

Balhousie Clement Park Care Home Service

4 Clement Park Place
Dundee
DD2 3JN

Telephone: 01382 610 960

Type of inspection:
Unannounced

Completed on:
21 September 2021

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010273694

About the service

Balhousie Clement Park is located in the residential area of Lochee Dundee, close to bus services and local shops and schools. The service has been registered since 30 November 2010.

Accommodation is provided over two floors divided into four distinct units: Discovery, Keillor, Cox and Thomson. Each unit has a combined dining and lounge area. All bedrooms are single occupancy with en-suite facilities. There is lift access to the upper floors. There is a pleasant and secure garden area to the front of the home, accessible from the ground floor units.

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 two inspectors 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. When we carried out our observations people were well presented however, we found that a number of people appeared to be withdrawn and bored.

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?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

Our focus in this inspection was to follow up requirements made at our last inspection and verify that people's health and wellbeing benefited from their care and support in relation to Covid-19. We wrote this previous report following an unannounced inspection that took place on 22 July 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.

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. Staffing levels meant that there were limited opportunities for care staff to facilitate meaningful activities. As a result there were long periods of time where people were left without opportunities to participate. People appeared withdrawn and bored. We observed limited social interaction for some people. A lack of social interaction can impact negatively on people's mood, abilities and sense of wellbeing.

The service has recently recruited additional staff hours for activities and must 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.

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. All requirements have had timescales extended to enable the service to further develop improvements made (see requirement 1, 2 and 3). The areas for improvement have also been continued (see area for improvement 1, 2 and 3).

We did not regrade the service. Strengths were identified however these were outweighed by significant weaknesses. The weaknesses substantially affect people's experiences and outcomes. Without improvement as a matter of priority the welfare or safety of people may be compromised or their critical needs not met. Weak performance requires action in the form of structured and planned improvements by the provider with a mechanism to demonstrate clearly that sustainable improvements have been made.

Requirements

1. In order to improve people's physical and mental wellbeing, the service provider must, by 5 November 2021, review the way in which activities are organised and provide sufficient staff to support people to engage in them. There should be a focus on the quality and amount of physical and social activity made available for people, within and outside the home.

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); and

In order to comply with Regulation 15(a) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

2. In order to ensure the health and wellbeing of people using the service, by 5 November 2021, the provider must ensure that people are protected by improving the assessment, treatment and monitoring of care.

This includes, but is not restricted to, hydration and wound management.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

In order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 (1) and Regulation 5 (1).

3. In order to ensure the health and wellbeing of people, the provider must, by 5 November 2021, ensure that individuals' personal plans clearly set out how their health, welfare and safety needs are to be managed and met. In order to do this, the provider must ensure that:

- staff are supported to be competent in the use of the electronic planning system;
- personal plans and care records reflect a responsive and person-centred approach;
- the quality and accuracy of records detailing the management of healthcare needs are improved;

This includes, but is not restricted to, hydration and wound care; and

- the management team use their quality and audit systems to monitor and improve practices.

This is in order to ensure care and support is consistent with 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);

'My care and support is consistent and stable because people work together well.' (HSCS 3.19); and

In order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(1) - Personal Plans.

Areas for improvement

1. To support safe outcomes for people, the manager should:

(a) further develop robust systems to be able to demonstrate that the nutritional and hydration needs of people who use the service are regularly met;

(b) ensure timeous assistance is being provided to people who require support with eating and drinking; and

(c) the manager should be able to demonstrate that there is always enough staff available to meet the needs of people who use this service.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19)

2. To support positive outcomes for people, the manager should further develop robust systems to be able to demonstrate that people's property is respected and valued.

(a) Replace or reimburse lost items timeously so that people are not disadvantaged and/or their independence is compromised.

(b) When valuable items are reported as missing, they should be reported to police in a timely manner.

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

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.' (HSCS 4.4)

3. To ensure positive outcomes for people who use this service, the manager should further develop robust systems to effectively demonstrate that all clients' individual care/support plans are sufficiently detailed and provide staff with clear guidance on how to support people to stay connected with people who are important to them.

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

'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)

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

Requirements

Requirement 1

In order to improve people's physical and mental wellbeing, the service provider must, by 17 September 2021, review the way in which activities are organised and provide sufficient staff to support people to engage in them. There should be a focus on the quality and amount of physical and social activity made available for people, within and outside the home.

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); and
In order to comply with Regulation 15 (a) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/2010)

This requirement was made on 22 July 2021.

Action taken on previous requirement

The service provider had reviewed the way in which activities are organised and had recruited additional staff so that activities will be available across seven days. The new staff had only started their posts the week of the inspection, so further time is needed to see improvements in people's physical and mental wellbeing. Plans were in place to train the new staff and develop the activities on offer.

As we had observed limited interactions by staff while undertaking care tasks, we discussed with the interim manager the importance of promoting a culture of care where people, particularly those who are experiencing dementia, are actively supported to maintain their sense of identity as well as their skills and abilities.

We have extended the timescale for this requirement to 5 November 2021.

Not met

Requirement 2

In order to ensure the health and wellbeing of people using the service, by 17 September 2021 the provider must ensure that people are protected by improving the assessment, treatment and monitoring of care.

This includes, but is not restricted to hydration and wound management.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24), and

In order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 (1) and Regulation 5 (1).

This requirement was made on 22 July 2021.

Action taken on previous requirement

As a result of our observations of care, examinations of care plans, notes and conversations with staff, we could not be confident that this requirement had been met. We found that 'must do' elements of people's care plans were not always being undertaken and there was not effective oversight of this. Concerns were brought to our attention regarding the care that one person was receiving that were subsequently referred to adult protection. We also found a significant delay in seeking medical attention for a person who had been injured in a fall.

A number of concerns had already been raised in relation to the assessment, treatment and monitoring of care and as a result the service is undergoing a Large Scale Investigation.

We have extended the timescale for this requirement to 5 November 2021.

Not met

Requirement 3

In order to ensure the health and wellbeing of people, the provider must by 17 September 2021 ensure that individual's personal plans clearly set out how their health, welfare and safety needs are to be managed and met. In order to do this the provider must ensure that:

- Staff are supported to be competent in the use of the electronic planning system.
- Personal plans and care records reflect a responsive and person-centred approach.
- The quality and accuracy of records detailing the management of healthcare needs are improved. This includes, but is not restricted to, hydration and wound care.
- The management team use their quality and audit systems to monitor and improve practices.

This is in order to ensure care and support is consistent with 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);

'My care and support is consistent and stable because people work together well.' (HSCS 3.19); and

In order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(1) - Personal Plans.

This requirement was made on 22 September 2021.

Action taken on previous requirement

As a result of our observations of care, examinations of care plans and notes and conversations with staff, we could not be confident that this requirement had been met.

We found that reviews had been undertaken since our last inspection, however more must be done to ensure that the person is supported to be involved in the review of their care and support in a way that suits them.

We found that 'must do' elements of people's care plans were not always being undertaken and there was not effective oversight of this. Concerns were brought to our attention regarding the care that one person was receiving that were referred to adult protection. We also found a significant delay in seeking medical attention for a person who had been injured in a fall.

A number of concerns had already been raised in relation to the assessment, treatment and monitoring of care at Balhousie Clement Park and as a result the service is undergoing a Large Scale Investigation.

We have extended the timescale for this requirement to 5 November 2021.

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

To support safe outcomes for people, the manager;

- (a) further develop robust systems to be able to demonstrate that the nutritional and hydration needs of people who use the service are regularly and met.
- (b) ensure timeous assistance is being provided to people who require support with eating and drinking.
- (c) the manager should be able to demonstrate that there is always enough staff available to meet the needs of people who use this service.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 15 June 2021.

Action taken since then

Although we could see that systems were in place, it was not clear that there was effective oversight of this. We found a significant level of 'must do' tasks not completed in people's care plans some of which related to nutrition and hydration. We observed people attempting to eat and drink who did not receive support when they needed it and heard concerns from staff regarding people being supported appropriately in relation to nutritional intake.

Previous area for improvement 2

To support positive outcomes for people, the manager should further develop robust systems to be able to demonstrate that people's property is respected and valued.

- (a) Replace or reimburse lost items timeously so that people are not disadvantaged and/or their independence is compromised.
- (b) When valuable items are reported as missing, they should be reported to police in a timely manner.

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

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.' (HSCS 4.4)

This area for improvement was made on 15 June 2021.

Action taken since then

Systems were in place to record people's possessions. We were not aware of the systems being required to replace missing items since the last inspection so will continue this area for improvement to ensure it works effectively when required.

Previous area for improvement 3

To ensure positive outcomes for people who use this service the manager should further develop robust systems to effectively demonstrate that all clients' individual care/support plans are sufficiently detailed and provide staff with clear guidance on how to support people to stay connected with people who are important to them.

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

'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)

This area for improvement was made on 15 June 2021.

Action taken since then

We could see that the service had undertaken a number of reviews with people since the last inspection. Work on improving the detail of care plans to keep people in touch is ongoing.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	3 - Adequate

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