

Balhousie Dalnaglar Care Home Service

Comrie Road
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Telephone: 01764 655231

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Balhousie Care Limited

Service provider number:

SP2010011109

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CS2010272004

About the service

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

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

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

What people told us

During our inspection we spoke to people living in the service, their relatives, visiting professionals and staff. On the whole, people were generally positive about the care they received but some concerns were raised. Comments included:

'The staff here are first class, nothing is too much trouble for them.'

'The standard of food has deteriorated significantly recently and there is now a greater emphasis on convenience food which I'm not happy with.'

'It's good here, the staff are fine and they're very caring.'

'Staff are great, can't fault them.'

'I like to just stay in my room reading and watching TV but I go through to the lounge for meals. Staff respect my choice.'

'Initially, when I first moved here, it was very good but staff are changing all the time now and you don't get to know them.'

'My relative hasn't been here long and seems to have settled really well but there's not a lot going on. I'd like to see them getting out, perhaps a wee bus trip, just to get a bit more fresh air.'

'It would be nice if staff had more time to talk to me but they are always so busy.'

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?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staffing?	2 - Weak
How good is our setting?	3 - Adequate

How well is our care and support planned?	2 - Weak
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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?

2 - Weak

We evaluated the support for people's wellbeing as weak in response to the question 'How well do we support people's wellbeing?'. Whilst we identified some strengths, these were outweighed by weaknesses.

People experiencing a care service should expect to be treated with compassion, dignity and respect. This ensures that people can be confident they will be treated as individuals with their choices being respected and individual views acknowledged.

People living in Dalnaglar were supported with kindness and respect by staff. When people were upset or showing signs of stress and distress, staff were warm and compassionate.

Staff were well aware of the need to maintain people's privacy. They knocked on doors before entering and were discreet when supporting people with personal care.

People mostly experienced a pleasant, organised mealtime, however, not everyone who needed individual assistance was offered a consistent approach. Some people were having to wait until all the meals were served before being helped with their meal and we saw one lady eat her lunch wearing her night-clothes.

A new chef had recently been promoted within the home and he had a good understanding of people's nutritional needs. People told us that the food had improved since the chef had taken up post. Staff did not always demonstrate a good understanding of people's nutritional needs. It was disappointing to see a resident who was vegetarian being offered a meat pie.

People should expect to be able to choose to have an active life. Whilst we heard that activities were taking place, these were not evident during our inspection. There was a lack of one to one discussions between residents and staff and meaningful activities were mainly group orientated. We noted at our last inspection that there was a lack of meaningful activities for people. Relatives told us that they were disappointed at the lack of activities both within and out with the home. One person commented 'I'd like to see Dad getting out in the fresh air more, especially in this good weather.' Cognitive stimulation therapy sessions were held twice weekly within the home which six residents regularly attended. We discussed with the manager how recording and evaluation of these sessions could be improved to reflect the outcomes people experienced. **(See continued area for improvement 1.)**

Dalnaglar had reported a high number of medication errors in the three months prior to our inspection. We found that medication was not managed effectively to meet people's care needs. We saw delays in the administration of medication and staff being constantly interrupted whilst undertaking the task which had the potential to impact on people's health.

Poor record keeping led to difficulty in determining if medication prescribed 'as required' was administered in the person's best interests. Quality assurance needed to be much more robust in terms of auditing medication records and practice. This would ensure that any medical treatments people received was thoroughly evaluated to ensure it was safe and effective. **(See requirement 1.)**

Requirements

1. The provider must ensure that medication is managed and administered safely and in line with best practice guidance by 30 November 2019.

In order to do this, the provider must:

- ensure that all staff involved in medication management undertake relevant training and competency assessments regarding safe medication management.
- formally assess the impact the training has on staff practice to determine learning and understanding of their responsibilities to manage medication safely.
- ensure medication prescribed to be given 'as required' is managed safely and in line with best practice guidance.
- implement clear protocols for administration of 'as required' medication to guide staff.
- ensure staff are given protected time to complete medication administration

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 'Any treatment or intervention I experience is safe and effective' (HSCS 1.24) and '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 is 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.

Areas for improvement

1. The provider should improve the range and availability of meaningful activities offered in the home considering people's individual abilities, preferences and choices.

This is to ensure that 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' (HSCS 1.25).

How good is our leadership?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should expect to benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes in place. A wide range of organisational audit systems, both electronic and paper-based, were in place however, the manager acknowledged that it was clear these had not been completed accurately in recent months. We also noted that some action plans had not been implemented or updated with progress.

The service would benefit from developing a more structured approach to self evaluation. People, including relatives and staff, should all be encouraged to contribute to the self evaluation process in a way that is

meaningful for them. We discussed with the manager that expectations for people should match those of the health and social care standards with the goal being to improve people's outcomes and experiences within the service. **(See area for improvement 1.)**

Areas for improvement

1. The provider should ensure that their own quality assurance processes are used to lead to improvements within the service. They should also self-evaluate the quality of the service against the Health and Social Care Standards in order to develop and implement a meaningful plan which improves the outcomes and experiences for people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

Staff showed kindness and warmth when supporting people, particularly those who were upset, distressed or anxious.

We spoke to people who commented that staff were warm and caring.

We were concerned about staffing levels on all shifts. There were times during the inspection that we did not see any staff available in the communal areas. We would expect communal areas, such as the lounges and dining rooms, to be supervised, however lack of staff numbers made this very difficult to achieve.

There were also a number of agency staff working within the home. This meant that there was a lack of consistency with agency staff not always aware of people's individual needs. Some residents also commented on the 'number of different faces'.

Staff appeared to be very busy during our inspection and struggled to ensure that some communal areas were supervised. Having looked at the rotas we saw that, at times, there was only one person on duty to cover eight residents. Nursing and senior staff carried out medication, clinical and administrative tasks leaving care staff to attend to people's care needs.

We saw that the main lounge areas were often unsupervised for prolonged periods of time whilst staff assisted people in their bedrooms or with personal care. This meant that staff were not always readily available to offer support or reassurance.

Staff had very little time to sit and chat with people or assist with activities. We saw several missed opportunities for staff to sit with people due to not having enough time. Residents and relatives told us that there were no opportunities for people to get out unless going to a medical appointment and activity records highlighted disruption due to staffing levels.

Dependency levels were recorded but did not reflect the support required to have a quality service given the layout of the building. The tool also did not fully reflect the frailty of residents who, at times, needed additional support due to stress and distress. The Care Inspectorate recently removed staffing schedules from care homes to encourage flexible staffing levels to meet people's changing needs. However, we did not see any evidence of this happening and the manager admitted that she struggled with recruitment. **(See requirement 1.)**

The culture within the home amongst staff was not supportive and teams did not always work well together. This meant that communication was not good and any information or direction from the management team was unclear. Team building had suffered due to staffing levels and the lack of time to meet up. This had affected staff morale and, as a consequence, quality of care.

Requirements

1. In order to ensure that the health, wellbeing and safety of all residents living within Dalnaglar, the provider must ensure that there are adequate levels of staff on all shifts by 31 October 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'My needs are met by the right number of people' (HSCS 3.15).

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our setting?

3 - Adequate

In relation to the setting promoting and enabling people's independence, we evaluated the service as operating at an adequate level. People should expect to benefit from high quality facilities that are comfortable, well maintained, safe and homely. People told us that they were generally happy with the home's environment, décor and furnishings. We saw that some people had personalised their rooms with items brought from home. This promoted their sense of identity and belonging within the home.

The service was set in lovely gardens albeit with a very steep drive leading up to the front door. People who were independent were able to use the garden at will. However, there was no secure area within the gardens which led out to the main road. There were people using the service who would need the support of staff to access outdoors. We found that there were limited opportunities for people to access the outdoors which was not user-friendly. We carried out our inspection during a period of very warm weather and we did not see people having the opportunity or being encouraged to access fresh air. Fans were placed in bedrooms and communal areas but people were still complaining about the heat.

The manager had completed a Kings Fund assessment since our last inspection which highlighted areas of concern such as cluttered corridors and bathrooms. We had identified this as an issue at our last inspection and were disappointed to see that no action had been taken. **(See area for improvement 1.)**

There was some signage around the home that helped people to find their way around and some communal toilets had contrasting toilet seats to support people's independence with their continence needs.

Whilst we saw some evidence of people being supported and encouraged to be independent, this was limited to their personal care and mobility. We discussed with the manager the need to support people, where they wish, to participate in household tasks and getting them out and about in their local community.

Areas for improvement

1. The provider should review storage facilities and ensure that communal areas and corridors are kept free of wheelchairs and moving and handling equipment.

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

How well is our care and support planned?

2 - Weak

Assessment and care planning should reflect people's needs, wishes and choices. Since our last inspection, the service had fully transitioned over to an electronic care planning system.

We looked at a sample of care plans across all areas of the service and found that there were significant issues in relation to the lack of detail and follow through contained within the documentation. We saw that information was not always recorded within the relevant sections of the care plan and vital checks throughout the day were not being carried out. We were concerned that when we asked staff for information, they had difficulty in finding it. We therefore assessed that people's care needs were not being appropriately or clearly recorded and we could not be confident that care was being carried out. This potentially put people at risk in terms of their care and support needs not being addressed properly. **(See requirement 1.)**

From discussions with staff, it was apparent that people were at different stages of understanding how to use the new electronic care planning system. Some staff told us that they found it 'stressful'. This had impacted on their ability to clearly and accurately record in detail the care and support people needed. The manager advised that additional training had been sourced to support staff and that a knowledgeable, competent 'superuser' of the system had been put in place.

We saw that six monthly reviews, which had been an area for improvement at our last inspection, had taken place but we discussed with the manager the need for better recording of discussions and evaluation of experiences being written into the minutes, which also need to be signed by both a member of staff and either the resident or their representative.

We had previously discussed the service developing one page profiles to give staff an overview of each resident and how best to support them. This would help with continuity of care, particularly if staff were working in unfamiliar units or agency staff were being utilised. It was disappointing that these had not been developed and some agency staff we spoke to told us they had difficulty reading people's personal plans due to lack of time and not understanding the electronic care planning system. This meant that they did not have the most up-to-date, relevant details about people's support needs when providing personal care which could have a detrimental impact for residents.

Requirements

1. The provider must ensure that all residents have a detailed personal care plan in place which offers information about people's care and support needs by 30 November 2019. This is to ensure that staff support people to address their health and wellbeing needs appropriately and that this is reviewed regularly and updated to reflect people's needs at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' (HSCS 1.15).

It also complies with Regulation 5(1) - Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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 provider should improve the range and availability of meaningful activities offered in all units of the home, taking into account people's abilities, preferences and choices.

This area for improvement was made on 14 March 2019.

Action taken since then

We thought that more could be done to improve the range and availability of meaningful activities for people living within the home and continued this area for improvement.

Previous area for improvement 2

The provider should ensure that staff complete dementia training which can be mapped across to the learning outcomes of the Promoting Excellence Framework Training Resource developed by the Scottish Social Services Council and NHS Scotland as part of the Scottish Government's Dementia Strategy with senior staff being trained to at least 'enhanced' level.

This area for improvement was made on 14 March 2019.

Action taken since then

We saw that some staff had completed their dementia training whilst others were due to complete this in the near future. This is an ongoing area for improvement that we will follow up at our next inspection.

Previous area for improvement 3

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

This area for improvement was made on 14 March 2019.

Action taken since then

We thought that staffing levels were insufficient to meet people's needs and have made this a requirement which we will follow-up at our next inspection.

Previous area for improvement 4

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

This area for improvement was made on 14 March 2019.

Action taken since then

We examined all maintenance records and carried out a visual inspection of some moving and handling equipment and were satisfied that all safety checks had been carried out to ensure that it was safe and fit for purpose.

Previous area for improvement 5

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

This area for improvement was made on 14 March 2019.

Action taken since then

We saw that people had received the opportunity to discuss and review their care needs at least once over the past six months. However, we felt that the minutes taken of the meeting needed to be more detailed to accurately reflect the conversation which had taken place.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
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	2 - Weak
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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