

## Ballantine Court Care Home Service

Ashgillhead Road  
Ashgill  
Larkhall  
ML9 3AE

Telephone: 01698 887011 or 881078

**Type of inspection:**

Unannounced

**Completed on:**

12 September 2019

**Service provided by:**

Welcare Homes Ltd

**Service provider number:**

SP2004006888

**Service no:**

CS2005102252

About the service

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 nearby.

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-one 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.

What people told us

We gathered feedback from residents in the service and their families by sending out questionnaires and speaking to people during the inspection. 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.

We received positive reviews on various aspects of living at Ballantine Court. People told us that the staff were very caring and nice to them. People told us that the meals were good and they enjoyed the many choices of food. People spoke extremely positively about the recent activities that were available to them. Comments received included:

- Couldn't ask for nicer staff.
- The food is good-there's never anything I ask for that I don't get.
- The staff are very nice to me.
- Staff recently took a few of us to Blackpool-it was brilliant.
- We often go out. The staff who take us out are good fun.
- The care my relative has had has been without fault.

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
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How good is our leadership?	4 - Good
How good is our staffing?	5 - Very Good
How good is our setting?	3 - Adequate
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**

In order to answer this question we considered and evaluated the following Quality Indicators

1.1 People experience compassion, dignity and respect - graded as very good

1.2 People have a good quality of life as a result of their care and support - graded as very good

1.3 People's health benefits from their care and support - graded as good

It is important that staff across the home treat residents with compassion, dignity and respect. We observed staff to speak nicely to people and residents looked very relaxed around them. Residents and relatives we spoke with told us that the staff were very nice. There was a warm and homely atmosphere.

The way people spend their day should promote feelings of purposefulness and wellbeing. We heard that the care home had enrolled for 'Care About Physical Activity' (CAPA) which is a government funded programme to improve activity in care facilities. We found that they had worked extremely hard over the past months to significantly increase opportunities for residents. There was a weekly activity programme in place that had a mix of in-house activities including exercise classes and music groups along with external entertainers, pet therapy, tap fit and other booked activities. The home had excelled in looking at individual wishes and aspirations for each resident. Time had been taken to find this out by speaking to residents and their families. Regardless of each person's physical and cognitive ability, they were working through achieving these for people. To date, some examples were people being supported to go swimming or to a hydro therapy pool, attend a dinner dance with their spouse and become a member of the local leisure centre. The benefit from all of these changes were that people living at Ballantine Court were experiencing very good outcomes around them getting the most out of life.

We sampled medication management and found that people could be assured that they were being supported to receive their medications as prescribed by the doctor.

We looked at the management of falls, accidents and incidents. We found that a lot of work had taken place to meet the requirements made following an upheld complaint. The service had introduced some new documentation, carried out coaching with staff and staff had reflected on their practice. All of this had strengthened this aspect of the service. In the process of doing this, we found a range of documents being used within the care plan, which could then be confusing for staff and lead to an inconsistent approach. We asked the service to review this. Please see area for improvement 1.

People told us that they enjoyed the meals at the home and that there was plenty of choice. Dining rooms were nicely presented, and mealtimes were relaxed with support being offered to those who needed this. Snack and drinks were freely available in between meals. Management had an overview of resident's weights in order to support those at risk of malnutrition. We sampled how staff monitored people's food and fluid intake, should they require this, and found that this was being carried out on a daily basis. There were a few different forms being used which could be confusing, so we have asked the manager to review this and we felt assured that this would happen.

Residents could be confident that staff and management had an overview of their health care needs and consulted with relevant health care professionals including the podiatrist, GP and other specialist medical staff. Any advice received had been added to the resident's personal plan and been followed.

## Areas for improvement

1. The service should review the documents in use to assess and support people who may be at risk from falling to ensure that a consistent approach is in each person's care plan.

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).

## How good is our leadership?

**4 - Good**

In order to answer this question we considered and evaluated the following Quality Indicators  
2.2 Quality assurance and improvement is led well - graded as good

Since the last inspection there had been the appointment of an administrator by Welcare Homes as the then providers of the Care Home. The home was currently being managed by Grant Thorntorn UK LLP. A new provider was in the process of applying to register the care home, but until this is finalised, management remains with the administrators. We recognise that this had been a very stressful time for the home's manager and staff who had remained very loyal to the residents during this time by continuing to work at the service.

People using the service should feel assured that the service has a robust quality assurance system. We found that the service had a system that covered all key areas of the service, including nutrition, falls and training. Actions plans had been devised to address any issues or areas that could be improved and these were currently being worked through. We noted that action plans were regularly re-visited to ensure that they were meaningful.

The service had a system in place for managing any complaints and incidents and we found that any that had been raised had been investigated and any lessons learned put in place.

Meetings provide a good opportunity for people to give any ideas or concerns and to hear about any developments within the service. Meetings were held regularly for residents and we found that people were encouraged to give their ideas and opinions. Action plans were devised following these and then re-visited at the next meeting to check on progress. There had been some resident, relative and staff meetings with the administrators to keep everyone up to date and provide an opportunity for any questions to be responded to. The manager continued to hold regular staff meetings to support staff and staff told us that management were very approachable.

We spoke with residents and relatives who told us that management were very approachable and that they could go to them with any ideas or concerns and would feel that they would be listened to.

### How good is our staff team?

### 5 - Very Good

In order to answer this question we considered and evaluated the following Quality Indicators:

3.2 Staff have the right competence and development to support people - graded as very good

3.3 Staffing levels and mix meet people's needs, with staff working well together - graded as very good

People using the service should feel assured that there are enough staff to support them. We found that the service calculated the dependency of residents against staff hours worked. The feedback we received from residents, relatives and staff was that they felt that there were usually enough staff on duty. However, at times due to last minute sickness or residents having to go to hospital, then they could have to wait longer than usual to get assistance. We noted that this was discussed at resident's meetings to monitor this.

We found that there was a training programme in place for staff which included both elearning and some face to face courses. This covered a range of topics including fire safety, dementia awareness and adult protection. The manager had worked hard to look at the outstanding requirements and areas for improvements made at previous inspections or upheld complaints and tailored training, coaching and supervision for staff around these areas. The benefit of this was that we were able to see improved outcomes in these areas.

We received lots of positive feedback from residents and relatives about the staff and we observed many lovely interactions between staff and residents. We heard how staff would give their own free time to visit the home with their babies, children and pets which the residents really enjoyed. They also supported residents to get out and about, including a recent overnight trip to Blackpool.

Staff we spoke with told us that there was good team working and that they enjoyed being here. They told us that they received enough training to be able to carry out their job role and felt well supported by each other and the management team.

### How good is our setting?

### 3 - Adequate

In order to answer this question we considered and evaluated the following Quality Indicators

4.1 People experience high quality facilities - graded as adequate

4.2 The setting promotes and enables people's independence - graded as adequate

People using the service should be assured that the environment is kept clean and odour free. We found the home to be clean, tidy and free from offensive odours. Resident's bedrooms are a good size and a bedsit style. We found that they were very homely and people had been encouraged to make them like this.

We observed residents being able to freely move around each unit of the care home and those living on the ground floor were able to go into the garden at the middle of the care home which had plenty garden furniture. Those living upstairs were assisted to visit the garden by staff.

The care home had a small café/bar room on the ground floor and this was well used by residents for bar lunches and dinners, which we heard people enjoyed.

We found that a range of equipment was available to support resident's varying health needs. This included profiling beds, pressure relieving mattresses and sensor mats. In house maintenance staff carried out a programme of routine checks around the home. External service checks were carried out including hoist and sling checks, gas safety and fire extinguishers. We looked at records of these and found that they could be more organised and have a management overview. We discussed this at feedback and asked the manager to review this.

We had made an area for improvement at the last inspection about the environment in relation to it needing an upgrade and a review of how best to use the various areas of the home to prevent the main communal lounge/dining room on each floor being overcrowded. Overcrowding wasn't an issue at this inspection, but this was due to the current number of vacancies in the care home. We fully appreciate that this had not been able to be progressed due to the home being in administration, therefore, this had not been met and is repeated. Please see area for improvement 1.

## Areas for improvement

1. The service should review the environment, particularly in Laverlock Unit, to look at ways of 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.

## How well is our care and support planned?

4 - Good

In order to answer this question we considered and evaluated the following Quality Indicator  
5.1 Assessment and care planning reflects peoples' needs and wishes - grade as good

Residents should be confident that their care plans give clear direction on how to deliver their support needs. These should be reviewed and updated when there are any changes in their health or circumstances. We made a requirement around care plans at the last inspection. We sampled these across the service and found that the service had recently worked hard to develop a new format. These were now in place for nearly all residents with just a few left to change. We sampled these and found that they contained a good level of detail guide staff on what each resident was still able to do themselves and what care and support they needed to offer. The new plans had a good overview of the person as an individual along with their social and health needs.

We looked at six monthly reviews and found that these had taken place for people. These gave an opportunity for the home to get feedback from each resident and/or their representative and for staff to check that the current plan of care is meeting their needs. We asked the service to now look at developing a new format for the six monthly reviews which would fit together with the new care plans.

Each resident had individual supporting documents that had been identified to be completed by staff each day to ensure that all aspects of their care and support were monitored, this included those who were at risk of malnutrition, dehydration or skin damage. We found that these were overall well completed with senior staff having a daily overview of these.

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

### 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

Please see information under key question 1.

**Met - outwith timescales**

#### 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

Please see information under key question 2.

**Met - outwith timescales**

## 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

Please see information under key question 3.

**Met - outwith timescales**

## Requirement 4

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

Please see information under key question 1.

**Met - outwith timescales**



**Requirement 5**

The provider must ensure that when a resident has an accident that is unwitnessed or unexplained, staff must seek further medical advice from a GP as a precaution.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am assessed by a qualified person, who involves other people and professionals as required. (HSCS 1.13), and in order to comply with Regulation 4 (1) a Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Made on 11 April 2019 following an upheld complaint.

**This requirement was made on 11 April 2019.**

**Action taken on previous requirement**

Please see information under key questions 1 and 3.

**Met - within timescales**

**Requirement 6**

The provider must ensure that record keeping is improved to demonstrate that written information about accidents involving people who use the service is accurate and up to date. In order to achieve this the provider must:

- (i) Ensure that accident reports are completed accurately and in full without delay
- (ii) Ensure that residents nursing and care notes are completed in full following an accident, that reflects decisions and actions taken.
- (iii) Ensure that information within nursing and care notes are accurate.
- (iv) Provide training so that staff are aware of their responsibility in maintaining accurate records of accidents and incidents
- (v) Demonstrate that staff follow policy and best practice about record-keeping and documentation

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

Made on 11 April 2019 following an upheld complaint.

**This requirement was made on 11 April 2019.**

**Action taken on previous requirement**

Please see information under key questions 1 and 3.

**Met - within timescales**

**Requirement 7**

The provider must ensure that residents risk assessments provide robust detail that have been fully assessed and provide staff with effective guidance on how to support residents. In order to achieve this the provider must:

- (i) Ensure that risk assessments are completed on admission to the care home
- (ii) Ensure that risk assessments take account of all potential risk factors in order to ensure residents safety.
- (iii) Ensure that all relevant staff are aware risk assessment guidance for staff in order to ensure residents safety.
- (iv) Provide staff development to improve understanding about effective risk assessment, and how to document all actions.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My environment is secure and safe". (HSCS5.16), and in order to comply with Regulation 4 (1) a Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Made on 11 April 2019 following an upheld complaint.

**This requirement was made on 11 April 2019.**

### Action taken on previous requirement

Please see information under key questions 1 and 3.

**Met - within timescales**

## Requirement 8

The provider must be able to demonstrate that where a resident is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this including ongoing observation of a resident's presentation. In order to achieve this the provider must:

- (i) Ensure that documentation is put in place to monitor a resident's pain.
- (ii) Ensure that nursing staff are monitoring a resident's risk of developing pain

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event (HCS4.14), and in order to comply with Regulation 4 (1) a Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Made on 11 April 2019 following an upheld complaint.

**This requirement was made on 11 April 2019.**

### Action taken on previous requirement

Please see information under key question 1.

**Met - within 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 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.

**This area for improvement was made on 19 September 2018.**

#### Action taken since then

Please see information under key question 1.  
This had 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.

**This area for improvement was made on 19 September 2018.**

#### Action taken since then

Please see information under key question 1.  
This had 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.

**This area for improvement was made on 19 September 2018.**

#### Action taken since then

These were now in stock across the home.  
This had 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.

**This area for improvement was made on 19 September 2018.**

### Action taken since then

Please see information under key question 1.  
This had 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.

**This area for improvement was made on 19 September 2018.**

### Action taken since then

Please see information under key question 3.  
This had 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.

**This area for improvement was made on 19 September 2018.**

### Action taken since then

Please see information under key question 2.  
This had not been met and is repeated.

## 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.

**This area for improvement was made on 19 September 2018.**

## Action taken since then

Please see information under key question 5.

This had been met.

## Previous area for improvement 8

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.

**This area for improvement was made on 29 November 2018.**

## Action taken since then

Please see information under key question 2.

This had been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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	5 - Very 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
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How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	5 - Very Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

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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