

## Ballumbie Court Care Home Service

Ballumbie Road  
Dundee  
DD4 0PD

Telephone: 01382 730913

**Type of inspection:**  
Unannounced

**Completed on:**  
10 September 2020

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300849

## About the service

Ballumbie Court is a care home for older people registered to care for a maximum of 58 people. It is situated within a residential area on the outskirts of Dundee. The home has two floors with 56 single rooms and two twin rooms, currently being used as single rooms. All rooms have en suite facilities. Each floor has a dining room area, as well as two lounges. Residents also have access to a secure, established garden with paved patio areas and seating.

Ballumbie Court is part of HC-One Limited, a national provider of private healthcare.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

## What people told us

We spoke with family members by telephone and within the care home to find out how staff had been communicating with them throughout the pandemic. All the relatives spoken with had very positive feedback about the home. They all felt that the staff had been good at keeping in touch and keeping them up to date with how their relative was. They were happy with the garden visits and were looking forward to their first indoor visit.

Comments included:

"Feel happy with everything. They let me know about any changes with my mum and discussed medication changes with me."

"We got lots of information before visiting so I knew what to expect. I've had a garden visit which went well but my mum couldn't understand me due to her hearing. I'm bringing a pad with me next time to write things down."

"The care home is first class, I can't praise the team highly enough."

"I've been able to visit for the past four weeks and it's went amazingly well. They bring my husband out all cosied up and we are supported by a carer who helps us and gives me a run down of how he's been."

"They sent me videos of my husband and it helped me to see him."

"I don't live locally and mum went into the home at the start of March. They have been excellent at keeping in touch with me. They sent me pictures and kept me informed throughout. They've been fantastic. When I was able to visit for the first time all the staff who work with mum came and introduced themselves to me which I appreciated as now I can put a face to the names when I'm on the phone. When I brought items to help personalise her room I was pleased that they were hung up straight away."

Comments made by the residents included:

"They look after me alright", "it's not a bad place at all", "they help you when you need it", "staff are kind", "we have a laugh with them."

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection area was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We also wanted to ensure that people experienced high quality care and support that was right for them. We evaluated the service as good in relation to wellbeing. Good applies where there are more strengths than areas for improvement. These strengths had a positive impact on people's experiences and outcomes.

We observed kind and compassionate interactions between the staff and residents. It was clear that staff knew the residents well. People benefitted from regular engagement from staff and we saw that there was a good range of activities going on for the residents. The service had introduced a second wellbeing co-ordinator, who also worked as a carer, and spoke passionately about what the residents liked to do. We saw evidence of residents spending time in the garden, and some enjoying quiet time in the comfort of their own bedroom doing a jigsaw, drawing, reading a book or listening to music. There were many photographs on display showing residents enjoying a bit of relaxation in the sensory room, some were involved in cake decorating, and some were enjoying a pamper day. There was a beautiful cake handed in from relatives thanking the staff for all their kindness throughout COVID-19. The staff told us that they had been nominated for a keyworker team award by relatives and that they had become finalists.

The restrictions as a result of COVID mean that people have less contact with their family and their local community. There was a system in place for both indoor and outdoor visiting. The service was helping people stay in touch with their families, and this was working well. Supporting communication during these visits was essential. Relatives described the challenges of speaking with their loved ones during a garden visit while maintaining social distancing and wearing a face covering. We saw the start of indoor visiting and a room had been allocated for this. One of the relatives told us, "we have waited a long time for this".

People's health and wellbeing needs were met to a good standard. Care plans and risk assessments were up-to-date and reflected people's individual needs wishes and choices. The staff have been working on life histories which link in with an activities plan. Anticipatory care plans were in place for all residents. We heard how family members were supported to be with their relatives during this period and the service understood the importance of this compassionate approach. This meant that people could be confident their end of life wishes would be respected.

We saw residents were supported to eat a healthy diet and that they had access to plenty of drinks. We saw staff encouraging people to eat and drink and to provide the necessary help when it was required. Social distancing was maintained at mealtimes with people either eating in a dining room or lounge or having their meal in their room. This meant that people were supported in a dignified way and their personal preferences were respected. Resident's weight was regularly monitored and recorded with input from health specialists when needed. This meant that people could be confident that their healthcare needs were being met.

The service continued to be responsive to people's healthcare needs during the pandemic. There was good evidence of input from external professionals to support people with Non-COVID related issues. Residents had daily COVID screening including a temperature check and it was clear that staff were considering possible COVID related symptoms that people presented with and were discussing these with the relevant people. Testing was part of this approach. This contributed positively to people getting the treatment and support they required. Weekly testing of staff was seen to be carried out on the second day of the inspection.

## **7.2 Infection control practices support a safe environment for both people experiencing care and staff.**

During an outbreak of COVID-19, the strict infection control procedures are important to make sure people are kept safe. We found that the service's performance in relation to infection control was adequate.

On the first day of the inspection we saw that areas in the home were clean, however some areas and equipment were not, these included the male changing rooms, dining rooms, kitchens and fridges, bathrooms and toilets, hoists, wheelchairs, and laundry walls. These required a deep clean to lessen the risk of cross infection.

In some areas of the home we saw that surfaces, doors and walls were damaged and the décor was tired. These areas required to be refurbished to ensure they could be cleaned effectively and provide a more pleasant homely environment for the residents. The regional manager advised that the home was due for a significant refurbishment and we asked that the plans for this be forwarded to the Care Inspectorate.

On the second day of the inspection we saw that there had been significant improvement in the cleaning of the areas where we had concerns, in addition some areas like the dining rooms had been re-painted. This meant that the risk of cross infection had been lessened and the home was cleaner and fresher. Important communal spaces, such as the lounges were spacious and generally free from clutter and these too had been given a deep clean. (See area for improvement 1).

When we spoke with staff they were knowledgeable about infection control particularly whilst providing direct care to residents, however we saw that best practice was not always being followed in ensuring that equipment and the environment was clean. This potentially put people at risk and this was being addressed with staff at the time of the inspection and we saw significant improvements had been made.

We saw that staff were providing care in a way that supported safe social distancing wherever possible, however in areas where people had dementia we saw instances where people were sitting together on a two seater settee, the manager should give consideration as to how to support people to stay a safe distance apart should the home have another outbreak.

During the inspection we saw good practice, by all staff in relation to the donning and doffing of PPE and hand hygiene. We saw records of regular auditing by the management team to ensure that senior staff regularly checked that staff were using PPE correctly.

The provider had recently appointed staff to the role of infection control champions and when they have been fully inducted into their role this should help the manager to ensure that staff are following best practice re infection control, not only in direct care practice but also ensuring the environment and equipment is clean and safe to use as well.

We saw that there was an enhanced cleaning schedule in place. Tasks were signed off by staff and these were checked by the housekeeper to make sure they were completed. We discussed with the manager ways of improving these checks and ensuring that they covered all areas of the home so that these were all cleaned to a high standard. We saw that the manager had further developed and implemented these audits by the second day of the inspection.

We saw that there were wall mounted dispensers for alcohol based hand rub (ABHR) throughout the home as well as PPE stations which meant that staff could access these as they needed. We saw staff using this equipment appropriately throughout our visits which helped to keep themselves and the residents safe.

Visitors have to complete a health questionnaire prior to being allowed to enter the building, staff were tested for COVID-19 on a weekly basis, and residents had their temperatures taken on a daily basis as a further safeguard and to allow staff to identify quickly any concerns about a resident's health and to have these followed up.

The home had an infection control policy. This covered key areas required and set out good practice for the home. The service had previously had an outbreak and were fully aware of the arrangements they would need to put in place should a resident test positive for COVID-19 and how they would cohort staff and residents in the event of an outbreak.

We saw that the home had a system for the safe laundering of clothes and linen and met best practice guidance in relation to infection control. We saw that the laundry was well organised and staff worked very hard to minimize the risk. On the second day of the inspection we saw the laundry to have been given a deep clean which meant it was a safer working environment for laundry staff and residents were kept safer as their clothes were laundered in an environment where the risk of contamination had been reduced.

## **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We found the service performance in relation to staffing to be good. This evaluation applied to performance that demonstrated several important strengths which, taken together, clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

Staff told us that they had received training in infection control, donning and doffing of PPE and handwashing. Training records we saw confirmed nearly all staff that were at work had completed this training. This included staff who were not involved in providing direct care for people. As a result of this training, staff were able to describe how they were supported to keep themselves and residents safe. We also saw how staff had put their training into practice whilst directly supporting residents.

We saw that in the service there was PPE available throughout the home that staff could access when they needed to. We saw that staff were wearing appropriate PPE for the tasks they were undertaking. Staff told us they felt safe at work. We saw that COVID-19 specific supervision had been carried out to help ensure staff were able to explain when and what PPE they should be wearing for the support they were providing. This helped to minimise the risk of spreading infection between people.

During the inspection, we saw that some areas of the home and equipment that were not clean. This did not demonstrate that all staff were aware of their responsibilities in relation to keeping the environment and equipment clean and this could increase the risk of infection spreading and placing residents and staff at risk. The manager and senior staff addressed this during the inspection by deep cleaning the areas and equipment where concerns were identified and further checks were added to the regular cleaning schedules and environmental audits.

We also discussed with the Regional Manager the possibility of staff accessing training on COVID-19 either through e-learning or via the NHS Education web site and this would help to give a better understanding of the importance of clean equipment and environment.

The manager told us the staffing situation was currently stable, this meant that residents were supported by people who knew their needs. We saw that staff were visible and available to people and did not have to wait long when they asked for support. This helped to reduce distress and anxiety for residents and helped to promote their wellbeing.

Staff told us that they felt safe at work and were well supported by their peers and the manager. This included the opportunity to discuss difficult situations and bereavement support. There was supportive and visible leadership that enabled them to voice their concerns, share ideas and explore ways to promote resilience. This helped to build a staff team that were consistent in the support they provided for people.

### Areas for improvement

1. The provider and manager to continue to ensure that all areas of the home and equipment are checked routinely for cleanliness and safety. Appropriate action must be taken to promote effective infection prevention and control in the home.

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

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

### Requirements

#### Requirement 1

In order to ensure that all activities support plans are meaningful and person-centred and are used to inform and guide staff practice, the provider must complete a quality review of all support plans. Planned support delivered by staff should meet the assessed need identified in the activity plans.

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 is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(d) - Welfare of Users. Also to comply with the Scottish Social Service's Code of Practice for all social service workers.

**This requirement was made on 8 July 2019.**

#### Action taken on previous requirement

The staff told us that they have been reviewing the current support plans to make them more meaningful and person-centred. A second wellbeing co-ordinator has been appointed and is making good progress identifying and addressing individual and group activities that take account of residents' life histories and interests.

**Not assessed at this inspection**



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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