

North Inch House Care Home Service

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Type of inspection:
Unannounced

Completed on:
27 February 2020

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003009765

About the service we inspected

North Inch House is located in Perth, on the edge of North Inch Park. It is within easy access of the town centre and other amenities. The care home is registered for 78 older people. The original building, 'North Inch House' is registered for 40 older people. The newer building, separate but within the same grounds, is called 'North Grove' and is registered for 38 people with a specific diagnosis of dementia.

The North Inch House part of the care home is on one level with five areas, each catering for eight residents. Each area has a separate lounge/dining room, bathroom facilities and a small kitchen. Some bedrooms have an en suite. There are two internal patios accessible to residents and a large function room, mainly used for dining, with an informal seating area.

North Grove has two floors with lift access. This part of the home has four named units but these are currently operated as two larger units, one on each floor. Each unit has a lounge/dining area and bathroom facilities. There is also an activity kitchen and a meeting room. The bedrooms are all en suite and there are two small enclosed gardens.

We carried out an unannounced inspection on 18 February 2020. We did this to check on the progress made by the service on the four requirements and four areas for improvement that we made at our previous inspection in August 2019.

How we inspected the service

We spoke with the new manager who had recently taken up her post, the Operations Managers, Balhousie's Dementia Services Facilitator, staff, and residents.

We looked at:

- the service's improvement plan, developed following our last inspection in August 2019
- examination of the PCS system to look at care plans, risk assessments and reviews
- medication audits were carried out both in North Inch and North Grove
- the environment
- the mealtime experience
- maintenance records
- staff training records
- staff supervision records.

We also spent time observing staff practice over the course of the day and saw how staff interacted with people living both in North Inch and North Grove. We considered the staffing levels and spoke with staff about how the numbers of staff on duty impacted on care practice.

Taking the views of people using the service into account

We asked people living in both North Inch and North Grove to share their experiences of the service.

People told us that they had noted some improvements since our last inspection. Comments included:

- 'It's a bit better.'

- 'I'm very happy here, the staff are all lovely.'
- 'I feel safer.'
- 'In here it's alright really but I get bored sometimes.'

We were told the food was good and that people enjoyed their meals.

Taking carers' views into account

We asked the service to notify visitors that we were available and would like to hear their views when we carried out the inspection however we did not speak to any relatives.

The views of relatives and carers were commented on during our previous inspection report dated August 2019. That should be read in conjunction with this report.

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

Previous requirements

Requirement 1

By 30 November 2019 the provider must improve the health and welfare needs of people by effectively supporting their nutrition and hydration needs. In order to do this, the provider must do the following:

- ensure that appropriate strategies are put in place to demonstrate that all people living in the home receive enough to eat and drink and that no one misses a meal.
- review the management of mealtimes to ensure that it is a pleasant, sociable experience for everyone.
- improve the access to drinks and snacks, including fresh fruit, between meals.
- involve appropriate health professionals when high risks are identified.
- ensure that staff are appropriately deployed and effectively led during mealtimes.
- support staff to improve their knowledge and competence to support people's nutrition and hydration needs and the assessment of risks

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

'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.' (HSCS 3.21)

'I have confidence in people because they are well-trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35)

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.

This requirement was made on 30 August 2019.

Action taken on previous requirement

We saw that the service had worked to improve the overall mealtime experience for everyone living in the service, including people with cognitive impairment or who had limited communication.

We observed the mealtime experience in both North Inch and North Grove and spoke to people about their views on the meals and quality of food. It was a much more sociable experience. Tables were nicely set with condiments, menus and napkins. The use of menus sparked conversations between people and the atmosphere was much more lively and engaging. Food was served by the chef and staff showed people plated meals which meant that they had a visual choice of what was on offer. Alternative meals to those on the menu were also available and we saw people choose sandwiches or poached eggs on toast as a replacement.

Staff support available during the meal was of a good standard which helped to ensure additional support for people who needed it was available, that people had a good dietary intake and that there was promotion of choice.

We did observe a couple of small interactions between staff and residents which could have been improved and saw that some people were left sitting in their wheelchairs during the meal rather than being moved to a more comfortable chair. We raised this with the manager and were satisfied that action would be taken to resolve the matter immediately.

Overall, the mealtimes that we observed, both in North Inch and North Grove, had improved as they were an enjoyable experience for people with much laughter and good conversation.

Met - outwith timescales

Requirement 2

By 30 November 2019 the provider must ensure that medication is managed safely and in line with best practice guidelines. In order to do this, the provider must:

- ensure that all staff involved in medication management undertake relevant training and competency assessments in relation to safe medication management and administration.
- formally assess and evidence assessment of the impact the training has on staff practice to determine learning and understanding of their responsibilities to manage medication safely.

- implement and monitor effective audit processes in relation to safe medication administration and management.

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

'Any treatment or intervention I experience is safe and effective.' (HSCS 1.24)

'I have confidence in people because they are well-trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

It is also necessary 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.

This requirement was made on 30 August 2019.

Action taken on previous requirement

The service had taken steps to address the issues affecting the safe management and administration of medication. We were pleased to see that they were working towards increasing accuracy and reducing errors. There was an improvement to the layout and storage of medication. However, during our inspection we noted an error in the recording of a controlled drug which meant that our audit identified incorrect stock levels. We were able to discuss with the management team changes which would improve the auditing of the medication systems and were reassured that these changes would be made.

We were pleased to see that, where appropriate, covert pathways and PRN (as required medication) protocols were in place and discussed best practice guidance to ensure that these are reviewed within prescribed timescales.

We will follow this up at our next inspection.

Not met

Requirement 3

In order to ensure the health, wellbeing and safety of all residents, the provider must ensure that there are adequate levels of staff on all shifts by 30 September 2019.

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

This requirement was made on 30 August 2019.

Action taken on previous requirement

We found the home to be adequately staffed on the day of our inspection, albeit that there was a full complement of staff for a reduced occupancy level. We saw that, although people's basic care were being attended to, there was little or no opportunity for staff to spend quality time with the residents.

The manager confirmed that recruitment is ongoing and that there had been a reduction in the level of agency staff being used. This meant that people living in the home had more consistent care.

We saw that dependency assessments were being carried out to inform the staffing hours on each shift. However, we discussed with the manager the need to take into account the layout of the home as well as the need to protect people from harm by ensuring that there are sufficient staff to provide supervision in all communal areas of the home throughout both day and night times.

The manager told us that she is in the process of reviewing staff working patterns, experience and shift management which we will look at again during our next inspection.

Not met

Requirement 4

By 31 December 2019 the provider must ensure that people's care plans set out how their health, safety and welfare needs are to be met and are regularly updated, at least six monthly or as their needs change. In order to do this the provider must ensure that all residents have personal plans which:

- a) Reflect a person-centred, outcome focussed approach and are developed in line with the Health and Social Care Standards.
- b) Accurately reflect their current needs by ensuring that plans are reviewed at least once every six months.
- c) Staff are supported to become competent in the use of the electronic care planning system.
- d) Evaluations must be outcome-focussed and are reflective of how effective the planned care had been in promoting positive choices, experiences and quality of life for every person.

This is to ensure care and support is consistent with the Health and Care Standards which state that 'My support 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 is also to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 5 (2) (b) (iii).

This requirement was made on 30 August 2019.

Action taken on previous requirement

A new manager had been appointed since the last inspection. She had been working to address a range of improvements within the home. Although she had identified and acknowledged that people's personal plans needed improvements, this had not been acted upon.

We sampled the electronic personal plans of people living within the service and saw that there was a range of health and risk assessments in place however staff had not completed the plans to demonstrate clearly how people would be appropriately supported.

We discussed with the manager the need to develop and implement a system to audit the quality and accuracy of information in personal plans which would help to ensure that the service was effectively managing the health, welfare and safety needs of people.

This requirement remains unmet and will be followed up at the next inspection.

Not met

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

Areas for improvement

Previous area for improvement 1

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

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

This area for improvement was made on 30 August 2019.

Action taken since then

The last inspection report identified the importance of social and physical activity for improving people's physical and mental wellbeing.

During our follow up inspection we found some improvement. Activities still mainly took place within the home but we heard that efforts were also being made to organise outdoor trips. There were some planned activities taking place but overall there appeared to be a lack of recognition of people's needs as we saw people sitting or walking around without any meaningful engagement from staff.

Although there was an Activity Co-ordinator in place, care staff continued to have limited opportunities to become involved in promoting activities. This was mainly due to their direct care commitments.

Some people we spoke to said they would like to do more, including get out into the fresh air. The service needs to continue its efforts to ensure that all staff can promote meaningful social and physical activities which are linked to people's preferences, skills and abilities.

We discussed with the manager ways in which activities could be recorded in order to clearly identify people's achievements and successes.

This area for improvement has not been met and we will follow up on the on-going progress in relation to activities being available to people at our next inspection.

Previous area for improvement 2

The management team should develop the ways in which they engage with, and gather the views of, the residents, their visitors and staff. These consultations should be used as a way of deciding how the service will develop and improve in the future.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.70)

This area for improvement was made on 30 August 2019.

Action taken since then

We were pleased to see that since the new manager **has come** into post, a structure has been put in place where regular meetings with staff, residents and relatives have been planned. The manager told us that copies of minutes for all meetings will be available for anyone to read and that she intended to promote future dates of meetings to encourage better attendance.

We will follow this up at our next inspection.

Previous area for improvement 3

The provider should ensure that effective quality assurance and audit processes are completed regularly. Where areas of concern or deficits are identified, there must be a clear action plan, with evidence available, to demonstrate progress made and the outcomes achieved.

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

This area for improvement was made on 30 August 2019.

Action taken since then

The service was using some focussed quality audits to assess and monitor the quality of care provision within the home. In addition to an overarching improvement plan for the service, this included Health and Safety audits to assess and monitor the environment of the home and the safety of equipment used to support people living there.

However, we discussed with the manager the need to expand the scope of audits to include, for example, aspects of care and support. There was a need to assess the quality of the content and accuracy of information in people's personal plans which would help to ensure that the service was effectively managing the health, welfare and safety needs of people.

Accidents and incidents were being well recorded, as were complaints.

This area for improvement will be revisited at the next inspection as it was not fully met.

Previous area for improvement 4

The provider should ensure that North Inch House is well equipped, maintained and kept in good decorative order.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 30 August 2019.

Action taken since then

People living in a care home should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

We saw that several improvements had taken place with some people's bedrooms having been redecorated and the dining room in North Inch in the process of being refurbished. The home generally appeared much cleaner.

The service had conducted testing of all electrical equipment (PAT testing) and maintenance records were much improved

However, we continued to identify a number of issues with the environment.

Some bathrooms were inaccessible because they were filled with laundry baskets where clean and soiled linen sat next to each other. This lack of infection control concerned us, particularly as the home had experienced a norovirus outbreak at the end of last year.

Some of the communal areas were not as welcoming and homely as we would expect with handling and moving equipment being stored in lounge areas. People should expect to experience a homely environment with comfortable areas and soft furnishings to relax. The manager told us that she was in the process of reviewing the lounge and sitting areas.

This area for improvement has not been met and we will look at again during our next inspection.

Complaints

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

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