

Balhousie Huntly Care Home Service

Balhousie Huntly Care Home
Deveron Road
Huntly
AB54 8TS

Telephone: 01466 383 145

Type of inspection:
Unannounced

Completed on:
8 October 2021

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2012308788

About the service

Balhousie Huntly is registered to a maximum of 65 older people: 60 people in the main home and up to five people in the purpose built cottage in the grounds. At the time of our inspection there were 59 people living in the home and five people living in the cottage. The provider is Balhousie Care Limited.

This service has been registered with the Care Inspectorate since 27 November 2012.

The care home is a two storey purpose-built building that has been split into four wings/units. It is located in the market town of Huntly and is close to local amenities for example, shops, churches and cafes.

All bedrooms have en suite toilet and shower facilities and people have the choice of well furnished and decorated sitting and dining areas. There is a landscaped enclosed courtyard garden that is accessible from several doors on the ground floor.

The cottage is self contained and provides shared lounge and dining area. All rooms are en suite.

The provider's participation charter states: "We recognise the value and importance of listening to the people we support and their relatives, to deliver on their expectation and outcomes".

What people told us

We spent time speaking to people in all four units. Some people were content and happy with life in the home. Others told us that the day 'could be long'. There was mixed feedback regards the meals, some people told us that there was a lack of choice and the taste and quality of the meals was variable. People said the staff were friendly and helpful, however, there was often staff on duty that they didn't know. What people told us has informed this report.

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
How good is our leadership?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

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

The overall performance of the service was evaluated as being weak. Strengths could be identified but

these were compromised by significant weaknesses. Without improvements being made as a matter of priority, people's experiences and outcomes would be negatively impacted upon.

1.1 People experience compassion, dignity and respect.

Staff engaged with people with warmth, however, conversations were affected by the availability of staff. Much of the interaction was done when a care need was being attended to. This meant that people spent long periods of time disengaged.

Most people had been supported to make their bedrooms homely with personalised items. More care should be taken to help people who had recently moved in, to ensure that their belongings are all unpacked and made accessible.

Improvements had been made to the naming of people's clothes. We will follow up to see if this has reduced the high number of unnamed and unclaimed items of clothing in the service.

The availability of staff impacted on people's preferences. For example, some people preferred to be assisted to get up prior to breakfast, however, they were not assisted until late morning. This resulted in frustration, and a delay in those people spending their day in the way that they wanted.

People were asked what they liked to be called, however, we found that staff would not always use this. Some people were addressed with generic names or terms of endearment. Although no upset or harm was meant, some people were not comfortable or accepting of this. It is important for people's sense of identity and personhood that their preferred name is used.

In one person's care records there was inappropriate and derogatory language recorded to describe their personality. This was inappropriate and could influence staff's perception of the person. This did not demonstrate respect or compassion.

Improvements are needed to ensure that the care and support people experience is dignified, compassionate and respectful. **(See requirement 1.)**

1.2 People get the most out of life.

There continued to be an emphasis on larger group activities. Some outings had occurred. However, it appeared to be mainly the same group of people involved in the group activity and outings. This meant that many people did not have the same opportunity to pass their time in a meaningful way.

Recruitment to increase the activity staff was ongoing, however, the current activity staffing resource was insufficient to meet the social needs of all residents.

Some people spent the day in their bedrooms. There were long periods of time between interaction with staff and that most of these happened when staff were meeting a person's care need. This was not person-centred or meaningful. We were concerned that some people experienced long periods of isolation with no stimulation. This would have a negative impact on the health and wellbeing of people.

People who preferred to remain in their rooms to watch the television or read a book, did not always receive the support that was necessary to facilitate this. People were not all assisted to switch their televisions on, or to have sufficient lighting to enable them to read their book.

The service was fully operating in line with the open with care guidance. There was no booking system in place, which meant that visits took place when it was best for the person and their relative or friend. This resulted in visits being meaningful.

The courtyard garden had been upgraded and provided a relaxing space. We did not see this area used during our inspection, however, some people told us that they had spent time in the gardens, many with their visitors. The service should support people to access the outdoors to help people keep healthy.

Improvements are needed to ensure that people are supported to experience meaningful activities and engagement to help support their health and wellbeing and improve the quality of their day. **(See requirement 2.)**

1.3 People's health benefits from their care and support.

People should experience high quality care and support based on relevant evidence, guidance and best practice. We identified concerns with how the health needs of people were being met. We felt the availability, experience and skills and knowledge of staff impacted on the quality of the care and support people experienced.

Many people remained seated for most of the day, the only opportunity for movement was when they came to the table for meals. This meant that some people may experience worsening physical and mental decline.

People who had a history of, or who were at risk of falls did not receive the necessary care and support that reduced the risks to them. Falls risks assessment and care plans did not always reflect the support that some people needed to help them remain mobile whilst reducing the risks of falls. There appeared to be an over reliance on alert mats and seat sensors to inform staff that people were mobile. However, staff failed to respond to these alarms, meaning that people were mobilising without appropriate support from staff. Improvements are required to the management of falls to ensure that the risks to people are reduced whilst the least restrictive measures of support are implemented. **(See requirement 3 and area for improvement 1.)**

When an incident or accident occurred, there was confusion as to how these should be documented. This meant that an accurate overview of incidents and accidents could not be reviewed. It is important that the management team have the necessary information to inform change and improvement. **(See area for improvement 1)**

Some serious incidents had occurred that had compromised the health, safety and wellbeing of some people. There was a failure to follow up these incidents appropriately for example; a person not being referred to allied professionals when their swallow deteriorated and they choked at two mealtimes. There was a failure to identify safeguarding concerns with one person when their cognitive health deteriorated. The services failure to recognise and act appropriately when the health, safety and wellbeing needs of people changed meant that some people were at risk of not receiving the care and support that was right for them. **(See requirement 4.)**

Improvements are needed to the informing and referral to allied professionals. This is to ensure that when the healthcare needs of people change, they receive the necessary input and support from the professionals who are best placed to help improve outcomes and reduce risks. **(See requirement 4.)**

Requirements

1. By 26 November 2021, the provider must ensure that people are treated with compassion, respect and kindness. You must ensure that:

- a) Personal care and support meets the individual's assessed needs and is right for them.
- b) Respect the rights of people to choose and respect their choices and preferences.
- b) Demonstrate that all people have been included in home life, including mealtimes and activities.
- c) Use the preferred name of people in all aspects of home life.
- d) Stop the use of negative terminology in care documents.

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 warmth, kindness, and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the persons supporting and caring for me.' (HSCS 3.9);

'I experience care and support where all people are respected and valued.' (HSCS 4.3); and

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) - Welfare of Users.

2. By 26 November 2021, you must ensure that people have the opportunity to lead active and meaningful days and that they are supported to get the most out of life.

In particular;

- a) You must ensure that service users can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, both indoors and outdoors.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6);

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoor and outdoors.' (HSCS 1.25); and

In order to comply with Regulations 3 and 4 (a) (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 26 November 2021, you must ensure that people who have a history of falls or who are at high risk of falls, have the appropriate actions taken to minimise the risks to them.

In particular;

- a) Accurate and updated risk assessment to be in place.
- b) Recording and analysis of any fall to help inform change.
- c) The least restrictive measures are taken when reducing the risks to people.

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 relevant evidence, guidance and best practice.' (HSCS 4.11)

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14); and

In order to comply with Regulations 3 and 4 (a) (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 26 November 2021, you must put in place a system for the robust oversight of any accidents and incidents and ensure that appropriate action is taken to reduce risks of re-occurrence, including;

- a) Reviewing staffing and deploying staff appropriately to units where there is increased risk due to the changing needs of people.
- b) Ensuring that when the health needs of people change that the care and support they receive is reflective of these changes.
- c) Timeous referral to external bodies and allied professional.

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 relevant evidence, guidance and best practice.' (HSCS 4.11);

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14); and

In order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulations 21(2)(a-d) of The Regulations of Care (Requirements as to Care Services)(Scotland) Regulations 2002 (SSI 2002/114).

Areas for improvement

1. By 26 November 2021, the service should improve the knowledge and skills of staff, in particular in relation to the management and support given to people who experience accidents, incidents or who are at risk of falls.

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

'I have confidence in people because they are trained, competent, and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?**2 - Weak**

The management team in the home had not been fully recruited into posts and this impacted on the services ability to complete quality audits. This contributed to the failure to make the necessary changes to improve people's outcomes.

Complaints that had been raised had not been dealt with as per the provider's complaints policy. One person had complained about their experiences of poor care and support, this concern was not followed up. A few people raised concerns about getting phones answered when they called the home. This was not dealt with appropriately and as a result the communication concerns continued. The feedback that people gave about the quality, variety, choice and taste of some meals was not acted upon and used to inform changes to a new menu. As a result the dis-satisfaction with meals continued.

It is important for people to have the confidence that when they raise a concern that their concern is taken seriously and dealt with appropriately. The management team must make improvements to how complaints are managed and that any changes or lessons learnt are then used to inform improvements to the service provision. **(See requirement 1.)**

Requirements

1. By 26 November 2021, the provider must ensure that all concerns and complaints are dealt with and that it is done in line with the providers own complaints policy and adhered to.

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

'I benefit from a culture of continuous improvement, with organisation having robust and transparent quality assurance processes.' (HSCS 4.19);

'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); and

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) - requirement for the health and welfare of service users.

How good is our care and support during the COVID-19 pandemic?**2 - Weak****7.2 Infection control practices support a safe environment for people experiencing care and staff.**

We evaluated the service to be performing at an adequate level with regards to infection prevention and control. There were strengths, such as the cleanliness of the home and increased staffing within the housekeeping team, but we had concerns about staffing numbers across the service.

The home was clean, and communal areas were uncluttered to enable effective cleaning and disinfection. People had their own belongings in their rooms which promoted a homely atmosphere. We saw that shared equipment was being cleaned and disinfected between uses. Housekeeping staff were following guidance by using chlorine based products at the correct dilution which meant that hygiene standards were

appropriately maintained throughout the home. Enhanced cleaning was being undertaken and housekeeping staff had a good supply of products and equipment. This reduced the risk of infection and kept people safe.

Personal protective equipment (PPE) supplies were good, and PPE stations were accessible and available throughout the home. Covid-19 guidance was also placed at PPE stations, which meant that staff could easily access and read relevant guidance to support best practice.

There were enough handwashing facilities and staff who were observed washing their hands and using alcohol based hand rub were doing so using the correct technique. We provided advice to staff to ensure they are always cleaning their hands between attending to residents, for example, in communal areas. Staff told us that informal spot checks were undertaken to maintain competence around hand hygiene and infection control, but there were clear challenges in recording this formally. Quality assurance processes require to be implemented to improve managerial oversight and to provide assurance that staff remain vigilant in their use of PPE and that they retain a good understanding of infection prevention and control procedures.

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

It is important for people's wellbeing that staffing arrangements are responsive to the changing needs of people experiencing care. Whilst there were strengths, we evaluated the service as performing at a weak level with regards to staffing arrangements.

We found staff to be caring and warm towards residents and to their families, however, staff were working in very challenging circumstances to ensure that people's basic needs were met. Formal tools and de-escalation strategies were not being used to support people who were experiencing stress and distress. Staff had received training, but would benefit from further specialised training to enable them to support people who experience behavioural and psychological symptoms of dementia. This would improve the experience of people in the home who are living with dementia.

Staff shortages meant that at times there were insufficient numbers of staff to support the needs and wishes of residents. This meant that the availability of staff was inconsistent, and at times the quality of care that people experienced was compromised and this presented a risk to some residents. For example some people had to wait for significant lengths of time to be attended to when they had called for assistance, and some people had to wait until late in the morning before they were assisted to get up, washed and dressed. **(See requirement 1.)**

We discussed the impact of challenges with recruitment and retention of staff. Agency staff are being deployed to support staffing levels, and the provider has implemented some measures to attract applications. The management team should continue to review staffing and staff allocation to help support consistency in the standards of care and support.

Staff in general told us that they felt supported in their work, although formal supervision arrangements had been difficult to maintain due to shortages within the management structure.

Requirements

1. By the 17th of November the provider must ensure that the skill mix and number of staff on duty is sufficient to ensure that there is consistency in how the care needs of residents are met. The staffing arrangements must be responsive to the changing needs of residents and to any changes within the service.

This is in order to ensure that safe staffing levels are maintained and that staffing is consistent with the Health and Social Care standards (HSCS) which state that:

'My needs are met by the right number of people.' (HSCS 3.15), and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) – Welfare of Users: A provider must make proper provision for the health, welfare and safety of service users, and 15(b)(i): ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

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 service should ensure that people's choices and preferences are sought and included in the development of their home and used to inform their care and support plans, in particular their individual visiting needs.

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

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

This area for improvement was made on 26 May 2021.

Action taken since then

This area for improvement has been incorporated into requirement 2 in 'How well do we support people's wellbeing?' 1.2 People get the most out of life.

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

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our care and support during the COVID-19 pandemic?	2 - Weak
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	2 - Weak

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.