

## North Inch House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
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CS2003009765

## About the service

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. At the time of our inspection there were 69 people living in the home.

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. Most bedrooms have an en-suite. There are two internal patios accessible to residents and a large function room, mainly used for dining as well as watching films on a large projector screen.

North Grove has two floors with lift access. 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 completed a COVID-19 focused inspection on 25 May 2020 with a representative from NHS public health. We issued a letter of serious concern which resulted in improvements being addressed in relation to infection prevention and control, and leadership and management. We concluded that inspection on 16 June 2020.

We visited the service, and used virtual technology to carry out an inspection of the service between 8 and 16 February 2021. This inspection followed up on requirements made to the service before the COVID-19 pandemic. We spoke with various members of staff; observed interactions between staff and people living in the home; checked care plans and quality assurance tools; records of meetings, and looked at medication procedures.

Feedback was given to the registered manager along with other home managers at the end of the inspection.

## What people told us

We informally spoke with several people living in the home, all of whom appeared happy and relaxed. We spoke with two relatives and their feedback was generally very positive. See comments below:

"I was really worried when my relative moved in, but they put my mind at ease".

"They couldn't do any more for me".

"I can't fault them".

"the activities coordinator is excellent".

"It can be difficult to get through on the phone".

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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**

Re-graded upwards - evidence that weak is now adequate.

The service had made improvements and met a number of requirements in this area. The requirement regarding improvements needed to medication administration and auditing still need further improvements and we have repeated this requirement.

Overall outcomes for people had improved and people were receiving the right care and support to meet their needs.

### How good is our leadership?

**3 - Adequate**

Re-graded upwards - evidence that weak is now adequate.

The service had met a number of requirements and areas for improvement. Quality assurance and improvement was well led by the new management team. There was a wide variety of auditing and quality assurance activities taking place, carried out by internal and external managers. Many of these focused on infection control practices during the COVID-19 pandemic.

This had led to improved health and wellbeing outcomes for people.

### How good is our staff team?

**3 - Adequate**

Re-graded upwards - evidence that weak is now adequate.

The service had met a number of requirements and areas for improvement. The manager had introduced increased staffing levels at key times of the day and was using a dependency tool to ensure assessed needs were met with the right staffing levels. New roles had been created including an additional activities/ wellbeing coordinator and a COVID-19 coordinator.

These changes had improved the quality of care for people living in the home, by increasing staffing levels and opportunities for activities and meaningful engagement.

## How good is our setting?

**4 - Good**

Re-graded upwards - evidence that weak is now good.

The service had met their areas for improvement. There had been significant investment in the environment, which was freshly decorated to a high standard, and was warm and homely. These changes had improved the home and enhanced the care experience for people.

## How well is our care and support planned?

**3 - Adequate**

Re-graded upwards - evidence that weak is now adequate.

The service had made improvements and met requirements in this area. Support planning had improved, with electronic care planning well established. People's medical needs were well documented. We advised the service to continue to develop its person centred approach and look at having more specific outcomes focused care.

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

### Requirements

#### Requirement 1

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 provider had made some progress in this area. Staff had completed a variety of learning activities around medication practice and more training was planned. Processes for the monitoring and auditing of medication were in place. However, when we audited medication in the service we found an error where medication had not been signed for and the amount of medication counted did not match the contents in the box. A check should have been carried out by staff the previous night, but this had not been done.

This had the potential to lead to poor health outcomes for people and we gave the service advice on how to improve in this area. This requirement has not been met and we will follow it up at our next inspection.

**Not met**

## Requirement 2

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

The provider had responded well to this requirement. A recognised dependency tool was in use which the manager was completing monthly. It showed trends and tracked changes in people's health and their support needs, demonstrating when people's support needs had either increased or decreased. The service used this to ensure an appropriate staffing level was in place to meet people's needs as well as support engagement and recreational activities.

Moving forward, we suggested it would be beneficial to have contributions from other key people when completing the dependency tool, to promote a holistic approach in the assessment of people's needs.

The provider had recently increased staffing levels in both the early morning and evening to ensure people had the right support at key times of the day, which further contributed to the quality-of-care people received.

**Met - outwith timescales**

## Requirement 3

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

The provider had responded well to the requirement. An electronic care planning system was in place which contained detailed information about people's support needs. This was continually updated, ensuring any changes to people's health were reflected quickly. In the event people required additional support from staff, the manager could flag this on the system and check that it had been completed in live time. The system enhanced communication within the home and had a positive impact on the health and wellbeing of people.

Staff had received the necessary training to use the system and the quality of recordings was of a good standard.

The provider should continue to build upon having a person-centred approach which looks at outcomes for people. There was a strong focus on people's clinical needs, which was important. However, information on people's life history was quite basic and outcomes were not specific. Improving this will enhance people's care experience and support meaningful engagement between staff and people.

**Met - outwith 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 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

Despite the limitations placed upon the home due to the ongoing COVID-19 pandemic, efforts were still being made to offer varied and meaningful activities and engagement with people.

Both North Inch and North Grove had dedicated activities coordinators and a third wellbeing coordinator was about to take up post. We saw evidence of different activities taking place, including exercise classes, arts and crafts and film nights. Festivals such as Valentine's day and Shrove Tuesday were celebrated with special events taking place to mark them.

Activities were planned in advance and activity coordinators ensured regular events continued in their absence. This meant all staff were involved in the activity programme and it was not seen as only one person's role. Activity coordinators spent one to one time with people who either chose not to participate in group activities or could not take part due to health reasons. This positively contributed to people's wellbeing and reduced the risk of isolation and loneliness.

We suggested it would be beneficial for activity coordinators to meet regularly to share ideas and contribute to the care planning process. This will help ensure that activity and engagement is seen as fundamental to people's quality of life.

#### 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 4.7)

**This area for improvement was made on 30 August 2019.**

## Action taken since then

We saw evidence that the provider was making efforts to engage with residents, visitors, and staff. Activity questionnaires were completed with people to tailor activities to individuals' preferences. Feedback was sought on the quality of meals offered and when drawing up new menus. We suggested to the manager this process could be further improved by tailoring the questions to ensure people were fully supported to engage in a way that was meaningful to them. Residents' meetings were taking place and the minutes showed these were a useful forum for people to air their views and shape the development of the service. The manager was planning on introducing a comments box for residents and their families which will benefit people who prefer not to join residents' meetings.

The provider was engaging with families with newsletters; questionnaires, and family members had been invited to join a video call with the service to update them on recent developments. These were vital in supporting communication and engagement with people during the pandemic.

The management team communicated with the larger staff team on an on-going basis. There were regular meetings that took place throughout the day to ensure staff had up-to-date information to carry out their roles and safely meet people's needs and wishes.

## 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

There was a wide variety of auditing taking place, which covered areas of the home including health and safety; equipment; laundry; meals and refreshments, and many others. There was a focus on infection control and personal protective equipment (PPE) due to the ongoing COVID-19 pandemic. All the audits sampled had been completed to a high standard. It was also evident that auditing was being carried out by a number of different staff including seniors, the home managers, and the external manager. This ensured all staff work activities were subject to quality assurance which enhanced the quality of care people experienced within the home.

We suggested to the manager that when auditing activity leads to further actions, it would be beneficial to state on the audit when those actions had been completed. This would assist them in determining what areas remained outstanding.

## 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

It was evident that the provider had made significant efforts in improving the environment of the home. Both units were freshly decorated throughout and appeared clean and well maintained. Most bedrooms had been painted and there were plans in place to decorate the remaining rooms. Communal areas were furnished to a high standard and were warm and homely. The provider had recently purchased smart televisions which enabled residents to access the internet and have more choice in channels. These recent improvements had significantly enhanced the quality of the home for people experiencing care.

## 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
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's outcomes and wishes	3 - Adequate

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