ensure that where medication had not been given, the reasons for this must be accurately recorded on the reverse of MAR sheets to ensure accuracy and accountability.

National Care Standards care homes for older people – standard 6: support arrangements.

This area for improvement was made on 20 December 2017.

Action taken since then

Codes were re-enforced with staff and examples seen. Recommendation met.

Previous area for improvement 3

The manager should use the Kings Fund EHE environmental assessment tool to evaluate and implement the continued development of a supportive environment for people with dementia.

National Care Standards care homes for older people – standard 4: your environment.

This area for improvement was made on 20 December 2017.

Action taken since then

Progress being made, still work to do but this was being "staged", with Solway unit further forward than Barlochan but this represents good progress.

Recommendation met.

Previous area for improvement 4

The manager and staff should introduce strategies for falls prevention and management.

National Care Standards, care homes for older people, standard 6: support arrangements.

This area for improvement was made on 20 December 2017.

Action taken since then

High number of falls with fractures had occurred over the last year. The use of preventative resources was not proving effective yet. Ways of making improvement to focus on this better were discussed. Recommendation is not met.

Previous area for improvement 5

The service should improve the mealtime experiences for residents – particularly people with cognitive impairment. Staff should strive to make it a more meaningful occasion rather than a task orientated process.

This area for improvement was made on 20 December 2017.

Action taken since then

Very pleasant mealtimes were observed. Residents appeared to enjoy their meals, very calm atmosphere. Staff frequently checked if people were OK and had enough. Sunday lunch was made into an occasion each week and celebrations were marked. Our inspector volunteer commented the assistance provided was appropriate and staff carried this out nicely. Recommendation is met.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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