

Balquhiddar House Care Home Service

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Alexandria
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Type of inspection:
Unannounced

Completed on:
7 June 2022

Service provided by:
Balquhiddar Care Ltd

Service provider number:
SP2014012387

Service no:
CS2014332915

About the service

Balquhiddar House has been registered with the Care Inspectorate since 7 July 2015 to provide care for up to 65 older people some of whom will be living with dementia. The provider is Balquhiddar Care Ltd, a part of the Handsale group. There were 62 residents at the time of the inspection.

There are four separate units within the home. Downstairs there is a unit for people living with dementia and another for frail older people. Upstairs both units are for frail older people. All bedrooms are single bedrooms with en-suite shower facilities and some bedrooms have direct access to the garden area with an individual patio area.

There are lounge areas and separate dining areas in each unit. There is a self service café at reception which is open to all residents and visitors. The home has extensive well- maintained secure garden areas. There are good transport links and limited parking at the care home.

The aims of the service include:

To measure our success against residents, and their loved one's feelings, opinions, and experiences.

To nurture a family feel and cared for staff culture.

To use latest technologies , digital systems and innovation to benefit residents lives.

To continually work in partnership with our regulatory and business partners to ensure that people in our care receive safe and outstanding care.

About the inspection

This was an initial inspection that took place on 30 May 2022, 31 May 2022 and 01 June 2022 . The inspection was carried out by two inspectors 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 ten people using the service and seven family members. We spoke with seven staff including management. We observed practice and daily life. We reviewed documents.

Key messages

The service has a history of excellent and very good evaluations.

Residents told us they were happy living at the home.

Staff were kind and caring and provided good care.

There was a lack of opportunities for residents to participate in meaningful experiences.

Improvement was needed in the areas of increasing opportunities for socialisation for people.

Improvement was needed in the areas of conducting audits, staff support and developing the service following the covid-19 pandemic and the associated isolation of people coupled with staffing shortages.

A new provider has been in place since February 2020 and they continue to work with the management team on improvement work.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	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?

3 - Adequate

We gave a rating of adequate for this key question as we found that there were weaknesses in activity provision which detracted from the strengths in the area of supporting people's wellbeing.

Feedback from people who resided in the home and their family overall indicated that people were treated well by staff members who were aware of their needs, wishes and preferences. Interactions between staff and people residing in the home were warm and friendly.

People's care and support plans were detailed, up to date and easily accessible. Care plans centred around people's wishes and preferences which were used to inform good practice. Information is laid out in a structured way and any risk issues and valuable information for staff regarding health concerns are central to the care and support plan and are kept updated by staff.

Family members that we spoke to made positive comments about the standard of care planning and felt involved in the process along with their loved ones. The home conducted regular reviews of care plans which reflected people's current needs and wishes.

We were told that there were a good variety of activities available for people to participate in with the activity coordinator and with staff. However, we did not see much evidence of this. People's care plans clearly outlined how they liked to spend their time and it is important that people are able to participate in their chosen hobbies and pastimes. People and relatives that we spoke made negative comments about the lack of activities. Comments included:

'nothing to do'

'the lack of staff in living room is a concern'

'no activities'

'nothing going on in the mornings'.

We found many of the communal lounges to be empty. When people were present in the communal areas they were mainly either sleeping or watching TV. We only saw one person engaged in an activity with staff. People were alone in their rooms and we observed people to be sitting unoccupied or watching TV. We were told that the activity coordinator spends time with people in their rooms undertaking reminiscence work and supporting people with physical exercise. There is only one activity coordinator across the four units. We were told that prior to the Covid-19 pandemic that the lounges were busy and thriving. There is work to be done to encourage people to start socialising and to be active again as this will benefit both their physical and mental health.

People who lived in the home and their relatives commented on the lack of activities. We also observed a lack of recording of activities in the care plan. We were told by the management team that this is an area that they were working on improving. We saw preparations for the Queens Platinum Jubilee Weekend taking place. Whilst this was positive, we would like to see regular activities taking place daily which reflect the wishes and preference of the people living in the home. We have made this an area for improvement.

Health support plans were detailed, clear and easily accessible by staff. There were specific plans to support people with their individual health issues such as epilepsy and diabetes. There was access to equipment and to technology which allowed people to be as independent as possible. Staff received appropriate training

and training was up to date. People's medication was regularly reviewed to promote best outcomes for people and there was access to community healthcare for people as required. Relatives and carers that we spoke were positive about the health care that was available within the home.

Recording and monitoring of key indicators of health were generally good. We evidenced good practice in relation to monitoring of people's skin care, nutrition, weight loss and fluid intake. However repositioning charts and oral hygiene charts had gaps in them. Without accurate recording in all charts there is no assurance that people's health needs are being met. We have made this an area for improvement.

We found that medication records were kept up to date. However, as required medication was administered but not evaluated. As a result we could not be assured that people were always getting the right medication at the right time. We have made this an area for improvement.

People's relatives and friends were visiting freely and people that we talked to told us that they had been kept informed of any changes to visiting policy during the Covid -19 pandemic. Visitors were made welcome by staff when they arrived and had an opportunity to talk to staff about anything they needed to. This arrangement had been put in place during the pandemic and remains in place as it has been beneficial for visitors to have this opportunity to speak with staff.

Staff are aware of the importance of Personal Protective Equipment (PPE) which was for infection prevention and control. There were plentiful supplies of PPE available at various points throughout the home. The equipment was arranged in the correct order for donning to assist staff.

We noticed that the hand sanitisers were sometimes not positioned at the stations and the manager took immediate action to move these closer. At the morning delegation meetings staff were asked to demonstrate hand hygiene, donning, and doffing which encouraged staff to undertake best practice. The home was clean, and the furnishings were well maintained. We were told that further refurbishments would be undertaken this year. Equipment was cleaned regularly, and this was recorded on the equipment with stickers which indicated when equipment was last cleaned. Cleaning records were up to date.

Areas for improvement

1. The provider should address the lack of regular activities for people to participate in. Through addressing this it should facilitate a positive impact on people's physical health and emotional wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state "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." (1.25)

2. The provider should ensure that all health charts and medication recordings are kept up to date and that they provide information which demonstrates and informs best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state 'My care and support meets my needs and is right for me' (1.19)

How good is our leadership?

3 - Adequate

We evaluated this area as adequate as we found significant gaps in undertaking quality assurance work detracted from the positive aspects of leadership.

Managers evaluated people's experiences of living in the home through conducting six monthly reviews of people's care plans. During these reviews the people who resided in the home were involved in giving their views on their support. Relatives were also able to participate in reviews and give their views. This meant that people were recognised as being the expert in what their needs and wishes were.

Individual staff supervision sessions were not taking place which meant that we could not be assured that staff were adequately supported in order to give the best care and support to people. Plans for regular staff supervision were in place and a couple of group staff supervision sessions had taken place. The manager had also made herself available once a week for staff to approach her with any issues. These meetings were positive and provided an opportunity for two way communication between management and staff. We received feedback from staff that they felt well supported by the management team. However, given the lack of individual supervision sessions we have made this an area for improvement around this issue.

There was no evidence of any surveys aimed to find out the views of people and their relatives on the care and support provided within the home. It is important that people and their carers are involved and included in any decision making about the home in which they live. Participation by people and their relatives ensures that people feel valued and are enabled to give views which can help the service to improve. We have made this an area for improvement.

There were no regular audits taking place and therefore there was no overview of staff practice. Without this overview people cannot benefit from a culture of continuous improvement which is only possible when an organisation has robust quality assurance processes. We were shown new paperwork which managers will use to undertake a range of audits however this was not yet implemented at the time of our visit. We have made this an area for improvement.

The service did not have an up to date improvement plan which is needed to ensure that care and support benefits from continuous improvement and that it is well led and managed. We have made this an area for improvement.

Areas for improvement

1. The provider should ensure that robust audits are put in place to ensure that people are receiving appropriate care and support of a high standard and that people receive high quality care that is delivered in a planned and safe way. The provider should also ensure that the improvement plan is regularly updated in order that the management team can track progress made on any outstanding actions which are required to improve the quality of care and support.

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

2. The provider should ensure that there is a mechanism in place to obtain regular feedback from people who reside in the home and their relatives.

This is to ensure that people feel valued and included in decision making about their care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state 'I can be meaningfully involved in how the organisations that support and care for me work and

develop'(4.6) 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'. (4.8)

3. The provider should ensure that staff are given regular supervision and support. Through addressing this, staff will be supported to develop and improve the quality of their practice and be able to discuss relevant issues regarding the people they are supporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state '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.' (3.14) and 'I am confident that people are encouraged to be innovative in the way they support and care for me'. (4.25)

How good is our staff team?

5 - Very Good

We evaluated this area as very good as we saw major strengths in the staff team along with very positive feedback from people and their loved ones about the staff.

Staff were supported by the management team to undertake a good range of mandatory training courses to equip them to provide care and support to the people who resided in the home. Staff training was mainly up to date. We were told that when staff made errors that they were encouraged to write a reflective account and this was a source of learning for staff.

Staff described that they had good emotional support from the management team and said that managers were approachable and were willing to support them with their wellbeing needs.

Staff had an induction period and a probationary period after which they received a review of their performance. Staff were given the opportunity to shadow more experienced staff during their induction. Staff commented positively on the good staff team around them. They found the electronic system for recording care outcomes to be very good, efficient and easy to use and described it as helping them to do their job better.

Feedback from people who lived in the home and their relatives about the staff was positive. People commented that the staff were nice, friendly and you could have a laugh with them. Relatives saying that staff were warm and were caring towards relatives.

Some positive comments included:

'staff great, can have a joke with them'

staff are nice'

'(loved one) always well kempt and clean and fresh'

'bedrooms well cleaned'

'dad is spotlessly clean'

The recruitment process was good and this meant that people could be confident that the people who supported and cared for them had been appropriately and safely recruited.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

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