

Bon Accord Care - Balnagask House Care Home Service

North Balnagask Road
Aberdeen
AB11 8LQ

Telephone: 01224 871 158

Type of inspection:
Unannounced

Completed on:
23 March 2021

Service provided by:
Bon Accord Care Limited

Service provider number:
SP2013012020

Service no:
CS2013315404

About the service

This service registered with the care Inspectorate on 1 August 2013.

Balnagask House is a care home for older people and is registered to provide care to a maximum of 30 people. Included in the maximum occupancy number will be up to six places which may be provided for service users on an alternative care basis (unplanned short breaks) and four places which may be provided on an interim care basis.

The home is situated within the residential area of Torry, to the south of Aberdeen City. The home is close to local amenities and served by a regular bus service to the city centre.

Balnagask House has accommodation on three floors. All of the bedrooms are single with en-suite toilets and wash hand basins. On each floor there are communal bathrooms and shower rooms, and also a communal dining area and lounge. There is one large shared lounge area on the ground floor, just beside the front door, which is mostly utilised for group activities.

The service states that it aims:

'To provide a personalised, high quality and forward thinking service which responds to the needs of its customers and enables them to live as independently as possible.'

At the time of our inspection there were 26 people using the service.

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.

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

"Lockdown has been hard, with no visitors."

"The staff are good, some of them really care and for some it's just a job but they're all OK."

"Meals are OK but can be repetitive."

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?	2 - Weak
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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?

2 - Weak

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

On our arrival, the home seemed quiet and there were not many people visible in the entrance area. We saw a small number of people outside in the smoking area and a small number in the lounges on each floor. They were socially distanced in line with best practice guidelines. The rest of the residents were in their rooms with the doors closed, which potentially meant they were isolated from others. We saw some people had individual activities to keep them engaged and others did not, which meant that some people could be bored. It is important for people to be supported in an active life with a range of meaningful activities throughout the day. (see area for improvement 1).

We viewed comprehensive plans for indoor visiting which will commence on Monday 29th March 2021. We encouraged the management team to also consider using the outdoor space for visiting, and to support all residents in using all areas of the home.

People were able to choose what to eat when they were hungry. They were offered food and drink regularly throughout the day with a choice of dishes on the menus, home baking and biscuits offered in between meals. People told us that the food was good.

People's care plans should set out how their needs, wishes and choices will be supported, to ensure they have fulfilling lives. The care plans were basic and task oriented, rather than focussed on individuality. The information was correct and factual, however it didn't always correlate throughout the plan. Staff need to work individually with people to develop and record an outcomes focussed approach to support, which will in turn guide everyone to more person centred care. (see area for improvement 2).

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

We found the home to be generally tidy and decluttered, with easy-to-wipe furniture. There was a good supply of appropriate cleaning materials, enhanced cleaning schedules and additional general assistants had been employed. These factors helped to maintain a clean environment.

It was easy for staff to change Personal Protective Equipment (PPE) as required, because there were plenty of well stocked stations. There were a small number of areas that did not have correct PPE or were missing a clinical waste bin at the station. We advised the management team that these needed to be in place to ensure no one walked about the home with used PPE, which would compromise infection control and risk infection for residents.

We saw several instances of poor practice which were unsafe and could lead to injury or cross infection. It was disappointing that some of these areas had been identified for action in recent audits and were still deficient at the time of our visit. This meant people could not be confident in a culture of robust quality assurance and continuous improvement. It is important that identified areas are followed up and each worker takes responsibility and accountability for their practice. This is to ensure a consistently safe and secure environment for the residents. (see requirement 1).

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

People should live in a safe environment and all staff have a responsibility to prevent infection in the home. The staff had all been recently trained in infection prevention and control and were able to discuss this with

us. Additional general assistants had been employed, meaning the enhanced cleaning schedules were maintained both day and night. Social distancing was being observed by staff, with good use of spare rooms for break areas. These aspects assured us that efforts were being made to achieve a high standard of infection prevention and control.

There were not enough staff on duty and involved in direct support for residents. This meant that they could not work solely in their cohorted areas, which increased the risk of cross infection. Also, there was not enough time to complete care tasks for people and to also spend time supporting them towards their outcomes, for example with activities or sitting and chatting. It is vital for good and safe care that staffing numbers meet the required amount, especially in the area of direct care. (see requirement 2).

People have the right to live in a home that is well led and managed. We found it difficult to know who was clearly in charge of the home on the day we visited. This difficulty was confirmed by one of the workers that we spoke with, who told us that they weren't sure who was in charge and there had been lots of changes recently. The leadership team should be easily available for residents to speak to, and also to actively support workers in maintaining high standards at all times. This will lead to a high quality of care and support aligned with best practice guidance. (see requirement 3).

Requirements

1. The provider must ensure that residents have a consistently safe and secure environment.

By Friday 02 April 2021 the provider must ensure that all guidance relating to infection prevention and control is adhered to.

In order to achieve this the provider must undertake and record effective audits, with all areas for action addressed and confirmed as completed.

This is in order to comply with HSCS 5.17 "my environment is secure and safe."

Regulation 4 (1) (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

2. The provider must provide enough staff to ensure good and safe care.

By Friday 02 April 2021 the provider must implement a system to ensure enough staff are working directly with residents at all times.

In order to achieve this the provider must maintain a monitoring tool to identify adequate staffing levels and ensure a process for achieving these levels is in place and adhered to.

This is in order to comply with HSCS 3.15 "my needs are met by the right number of people."

Regulation 15 (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

3. The provider must offer high quality care and support to residents from an integrated team of staff.

By Friday 02 April 2021 the provider must ensure that the management team are known and available to all

residents and staff working in the home.

In order to achieve this the provider must:

- a) put a system in place that allows all people in the home to know the name of the person in charge, at all times;
- b) ensure working practice that leads to open and easy dialogue between the leadership team, residents and other staff.

This is in order to comply with HSCS 4.23 "I use a service and organisation that are well led and managed"

Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

Areas for improvement

1. The provider should ensure that people are supported to have an active life with a range of meaningful activities throughout the day.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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).

2. The provider should ensure staff deliver person centred care guided by outcomes focussed care plans.

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

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 ensure that people's planned support captures their wishes and identifies what it means for them on a personal level and work towards helping them achieve this.

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

"I am recognised as an expert in my own experiences, needs and wishes." (HSCS 1.9).

This area for improvement was made on 11 December 2019.

Action taken since then

This requirement was not completely met and has been reflected in the latest report.

Previous area for improvement 2

Personal plans should be updated when people's needs change to help ensure effective communication among the team.

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

"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).

This area for improvement was made on 11 December 2019.

Action taken since then

This requirement was not completely met and has been reflected in the latest report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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