

Ballumbie Court Care Home Service

Ballumbie Road
Dundee
DD4 0PD

Telephone: 01382 730 913

Type of inspection:
Unannounced

Completed on:
29 April 2021

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 virtual inspection to follow up on requirements made as a result of an upheld complaint investigation.

What people told us

We did not speak with people using the service or any relative and carers

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

Requirements

Requirement 1

The provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to do this the provider must:

- Ensure that medicines are administered as instructed by the prescriber
- Ensure all medication administration records are kept safely and securely
- Ensure that managers are involved in the audit of medication records.

This requirement was made on 3 December 2020.

Action taken on previous requirement

We were satisfied from our information gathering that systems had improved to ensure that medication records were securely stored. Records in place followed good practice and were checked and signed by two nurses upon admission to the home. This minimised the likelihood of mistakes being made.

Met - within timescales

Requirement 2

The provider must ensure that, at all times, service users have sufficient daily food and fluid intakes to meet their health care needs. In order to achieve this, the provider must:

- Ensure that service users' diet and hydration needs are fully identified in plans of care
- Ensure that staff have a clear understanding about effective diet and hydration for service users, and can demonstrate this through monitoring of practice
- Ensure that there is documented evidence within care planning on action taken when service users are not achieving their targeted daily diet and fluid requirements
- Ensure that any diet and fluid balance charts are completed correctly and accurately and used to evaluate the effectiveness of care delivery.

This requirement was made on 3 December 2020.

Action taken on previous requirement

The management team evidenced that improvements had been made in their record keeping and documentation alongside responsive action. This included personal dietary requirements, fluid intake charts and referrals to health professionals. This provided assurance that people's nutritional needs and any weight loss were being monitored. The service confirmed that almost all staff had completed the relevant training to support people with both hydration and nutrition.

Met - within timescales

Requirement 3

In order to ensure that people living in this care home have their needs safely met by staff who have the necessary skills and competencies, the provider must ensure that staff experience training and refresher training when required.

This requirement was made on 3 December 2020.

Action taken on previous requirement

To ensure all staff have been trained to meet the needs of individuals supported, the provider confirmed 87% of staff had now completed training and the provider confirmed the action being taken to address staff who had not completed training.

We were satisfied with the percentage of staff who had completed training and the follow up action the service had planned to take with staff. The training that had been completed ensured people living in the care home have their needs safely met by staff who have the necessary skills and competencies.

Met - within timescales

Requirement 4

The provider must improve the provision of oral care and record the support required in service users' personal plans. Service users must be helped to keep their teeth and mouths clean in a way that is acceptable and appropriate to their individual needs.

This requirement was made on 3 December 2020.

Action taken on previous requirement

The records and actions taken by the service demonstrated that the provision of oral care and the support required were meeting the individual needs of people. This included referrals to other health professionals when required. Daily checks were also in place undertaken by the manager and deputy manager to ensure people received oral care in accordance with their care plan.

Met - within timescales

Requirement 5

The provider must ensure that residents and relatives' rights are protected. Communication systems must be improved to ensure that important and required information is shared with relatives, as appropriate to individual resident's needs, preferences and legal status.

This requirement was made on 3 December 2020.

Action taken on previous requirement

Improvements were evidenced in records that meant people involved in their relative's care were updated when changes in people's health was identified. We were assured that these processes would support better communication.

Met - within timescales

Requirement 6

The provider must ensure they have a quality recording system to ensure that they follow their legal obligations to the people receiving care and support.

In order to achieve this the service must:

- audit and review recording practices to gather a clear picture of recording gaps
- review recording guidance to ensure that it follows best recording practices
- ensure that quality assurance systems are in place and are effective in addressing and maintaining recording quality
- provide training to all staff on any recording guidance and the providers

recording expectations.

This requirement was made on 3 December 2020.

Action taken on previous requirement

We were satisfied that the service is promoting a culture of continuous improvement. Quality assurance processes and refinements have been implemented. This includes how the needs of people are identified and the responsive action that is to be taken.

Records also highlighted who is responsible to make any changes to care delivery, and how this is monitored in accordance with care plans. This ensures people receive the right care at the right time.

Met - within timescales

Requirement 7

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.

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

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 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 area for improvement was made on 10 September 2020.

Action taken since then

Not assessed at this inspection

Complaints

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.