

Balhousie Coupar Angus Care Home Service

Station Road
Coupar Angus
Blairgowrie
PH13 9AL

Telephone: 01828 424 930

Type of inspection:
Unannounced

Completed on:
13 January 2022

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 a 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 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 by two inspectors from the Care Inspectorate.

What people told us

During the course of our inspection, we spoke with people who live in the home to gain their views about the service.

The people we spoke with told us they were in general happy with the quality of the service and the support they received at the home.

Some people had difficulty using verbal communication to give their views, therefore we spent time observing how they interacted with staff. We observed kind and caring interactions and the residents appeared confident in their interactions around the home. People in general appeared contented.

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.

The focus of this inspection was to evaluate the care and support which people have received during the Covid-19 pandemic. We wanted to explore whether people's rights have been respected and whether their physical, mental and emotional health has been promoted. We also considered the ways in which people have been supported to stay connected with their loved ones and to maintain relationships. We found that the service was performing at an adequate level, with strengths just outweighing weaknesses.

Personal plans should reflect people's wishes and be regularly updated to reflect their changing needs. Plans had been reviewed regularly and contained good detail to guide people's care. Anticipatory Covid plans were in place for everyone and these were instated when people tested positive. Plans for end of life care had been discussed with families and reflected people's wishes whenever possible. This information was easily accessible should their care needs change rapidly. The service continued to be responsive to people's healthcare needs during the pandemic.

The service was following the most recent Open with Care guidance in consultation with advice from the local public health team. People could access essential visits during the active outbreak. These visits extended beyond end of life care, as essential visits were in place to support people's mental health and wellbeing as needed. People's key contacts were clearly highlighted on their personal plan which meant people were kept informed and supported to stay in touch.

People who were not isolating were supported to be physically and socially active in communal lounges. People were supported to return to their social routines once their isolation period had ended. Those who were isolating had regular support with personal care tasks in their own room. People were supported and encouraged with their food and fluid intake. When people's needs changed, this was responded to and appropriate action was taken, for example offering more frequent smaller portions to entice the person's appetite.

Staff were considering possible Covid-19 related symptoms that people presented with and were discussing these with the relevant people. People were assessed twice daily for possible symptoms and testing had been arranged as needed. There was good evidence of input from external professionals to support people with a variety of health issues. This contributed positively to people getting the treatment and support they required.

Examination of medication administration records identified medications were always available and people were supported to receive their prescribed medications. This provided assurance that residents could get the right treatment at the right time.

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

During an outbreak of Covid-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. We found the service was performing at an adequate level. Where there are some strengths, it is important the provider builds on these strengths, to increase the likelihood of people experiencing positive experiences and outcomes.

Overall, the standard of cleanliness throughout the home was adequate. Communal areas, corridors and lounges were generally clean and free from clutter. Mattress checks were being carried out routinely and, where identified, mattresses were replaced. However, we found one mattress protective cover that was not clean and had perished. We found two shower chairs with rusty wheels and the insides of the cupboards in the servery areas were in need of thorough cleaning. As a result, there was an increased risk of contamination. The service had a wide-ranging quality assurance process in place in relation to infection prevention and control. These processes were not being used effectively to ensure that environmental concerns and practices were identified and addressed to reduce the risk of harm to people. **Requirements (1 and 2) are made.**

We found the service had good supplies of Personal Protective Equipment (PPE) and staff knew how to access it. The PPE was situated at the entrance of the home and at many PPE stations. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors wearing masks appropriately to reduce the risk of transmission of airborne infections. However, we found staff were not always disposing of their PPE in the appropriate containers. This was not satisfactory and could cause risks to staff, people living in the home and visitors. **See requirement (2).**

Staff performed hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff performed hand hygiene before and after providing care to people, before tasks such as serving meals and after touching frequently touched surfaces. This is required to break the transmission path between people.

There was a good supply of cleaning equipment, products, and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines. However, we found potentially harmful cleaning products in an unlocked cupboard in one servery area. This presents a risk to the people living in the service. **See requirement (2).**

Laundry management and systems to collect and distribute laundry were in line with current guidance. Laundry staff were knowledgeable about the ways in which laundry could be managed to reduce risk.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were opportunities each week for staff to be tested.

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

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Whilst we were satisfied staff had received the relevant training and were able to describe safe practices they would implement to keep everyone safe, our findings and requirement made in KQ7. 2 have impacted on the grading awarded for this quality indicator.

The service had plans in place to ensure that staffing levels were right to meet people's needs. We were able to establish that a contingency plan was in place to help maintain safe staffing levels. This included flexibility within the working hours and roles of the staff team as well as the use of agency staff.

People were being supported in their rooms, this was because at the time of the inspection there was an outbreak of Covid-19 within the home. Staff were working hard to meet people's needs. Buzzers were being responded to promptly and we saw staff engage sensitively with people, at a pace that was right for them when they came out of their room.

The service had taken positive action to inform and skill staff in infection prevention and control and Covid-19. A training programme was in place which had a high level of completion. Staff we spoke with were able to identify key learning from their training and how this had impacted on their practice. Key features included the importance of wearing PPE correctly and regular hand washing. We observed this good practice which helped keep people safe.

A system was in place for observing staff practice to assess their competence and knowledge in infection control and Covid-19. We were able to establish that this had taken place regularly; however, it appeared to have lapsed during the outbreak. As detailed under KQ7.2 we found a number of occasions where staff were not disposing of their PPE in the appropriate disposal bins. Observation of practice could have picked this up at an early opportunity to support remedial action. We would recommend competency assessments continue to be undertaken to ensure ongoing compliance with safe practice. **An Area for Improvement (1) is made.**

Staff told us there was good teamwork in the home and they felt well supported by the manager.

Requirements

1. By 1 February 2022, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

Ensure the quality assurance systems and processes in relation to infection prevention and control and care practices are further enhanced. In order to do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

2. By 1 February 2022, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- a. ensure that the internal premises, furnishings, and equipment are safe, clean, and tidy
- b. ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland
- c. ensure all harmful chemicals are stored securely.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. To ensure staff maintain effective infection control practice, the provider should undertake a system to observe and monitor staff practice in infection prevention and control. Where deficits or breaches of good practice are seen, a plan of action should be implemented to support improvement.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14. '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'.

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

Requirements

Requirement 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.

This requirement was made on 13 July 2021.

Action taken on previous requirement

Not assessed at this inspection. This will be followed up at the next inspection visit.

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

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 13 July 2021.

Action taken since then

Not assessed at this inspection, this will be followed up at the next inspection visit.

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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