

# Balhousie Rumbling Bridge Care Home Service

Crook of Devon  
Kinross  
KY13 0PX

Telephone: 01577 840 478

**Type of inspection:**  
Unannounced

**Completed on:**  
22 February 2023

**Service provided by:**  
Advanced Specialist Care Limited

**Service provider number:**  
SP2005007542

**Service no:**  
CS2017358878

## About the service

Balhousie Rumbling Bridge is a Care Home owned by the Balhousie Care Group. The home is situated in a rural location in Perth and Kinross. The care home provides accommodation for a maximum of 19 older people. It can also accommodate up to 22 people with Huntington's Disease.

Accommodation is provided over two floors and each bedroom has ensuite facilities. The two units, Devon and Lendrick, are connected by a single internal lift. Beautiful landscaped gardens are accessed by a secure patio area for residents' use. There are adequate parking facilities.

The manager is responsible for the supervision of staff along with the day-to-day running of the home, and is supported by a deputy manager. However, this post is currently vacant and is due to be filled in the near future.

The aims and objectives of the service are to create a caring environment based on respect, dignity, and provide a holistic approach to the care of residents.

## About the inspection

This was an unannounced inspection which took place on 21 and 22 February 2023. 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 three people using the service and one family member
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

## Key messages

- Some people's nutrition and hydration care plans required closer monitoring to ensure staff respond effectively to changes in people's health and wellbeing.
- Medication administration and recording needed to improve.
- There had been several changes of manager which had impacted on the outcomes for people and morale of staff.
- Staffing levels were adequate to meet the needs of people experiencing care, but could be improved.
- Recruitment and induction practices needed tightening up.
- We saw staff provide kind and compassionate care.

## 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?	3 - Adequate

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 looked at how well people's health and wellbeing was supported, and evaluated this key question as adequate. We identified some strengths but these just outweighed weaknesses.

The standard of personal care and the support provided for people to have a meaningful life was assisted by care plans that covered components of people's physical and social care needs. This included skin condition, weight, and mobility. We found that some nutrition/hydration care plans highlighted the need for people to be weighed at regular intervals, for example, weekly. This was not always being done. This meant that people could suffer weight loss/gain and it could go unnoticed. This could result in no action being taken to establish the cause or put a care plan in place. A requirement is made. **(See Requirement 1)**

Examination of medication administration records identified medications were always available, however, we found several missing entries on the charts and no reasons given for these omissions. Tablet counts identified people were receiving their prescribed medications. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/ NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored.

We also found staff had transcribed GPs instructions onto the MARs and not signed or dated these. A requirement is made. **(See Requirement 2)**

We also found the treatment room where medication was stored was not being routinely cleaned, the floor and work surfaces were cluttered and there was a high level of dust. During the inspection this room was thoroughly cleaned, and assurances were given that the standard of cleanliness in this room would be monitored regularly.

People had an end of life wishes care plan in place. The service was working with people to ensure they were detailed and reflected people's individual needs and wishes. We saw evidence of family members being involved in gathering information and advocating for their loved one. Good information in end of life wishes care plans enabled staff to respect people's wishes and promote a dignified death.

The quality of record keeping was discussed at feedback; all present acknowledged that good record keeping is an integral part of practice and is essential to the provision of safe and effective care. The service has recently introduced enhanced auditing of medication administration records. This should help identify and address any errors timeously.

### Requirements

1. The provider must make proper provision for the health, welfare, and safety of service users.

In order to achieve this, the provider must, by 31 March 2023:

- a) ensure weight monitoring is carried out as prescribed in the care plan; and
- b) review, record findings, and update each care plan as required to ensure that each service user who needs assistance to monitor their weight and nutritional status has a care plan that describes specific interventions for that individual.

This is in order to comply with; SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people and Regulation 15(b)(i) - staffing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

2. By 31 March 2023, you must ensure medication is managed in a manner that protects the health and wellbeing of service users.

In order to achieve this, the provider must:

- a) ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine;
- b) ensure that all handwritten entries are signed and dated by two members of staff, and reference is made to the prescriber;
- c) ensure that staff receive suitable training to enable them to administer medication safely; and
- d) implement a system to audit and review the safe administration of medication.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - a requirement for the health and welfare of service users and SSI 2011/28 Regulation 4 - requirement for records all services must keep.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our leadership?

## 3 - Adequate

We assessed how well staff were led within the service and evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had experienced a considerable turnover of staff within the management team. This had a significant impact on the outcomes for people and the morale of staff. One staff member told us, "it's a bit better now but I've seen so many changes in the 18 months I've worked here and it does affect staff morale."

Recently there had also been a high turnover of staff. Several staff had left without giving any notice to the manager which had affected staffing levels. On a temporary basis, the service was reliant on using agency staff and asking staff to work additional shifts, but this was not a sustainable solution. This had an impact on how well the staff on the floor were led and the oversight of people's care and support on a daily basis. An interim management team was in place, with a new permanent manager due to be recruited shortly. A permanent deputy manager had been in post for six months.

We recognised and acknowledged the difficulties recruiting staff in the care sector. However, the management and staffing issue must be addressed as a matter of urgency by the provider. There needs to be a permanent and consistent staff team in place to ensure positive outcomes for the people who live at Balhousie Rumbling Bridge. The interim manager was confident all vacancies would be filled following the upcoming interview process. A requirement was made. **(See requirement 1)**

## Requirements

1. By 1 May 2023, the provider must have in place a permanent and consistent staff team. Sufficient nursing, care, and ancillary staff must be available at all times.

This is to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people' (HSCS 3.15).

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

During our inspection staffing arrangements were sufficient to meet the needs of people. We acknowledged the widespread difficulties in recruiting staff in the care sector. There had been a significant turnover of staff. The service was actively recruiting for staff, especially for registered nurses. This had impacted on the outcomes for people, especially in relation to their care and support and their experience of living at Balhousie Rumbling Bridge.

The management team was in the process of reviewing staff deployment within the home and had temporarily closed one wing on the upper floor. This meant that most people with Huntington's Disease were being cared for on the ground floor. It also gave the provider the opportunity to carry out some refurbishment work on the top floor.

Overall, safer staff recruitment practices had been adhered to. Recruitment records of newly appointed staff demonstrated that most staff had commenced employment with all the necessary checks being in place. Key elements of safe recruitment had been followed, which incorporated obtaining two references, including one from the person's most recent employer. We did note one member of staff who had been employed without two references. Lack of appropriate checks can potentially put people at risk. The manager acknowledged that the recruitment process had been tightened up in recent months.

New employees had not completed a full induction when they commenced employment with the service. From speaking with staff and reviewing documentation, we identified that staff completed 'shadow shifts' where they worked alongside a colleague for a period of time. Staff training needs at commencement of employment should be reviewed with a plan put in place to ensure all staff have completed mandatory training to a standard that the provider is satisfied with. The provider is in the process of implementing a centralised induction process for all staff prior to commencing employment within the home. **We will follow this up at our next 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

The service should undertake a fully consultative exercise to compile a service development plan. The Care Inspectorate document 'Self-Evaluation and Improvement' (September 2019), was sent to assist in this process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6), and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

**This area for improvement was made on 4 August 2022.**

#### Action taken since then

This area for improvement was not assessed during this inspection and will be considered at the next inspection.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate



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