

Balmedie House Care Home Service

Balmedie
Aberdeen
AB23 8XU

Telephone: 01358 742 244

Type of inspection:
Unannounced

Completed on:
30 January 2023

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003000265

About the service

Balmedie House is a care home for older people with 34 registered places. It is situated on the outskirts of Balmedie, north Aberdeenshire. The care home is a converted house, with extensive landscaped grounds and gardens. All bedrooms have en suite facilities and there are communal rooms throughout the home for dining and relaxing.

At the time of our inspection there were 30 people living in the care home.

The service is provided by Crossreach (Church of Scotland Social Care Council).

About the inspection

This was a follow up inspection which took place on 24 January 2023 and 27 January 2023. 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 several people using the service
- spoke with their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service had been working hard to make improvements outlined at the previous inspection on 25 March 2022.
- The service was responsive to people's changing needs.
- Improvements had been made to ensure the leadership team had better oversight of the service.
- The service requires to improve meaningful activity provision for people.

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

Requirements

Requirement 1

By 25 July 2022 you must ensure that people receive care and support that is right for them, which may include referral to a relevant supporting professional when the healthcare needs of people have changed or there are identified risks. In order to do this, the provider must at a minimum:

- Ensure that care plans are regularly reviewed and where needs in relation to support from specialist services have been identified, the appropriate referral is made.
- Implement an improved clinical oversight system to ensure that when risks are identified, management have assurance that the relevant referrals have been made.

In order to comply with Regulation 4(1)(a) – Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This requirement was made on 25 March 2022.

Action taken on previous requirement

We found the service had improved its responsiveness when there had been a change in people's needs. The implementation of a clinical oversight system supported staff to identify a change in people's needs and appropriate referrals were made. This meant people's health and wellbeing benefitted from the input of the wider professional team at an earlier opportunity.

The service had recently updated the care planning system to the use of electronic records. Staff were still getting to know the system but were able to access detailed care plans for people. However, there were some inconsistencies in recordings. For example, it wasn't clear if someone had been supported to undertake their exercise regime which had been prescribed by a healthcare professional.

We evaluated this requirement as being met. However, the service requires to ensure there is continued focus on improving consistency of recording within support planning documentation.

Met - outwith timescales

Requirement 2

By 25 July 2022, you must ensure that service users experience a service which is well led and managed. In particular, you must as a minimum:

- a) Improve recording and reporting systems to ensure these comply with your legal responsibilities.
- b) Submit relevant and prompt notifications to the Care Inspectorate in line with its notification guidance entitled 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.
- c) Put in place and implement robust and transparent quality assurance processes, including, but not limited to, effective audit, timely, and holistic action planning to address required areas of improvement and setting appropriate timescales for completion and review of required actions identified by any audit, including the medication audit undertaken in November 2021.

In order to comply with Regulation 3 and Regulation 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210) and Section 53(6) of the Act.

This is 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 the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 25 March 2022.

Action taken on previous requirement

The service had improved recording and reporting systems and these were meeting legal obligations. The introduction of 'champions', where senior staff have taken on specific roles, including medication management, managing falls, and infection prevention and control, had supported the service to understand its responsibilities in this area.

A robust quality assurance system had been implemented using a wide range of tools and audits. This had provided the leadership team with an enhanced oversight of the service and provided assurance as to the quality of care and support.

We evaluated this requirement as met. However, the service should continue to develop the use of the quality assurance system and, in particular, ensure any actions are supported by an appropriate timescale for completion and review.

Met - outwith timescales

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

Improvements are needed to ensure that the service communicates consistently with families in relation to people's changing needs and, where relevant, families should be included in care reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 25 March 2022.

Action taken since then

During this follow up inspection, we spoke to a number of family members who were visiting their relative. They told us they were very happy with the level of communication from Balmedie House. Families told us the service was prompt in reporting any changes to their relative and they felt their views were always listened to. This supported a more holistic approach to ensure people's needs and wishes were met.

This area for improvement was met.

Previous area for improvement 2

The provider should review activity provision and choice to ensure that it meets the needs of all individuals. All staff should support people with meaningful activity, wherever possible.

This is 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); and 'I can maintain and develop my interests, activities, and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 25 March 2022.

Action taken since then

The service had made limited improvements in relation to supporting people with meaningful activity.

Although there had been some recent events organised within the service, such as Christmas parties and a puppet show, we were unable to see a sustained programme of activities for people. During our visits, a number of people sat for long periods of time without any engagement. One person told us that they were "bored and fed up". Other people told us they would like to get outside more. In addition, care plans did not give any indication as to how people liked to spend their day.

It is important that the service progresses this area so that people feel a sense of identity and inclusion. Therefore, this area for improvement remains in place.

Previous area for improvement 3

The provider should ensure that people are not overly restricted by measures taken for convenience or safety, or by any practice that would not generally be acceptable for other people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control, and choice' (HSCS 2.6).

This area for improvement was made on 25 March 2022.

Action taken since then

The service had made significant improvements around where there were restrictions placed on people's freedom of movement. An up-to-date risk register had been created which supported the service to have oversight on any potential restrictions in place.

Risk assessments had been carried out in consultation with people and their families to ensure that any use of equipment that may restrict a person's freedom of movement or independence was the most appropriate option. These assessments were regularly reviewed and support was stepped up or down in accordance with people's changing needs. This ensured that restrictions were kept to a minimum and carried out sensitively.

The area for improvement was met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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