

Balhousie Coupar Angus Care Home Service

Station Road
Coupar Angus
Blairgowrie
PH13 9AL

Telephone: 01828 424 930

Type of inspection:
Unannounced

Completed on:
13 July 2021

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010274577

About the service

Balhousie Coupar Angus is a modern, purpose-built care home and is registered to provide care and support to 41 older people. It is situated in the small town of Coupar Angus and has good access to local health services and other community facilities.

The home comprises of four separate units, one of which is a dedicated dementia unit providing accommodation for 10 people. There are two units located on the ground floor that have access to an enclosed and landscaped garden with its own summer house and seating area. There are a further two units located on the first floor. Each unit has a communal living and dining area and additional quiet spaces. Residents are encouraged to personalise their rooms and may, if they wish, bring small items of furniture with them. A passenger lift provides access to the first floor.

Balhousie Care Group states that "from care plans to activities to menus, our culture supports and appreciates the individual needs of every resident... this is their home".

This service has been registered since 11 April 2011.

This was a focused Covid-19 inspection and evaluated how the service has responded to the requirements and areas for improvement made at an inspection during the Covid-19 pandemic.

This inspection was carried out by an inspector from the Care Inspectorate.

What people told us

We spoke to a number of people living in the home during our inspection but did not gather formal feedback. Those we spoke to appeared comfortable and relaxed.

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

At our last inspection our findings showed that infection control practice needed further development. There were issues with access to clinical waste bins and with laundry processes. There were issues with consistency of adequate staffing levels to meet people's needs. We also identified a need to further develop activities.

At the conclusion of our last inspection, some improvements had been made which would help to ensure that people living in the home were safer. Infection prevention and control measures had been put in place to help reduce the risk of cross contamination. We needed to be sure that these improvements had been sustained.

Our focus in this inspection was to follow up requirements made at our last inspection and verify that people's health and wellbeing benefitted from their care and support in relation to Covid-19.

Our main findings can be seen in the 'What the service has done to meet any requirements/areas for improvements made at or since the last inspection' sections of this report. One requirement has had timescales extended to enable the service to further develop improvements made (**see requirement 1**). The area for improvement has also been continued (**see area for improvement 1**).

We found that strengths outweighed weaknesses, resulting in an evaluation of 'adequate'. These strengths had a positive impact on people's experiences and outcomes. We have re-graded the service as a result.

We wrote this previous report following an unannounced inspection. The inspection took place on 23 June 2021. During the inspection, we spoke with people who use the service, the manager, and staff and we observed care practice. We looked at progress recorded in relation to the requirements made at the last inspection and undertook an environmental walk round.

Requirements

1. The service should ensure suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users. The provider must ensure that the following information has been used to inform staffing levels by 17 September 2021:

a) For everyone using the service, the provider shall keep individual records of four-weekly assessments of physical, social, psychological, and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual;

b) In respect of the delivery of the service, the provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, and psychological needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, times of day, staff training, and staff supervision needs; and

c) The overall assessment of staffing levels and deployment must be available to any visitors to the service and everyone using it.

This is in order 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); "My needs are met by the right number of people" (HSCS 3.15); "People have time to support and care for me and to speak with me" (HSCS 3.16); and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must take proper provision for the health, welfare, and safety of service users.

Areas for improvement

1. In order to improve people's physical and mental wellbeing, the provider should review the opportunities for people to engage in regular, meaningful, person-centred activities. This should focus on the quality of physical and social activities available for people within the home. It should be recorded and evaluated regularly to ensure they meet people's wishes and preferences.

This is in order 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).

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 people experience a safe, clean, and well maintained environment which minimises the risk of infection, the provider must address identified issues by 21 June 2021.

In particular, they must ensure:

- a) Clinical waste bins are accessible to staff;
- b) External clinical waste containers are locked at all times;
- c) Storage in en suite bathrooms is suitable and effective at keeping items free from contamination; and
- d) All policies relating to the cleaning of the care service, and infection prevention and control, are up to date and in line with Public Health and Health Protection Scotland (HPS) guidelines.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) and (d) - Welfare of users and procedures for the prevention and control of infection; and Regulation 10(1) - Fitness of premises.

This requirement was made on 2 June 2021.

Action taken on previous requirement

In order to minimise the risks, it is important to make sure there is strict application of infection control procedures. During an outbreak of Covid-19, additional measures must be in place to help minimise the spread of infections.

Personal protective equipment (PPE) supplies were good and PPE stations were fully stocked and accessible throughout the home. Clinical waste bins were accessible for used PPE to be disposed. This helped minimise the risk of infection. Clinical waste stored outside was now secured.

Suitable storage for toiletries for all en suite bathrooms had been put in place and that reduced the risk of contamination. Toiletries were now stored appropriately to minimise the risk of infection.

Met - within timescales

Requirement 2

In order to ensure that linen is managed in a safe way and in order to prevent infection the provider must, by 21 June 2021:

a) Ensure that the processes and equipment used in the laundry are correct according to the National Infection Prevention and Control Manual (NIPCM); and

b) Ensure that all laundry items are appropriately segregated, stored, and laundered in accordance with current guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on the relevant evidence, guidance, and best practice" (HSCS 4.11).

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SS1 2011/210) Regulation 4(1)(a) and (d) - Welfare of users and procedures for the prevention and control of infection.

This requirement was made on 2 June 2021.

Action taken on previous requirement

The way clothes were laundered complied with safe practice. We saw that systems of managing dirty and clean laundry were now safe, with different receptacles clearly identified and being used for either clean or dirty linen. This decreased the risk of cross infection. The washing machines were now being used in a way which achieved a temperature of at least 65 degrees. This meant that thermal disinfection for used or contaminated laundry was taking place.

The service had quality assurance processes in place in relation to infection prevention and control. The provider is currently developing these to ensure that environmental and practice concerns are identified.

Met - within timescales

Requirement 3

The service should ensure suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users. The provider must ensure that the following information has been used to inform staffing levels by 21 June 2021:

a) For everyone using the service, the provider shall keep individual records of four-weekly assessments of physical, social, psychological, and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual;

b) In respect of the delivery of the service, the provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, and psychological needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, times of day, staff training, and staff supervision needs; and

c) The overall assessment of staffing levels and deployment must be available to any visitors to the service and everyone using it.

This is in order 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); "My needs are met by the right number of people" (HSCS 3.15); "People have time to support and care for me and to speak with me" (HSCS 3.16); and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must take proper provision for the health, welfare, and safety of service users.

This requirement was made on 2 June 2021.

Action taken on previous requirement

Staffing arrangements, in relation to the changing needs of people experiencing care, were adequate. It is important the provider continues to build on their strengths, to increase the likelihood of people having positive experiences and outcomes. We found that staff were knowledgeable, committed, and were working hard under challenging circumstances to ensure that they kept people who use the service and themselves safe.

The provider continues to recruit and induct new staff to work in the service. We looked at a sample of duty rotas and found that staffing levels had generally improved to meet the provider's target of 10 staff which they had identified as the optimum number of staff. However, the impact of the layout of the building meant that in practice we could see that having this staffing level still presented challenges in terms of being able to timeously meet physical, social, psychological, and recreational needs of people living in the service.

We acknowledged the progress made thus far in meeting this requirement and have extended the timescale to enable the service to further develop staffing levels to ensure that the physical, social, psychological, and recreational needs of people living in the service are met.

Not met

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

In order to improve people's physical and mental wellbeing, the provider should review the opportunities for people to engage in regular, meaningful, person-centred activities. This should focus on the quality of physical and social activities available for people within the home. It should be recorded and evaluated regularly to ensure they meet people's wishes and preferences.

This is in order 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 2 June 2021.

Action taken since then

The service had made some progress with this. We could see that people participating in activities facilitated by the wellbeing coordinator were active and engaged. A great deal of imagination and effort had gone into making the garden an appealing and stimulating environment for people. It was positive to hear how the local community had supported this project and people were taking advantage of the good weather and spending time outside.

We found that access to activities was constrained by availability of the activities worker and did not appear to be equitable across the whole service. Current staffing levels meant that there are limited opportunities for staff to facilitate meaningful activities. As a result, there are long periods of time where people are left without opportunities to participate.

The service should continue to develop access to activities to ensure that people can engage in regular, meaningful, person-centred activities in order to promote their sense of physical and mental wellbeing.

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
7.2 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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