

## Balhousie Huntly Care Home Service

Balhousie Huntly Care Home  
Deveron Road  
Huntly  
AB54 8TS

Telephone: 01466 383145

**Type of inspection:**

Unannounced

**Completed on:**

13 June 2019

**Service provided by:**

Balhousie Care Limited

**Service provider number:**

SP2010011109

**Service no:**

CS2012308788

## About the service

Balhousie Huntly was registered with the Care Inspectorate on 27th November 2012 to provide a care service to a maximum of 60 older people. At the time of our inspection there were 59 people living in the service. The provider is Balhousie Care Limited.

The care home is a two storey purpose-built building. It is located in the market town of Huntly and is close to local amenities for example, shops, churches and cafes.

All bedrooms have en suite toilet and shower facilities and people have the choice of well furnished and decorated sitting and dining areas. There is a landscaped enclosed courtyard garden that is accessible from several doors on the ground floor.

The provider's participation charter states, "We recognise the value and importance of listening to the people we support and their relatives, to deliver on their expectation and outcomes".

## What people told us

We sent 44 Care Standards Questionnaires to the manager to randomly distribute to people who live in Balhousie Huntly and visitors to the service. We received 29 completed questionnaires back. One inspector and an inspection volunteer spent time speaking with residents and visitors. We used some of their comments to inform our inspection, for example:

"The quality of the care is very good and the staff are very good. I am happy with the service at this home".

"The environment is very good and the staff are very helpful and there is always things we can join in with".

"Sometimes it is difficult to find help between 18.00 and midnight. Staff are very kind and helpful. Food sometimes bland. Would like the chance to do some light work in the garden".

"My father is pleased with his room, it looks onto a small garden".

"The staff are very good at telling me if anything has changed. Unfortunately due to new residents and staff leaving and swapping zones, I sometimes don't recognize any of them during visiting".

"I have not noticed any 1-2-1 activities on the board recently".

"Wonder if it would be better if a carer could spend time in the day room communicating and observing the residents".

"If I have any questions or ideas they have been answered very quickly".

"Mother was one of the first intake and has not only enjoyed the experience but has flourished".

"My only criticism is that on a couple of occasions I have gone into visit after mealtimes and clothing was badly soiled with spilled food and drink".

"The home provides a clean safe environment for my granddad. He enjoys the activities and is very happy and settled."

## 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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed

How well is our care and support planned?	3 - Adequate
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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**

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths while addressing areas of performance that are not contributing to positive experiences and outcomes for people.

We observed some examples of warm and compassionate interaction between staff and the people who live in Balhousie Huntly. We saw the positive impact this made to those people's well-being. However we were informed that staff often moved units and one person told us that often when visiting she didn't know the staff allocated to the unit she visits. One staff member during our inspection was unsure of the names of the people in the unit she was working in. It is important for the service to look at staff placement to ensure that people experience stability and are reassured by the consistency in staff.

People looked well. Visitors told us that their loved one always appears smartly dressed in clothes that are in a good state of repair and cleanliness. Staff had recognised the importance of assisting people retain a sense of identity and personhood.

The home had a relaxed, friendly and homely atmosphere. Thought had been put in to the positioning of furniture in the various lounges and we observed some residents engage in meaningful conversations. This helped people form new friendships. We saw some lovely examples of bedrooms that had been personalised. People experienced an environment that was well looked after with clean, tidy and well maintained premises and furnishings.

Some people told us that they enjoyed a variety of social activities however some people told us "their day was long". We observed people who were less able, sit for long periods of time without meaningful engagement or activity. The exercise class that took place during our inspection was arranged as a large group activity in one of the units. Although people were asked if they wanted to attend, some people did not have the ability to respond therefore they remained sitting where they were. We discussed that if the activity took place in each unit then there may have been an increase in participation and more people would have benefitted.

One person told us "I long to be busy", two other people said "the day can be long". It was disappointing that the service did not have an enablement approach to keeping people engaged and active, for example people did not assist with the library trolley, the shop trolley or more routine things such as setting tables. People should get the most out of life because the staff and organisation who support them should have an enabling attitude and believe in each person's potential.

Some people told us that they had enjoyed bus trips. We reviewed an overview of the previous months bus trips and found that more able people had gone out on numerous trips however many people who had increased care needs had failed to go out on any. All people should be given and supported to have the same opportunities and experiences.

We were concerned that although there appeared to be a range of activities available these were not available or accessible to all people living in the home.

**(see area for improvement 1).**

The menu had been changed with no input or involvement from residents. We observed people being asked what they wanted to eat for the following days meals. Some people were confused as to what was on offer and were unable to make an informed choice. We saw there was no visual choice at the point of service. We were told that people could change their meal during service however we saw that pre-plating occurred for some choices and the exact number of plates came to the units. It was positive that the service responded immediately and took action to improve practice in regards to meal times however the service needs to continue to monitor the dining experience making it a pleasant and enjoyable experience for people and ensuring there is a choice given and that the menu reflects what people want to eat. **(see area for improvement 2).**

People should experience high quality care and support based on relevant evidence, guidance and best practice. We were concerned about the safety of some people who had been assessed as being at risk of falls and who spent their day in bed. We saw inappropriate use of mattresses between the side of beds and the wall. We were told these were in place to prevent "bumping of heads". This unsafe practice increased the risks to the health and safety of those people due to the mattress having the potential of falling on top of them. It concerned us that on reviewing observation records, we saw that there were nights where safety checks had not been completed. The service responded to our concerns and removed the mattresses. However the unsafe use of mattresses as a means of preventing harm and the lack of regular safety checks by staff caused us concern. **(see requirement 1).**

We reviewed recruitment files during our inspection and found that people had been recruited safely however we read that staff new to the service had not completed training in fire safety and in the safe moving and handling of people. We were concerned because those staff were on the rota to begin working unsupervised. We read in one other staff file that there had been a delay of three months after starting to work in the home in that person undertaking this necessary training. The people living in the home should be cared and supported by staff who have been equipped with the skills and knowledge to carry out their duties appropriately and safely. **(see requirement 2).**

## Requirements

1. The provider must ensure that when a risk to a service user has been identified that best and legal practice is adhered too as a means of minimising the risks to that person and that regular checks are carried out by staff to ensure the measures put in place remain appropriate and safe.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "Any treatment or intervention that I experience is safe and effective" HSCS 1.24 and "I experience high quality care and support based on relevant evidence, guidance and best practice" HSCS 4.11 and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users.

2. The provider must ensure that all staff working in the service receive the appropriate training which will equip them with the knowledge, competency and skills required to meet the care and welfare needs of people.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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 and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210: Regulation 4 (1)(a) - a requirement for the health and welfare of service users: Regulation 9(2)(b) - a requirement about fitness of employees: Regulation 15(b)(i) - a requirement about training.

## Areas for improvement

1. The service should improve the quality of activities and social engagement available to enable all residents the opportunity to take part and provide the necessary support to each person to help them make the most of life.

This is to ensure care and support is consistent with the Health and Social Care Standards 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.

2. The service should continue to review and monitor the dining experience of residents ensuring that the views and opinions of residents are sought in regards to the meals provided.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" HSCS 1.33.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**3 - Adequate**

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths while addressing areas of performance that are not contributing to positive experiences and outcomes for people.

The service was in the process of introducing electronic resident care notes. Rather than a structured introduction and transfer of information there was an ad hoc approach. As a result each unit was at a differing stage with two units having very little information stored electronically and mainly referring to the hand written records. This made it difficult for staff to access the necessary support plans and assessments to enable them to be informed of how best to care for people.

Where risk assessments had been transferred and updated, these were detailed and accurately reflected the risk to individuals however the corresponding care plan remained on paper.

Nursing staff had transferred all documents relating to wound care. These were clear and detailed records and there was the ability to attach photographs of wounds to the electronic documents, this enabled the nurses and supporting professionals to accurately monitor any improvement to wounds.

Some staff we spoke with appeared to lack the confidence and some staff the knowledge and skills to use the new system. Although training had been organised it was disappointing to read that at the last care staff meeting no-one attended. This was a missed opportunity to discuss the new electronic system which was an item on the agenda.

When a care and support need had been attended to care staff updated records from a hand-held device. We discussed how these entries could be expanded and be outcome focused to ensure they do not read like tasks.

On the face of the handheld device there was a picture of each resident in that unit. Attached to each photograph was an indicator of when that person had experienced interaction or engagement with a staff member. The colour of the indicator reflected the time between engagements e.g. it went red and angry if there had been a long time and yellow and smiley if recent engagement. During our observations we found that there were many neutral engagements between staff and residents e.g. "would you like a cup of tea". We discussed with the management team our concerns that there was no assessment of the quality of the engagement and that the overview of that persons day may not be a true reflection of how meaningful their day was.

### Areas for improvement

1. The management team should continue to support the staff to ensure that all residents have care and support plans that are on one format, are easy to access, up to date and that all staff are competent in completing and updating.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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" HSCS 1.15.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 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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