

North Inch House Care Home Service

99 Hay Street
Perth
PH1 5HS

Telephone: 01738 632 233

Type of inspection:
Unannounced

Completed on:
16 March 2021

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003009765

About the service

North Inch House is located in Perth, within easy access of the town centre and its 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 67 people living in the home.

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 on 16 March 2021 by two inspectors from the Care Inspectorate and an inspector from Healthcare Improvement Scotland. Feedback was given to the operations manager 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 four relatives and their feedback was generally positive. Please see their comments below:

- 'I'm very happy with the care my relative receives.'
- 'They are sensitive to my relative's needs.'
- 'There has been a big improvement in the home.'
- 'There are lots of activities on offer.'
- 'Communication is much better.'
- 'Sometimes they appear under-staffed.'
- 'At times there are unfamiliar staff on duty.'

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 during this inspection was to establish if people's health and wellbeing benefitted from their care and support throughout the COVID-19 pandemic. We also wanted to ensure that people experienced high quality care and support that was right for them. We evaluated these areas of support as adequate. This meant that there were some strengths which just outweighed weaknesses.

The atmosphere in the home was calm and we felt that people were cared for in a respectful way by staff who knew them well. We saw people being supported to take part in a range of activities and staff told us about the varied choice of recreational and physical activities taking place each day.

At the time of our inspection, the home was closed to visitors due to a recent outbreak of COVID-19 within the North Inch unit. However, we saw that staff had been operating a system of outdoor visits when permitted. Indoor visits were being planned for when the home re-opened. Staff also encouraged other ways for residents to keep in touch with their friends and families through use of technology and phone calls.

The new menu had been discussed at a recent relatives meeting. This had been held virtually and was well attended. People told us the quality of food was good, fresh and varied. People were encouraged to eat where it suited them best whilst maintaining social distancing. This helped people to enjoy their mealtime experience and maintain good standards of nutrition. The home had made referrals to health professionals as needed. There was good input from health staff including District Nurses who spoke highly of the service. This helped ensure that that people received medical attention and treatment when needed.

Most personal plans sampled had sufficient information to enable staff to meet people's health and care needs. However, some had not been reviewed or monitored recently to ensure they were up-to-date and accurately reflected people's changing needs. At previous inspections we had identified that plans needed to be more outcome-focussed. We thought that, although plans had improved, further work was needed to develop the quality. The management team were aware of this and had taken action to address it.

Staff were familiar with recent guidance on supporting people receiving end of life medication, including the possibility of repurposing medication. This is important to ensure that people's health and medical needs are considered. It also ensures that staff have sufficient medication to support people with their healthcare needs.

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

The application of strict infection control procedures is vital to make sure the risk to people's safety is minimised during the COVID-19 pandemic. We found the performance of the service in relation to infection control practices to support a safe and clean environment to be adequate. This meant strengths just outweighed weaknesses, and positive health outcomes for people were compromised because of the weaknesses.

Hand washing facilities were accessible in bathrooms, laundry and kitchen areas. Alcohol based hand rub was available throughout the home along with numerous personal protective equipment (PPE) stations, with PPE stored in plastic drawers to enable staff to access it easily while protecting the PPE from contamination.

Staff were generally observed wearing PPE appropriately, including donning and doffing in the correct order. There was an isolated occasion when PPE was inappropriately worn, when a staff member was observed wearing gloves while serving drinks then assisting a resident. We explained this was not appropriate and that thorough hand hygiene before and after individual work activities was safer practice.

Care equipment was designated for people in isolation and where possible stored within their room. Some items of re-useable care equipment including a hoist, bath chair, lounge chairs and positioning wedges were found to have contamination on them. This had the potential cause the spread of infection. **(See Requirement 1).**

The general environment appeared clean. Domestic staff were using products in line with the Health Protection Scotland COVID-19 addendum for care home settings. North Inch had recently been decorated and the area was well maintained. In North Grove some kitchen areas had been recently upgraded but one within a resident's lounge was still to be upgraded.

Within North Grove a laundry had been created in response to the recent outbreak in North Inch. The room had separate entrances for used and clean laundry, although the tumble dryer was located very close to the used linen entrance. We suggested moving the dryer to ensure clean and used linen are kept as separate as possible.

The laundry in North Inch needed essential maintenance to ensure it is fit for purpose. The ceiling tiles were stained, and some were damaged. Shelves within this room were made with exposed wood, which meant thorough cleaning could not be assured. Some items of cleaning machinery were stored in the linen cupboard, and clean linen hanging up was in contact with this. Steps should be taken to ensure they are not in contact with clean linen. **(See Area for Improvement 1).**

All waste was segregated appropriately within the service, with clinical waste bins located in key areas of the home. We saw the use of small clear bags to secure used clinical waste including PPE before taking it to a larger clinical waste bin. Staff were seen to change PPE appropriately after assisting people with personal care.

All staff were regularly tested for COVID-19 in line with current guidance and we saw an essential visitor taking a test prior to entering the home. Temperatures were also taken on arrival.

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

People should be confident in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We assessed the service to be performing at an adequate level in relation to staffing.

A recognised dependency tool was in use which the manager was completing monthly. It showed trends and tracked changes in people's health and the 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.

At the outset of the recent COVID-19 outbreak additional nursing staff were brought into the home to make sure any changes in people's health were recognised quickly. Additional care staff were also made available in case of absences among the home's own staff group. This ensured safe levels of care were maintained for people during the outbreak.

People were accommodated in single rooms and most had en-suite facilities. In communal areas, chairs had been removed to allow physical distancing. We were told physical distancing remained a challenge in North Grove as people sometimes moved furniture to sit together. The dining areas had been arranged to promote physical distancing while still allowing people to enjoy the social aspect of mealtimes. We saw an isolated incident where staff were sitting closely together but this was quickly identified and addressed by the manager.

There was evidence of regular monitoring and auditing of staff knowledge and practice around COVID-19. North Inch had already started using a useful auditing document and we advised the manager that this should be replicated in North Grove to ensure the same standards were in place throughout the home.

All had staff had received training in infection control and COVID-19, with input also provided by partner agencies. The service had created a new COVID-19 coordinator role who had responsibility for organising staff testing. Updated guidance on best practice was collated in a folder and staff were requested to read and sign.

Staff we spoke with felt well supported by their managers. We saw evidence of good communication and opportunities for one to one and group meetings. This was vital in supporting the wellbeing of staff during the pandemic.

Requirements

1.

By 13 April 2021, the provider must ensure that all reusable equipment is routinely cleaned after every use and at regular predetermined intervals in line with the Health Protection Scotland National Infection Prevention and Control Manual. Particular attention must be given to surfaces that are not easily seen including the underside of handles, bath seats and chairs in resident lounges. Cleaning checklists must only be signed after the item has been cleaned to ensure they accurately reflect the status of equipment.

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

'My environment is secure and safe.' (HSCS 5.17).

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

and in order to comply with Regulation 4(1)(a) and (d) (Welfare of Users and Procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

Areas for improvement

1.

The service should ensure the environment is well maintained and all storage surfaces are able to be effectively cleaned.

This is in order to ensure that 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

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

During our inspection we carried out a medication audit within North Grove. We noted an error in the recording of the amount of medication in stock, along with omissions in the record keeping for controlled drugs. These issues were similar to those found during previous inspections.

We will follow this up at our next inspection.

Not met

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?	3 - Adequate
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	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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