

Balshagray House Care Home Service

42/44 Balshagray Drive
Broomhill
Glasgow
G11 7DA

Telephone: 01413 395 130

Type of inspection:
Unannounced

Completed on:
28 April 2022

Service provided by:
Enable, Glasgow Branch

Service provider number:
SP2004005393

Service no:
CS2003000838

About the service

Balshagray House is registered to provide a care service to a maximum of 15 people with a learning disability. The provider is Enable Glasgow.

The service is located within a residential area in the Broomhill area of Glasgow. It is close to local amenities including shops, cafés, and public transport.

The building comprises of two terraced houses that have been converted into one care home. There is ample space to offer a flexible approach towards care delivery. At the time of inspection there were 13 people using the service.

The aim of the service is to provide a safe environment where people are respected as individuals, become independent, are active within the community, make choices for themselves and where their needs and objectives are realised.

About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 April 2022. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with eight people using the service and four of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff are proud of the support they provide.
- Support plans gave a clear view of who the person was.
- The service was very pro-active in keeping people involved.
- Leaders were highly knowledgeable about aspects of the service which required improvement.
- It's a different way of care.
- A very inclusive service.

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?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Personal plans were outcome focussed and person centred. Any associated risks were assessed and reviewed, if someone was deemed at risk of harm to themselves or from others. This ensured that people were kept safe.

People's likes and dislikes were considered when activities were being devised. Staff told us that there was a lull in activity during lockdowns. However, the service met with all residents to discuss what to do next, taking on board all their ideas from staging their own pantomime to arts and crafts. One person told us they really enjoyed taking part in the panto "it was great fun".

Health and wellbeing assessments were informative and supported staff to provide the appropriate care required. These assessments gave a good overview of who the person was. Examples included keeping safe, and maintaining healthy relationships, getting prepared for the day ahead, and keeping well. This meant that people experienced care that was right for them.

Treatment plans were in place for residents in respect of as required medication. Staff gave very good examples of how to support someone in distress by using distraction and good communication before using the agreed pharmacological approach.

Staff training took account of people's specific needs. Examples of these included dementia awareness, adult support and protection, Phenylketonuria awareness and MAPA training (this training helps a person become calm and regain control as soon as possible). This meant that people experiencing care got the right support at the right time and were kept safe.

Keeping connected had been paramount for some people. This saw an acceleration in the use of IT equipment. The service had set up a Facebook page so that residents, and their families could keep in touch with what was happening in the service and allowed people to be seen in person. Staff told us they have even more contact with relatives now they have this page than they did prior to the pandemic. People told us the service went above and beyond to keep them connected to their relatives.

Information in personal plans relating to meaningful contact was good, this meant that people could keep in touch with others that mattered to them.

Staff supported residents to remember and celebrate important occasions and life events which were important to them. We saw that residents and staff birthdays were displayed in the common areas so that party planning could take place. This meant that personal connections were maintained.

Communal areas within the home were clean, tidy and free from clutter, which ensured that effective cleaning tasks could be carried out. There was appropriate personal protective equipment (PPE) available on all floors, this meant that people were kept safe.

Staff had completed infection prevention and control training. We observed how staff put this into practice when supporting people within the dining room or their own bedrooms. This meant that they were able to

keep people safe because they were knowledgeable about how to prevent or stop the spread of infection.

Some staff told us they felt the service was very quick in introducing measures to protect them and residents before any official guidance was issued from local government. They felt supported by their management team and were pleased how they managed infection prevention and control throughout the pandemic.

Staff wore and disposed of appropriate PPE in line with Health Protection Scotland guidance. The service did not have a clinical waste contract in place, however any infectious waste was disposed of in a disposable bag, double bagged and stored securely for 72 hours before putting out for uplift. This ensured the risk of cross infection was minimised.

Residents told us of how they also helped to reduce infection across the home. They told us that they were proud of the work they did with additional cleaning, not just in their own bedrooms, but across the home. This meant that residents continued to be involved and their health and wellbeing benefited from safe infection prevention and control practice.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the quality assurance provided and how this supported positive outcomes for people, therefore we evaluated this key question as very good.

We reviewed the home's service assessment and development programme. This clearly showed how they planned to improve areas within the service. Examples included: enhanced infection prevention and control, having enough to do, keeping connected, and moving forward. This was actively assessed and reviewed by the service. This meant that the management team had a clear understanding of where the service needed to improve and what they were doing well.

We saw very good examples where the service kept people involved from questionnaires to face to face meetings. Overall, people scored the service very good or excellent. We saw that the service took on board people's suggestions and ideas. The impact of this was very positive.

The management team promoted a culture of continuous improvement. We could evidence this from various audits that were carried out, and how this was reflected in their service improvement plan. Examples included medication, health and safety, and fire safety. However, we discussed with the service the need to further develop their improvement planning which would formalise their system, responsibilities, and processes used to assess the quality of the service. This should also include how people who used the service explicitly contribute to the process. (See area for improvement 1.)

Areas for improvement

1. The manager and the service provider should further develop their improvement plan which formalises the systems, responsibilities and processes used to assess the quality of service. This should include how service users explicitly contribute to the process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (4.23).

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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