

Balhousie St Ronans Care Home Service

1 Dalkeith Road
Dundee
DD4 6JU

Telephone: 01382 676 014

Type of inspection:
Unannounced

Completed on:
3 February 2023

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2012308787

About the service

Balhousie St Ronans is a care home for older people situated close to Dundee city centre. The service is registered to provide care for a maximum of 67 older people.

Accommodation is provided over two floors. Each lounge area has views over the dockyards and River Tay. There is a secure garden area which provides a pleasant space for people to enjoy. All rooms are en-suite and furnished to a high standard. In addition, the service has a communal lounge on the ground floor where social activities are held.

The service state: 'St Ronans care home is a community of caring people - staff, residents and relatives alike - all working together to provide a warm, compassionate and comforting environment.'

About the inspection

This was an unannounced follow-up inspection which took place on 2 February 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection was to check progress made by the provider on the requirements and areas for improvement made at our last inspection and complaints investigation carried out in November 2022.

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 five people using the service and two relatives
- Spoke with nine staff and management;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- Management, leadership and oversight had increased
- Staffing levels were beginning to improve
- Some progress was being made in relation to improving care practices, this must continue
- Further work was required to improve the information in peoples' support plans
- Improvements are required to Infection Prevention and Control practice
- A suitable programme of regular meaningful activities are required to support peoples' emotional wellbeing and social needs.

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? | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| How well is our care and support planned? | 2 - Weak |

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

How well do we support people's wellbeing?

2 - Weak

This inspection focussed on improvements required from the inspection on 04 November 2022.

We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

Although some progress had been made in relation to the outstanding requirement for this key question, this was not sufficient to be fully met. We have extended the timescale and made this requirement again for this inspection.

The area for improvement made at the last inspection remains unmet. We have made it again for this inspection.

The grade remains unchanged from the last inspection.

Requirements

1.

The provider must make proper provision for the health, welfare and safety of people using the service. In particular, have appropriate procedures for the prevention and control of infection.

To be completed by: 30 April 2023

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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

Areas for improvement

1. In order to improve people's physical and mental wellbeing, you, the provider, should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people within and out with the home. People should be supported and enabled to participate in the way that suits them best.

This is to ensure care and support is consistent with the Health and Social Care Standards which 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.' (HSCS 1.25)

How good is our staff team?**2 - Weak**

This inspection focussed on improvements required from the inspection on 04 November 2022.

We have detailed the progress in these areas under the following section of this report:
- what the service has done to meet any requirements we made at or since the last inspection.

Although some progress had been made in relation to the outstanding requirement for this key question, this was not sufficient to be fully met. We have extended the timescale and made this requirement again for this inspection.

The grade remains unchanged from the last inspection.

Requirements

1. By 30 April 2023, you, the provider, must ensure that there are, at all times, enough suitably qualified and competent individuals working in the care service to provide safe and high quality services to ensure the best health care outcomes for people.

To do this, you, the provider, must, at a minimum consider and record:

- a) the appropriate mix of staff skills required to meet the needs of people using the service over a 24 hour period. This should include nursing staff, care staff, wellbeing co-ordinators, and medication administration as well as ancillary staff;
- b) how and where staff are deployed;
- c) the location of the service and time taken for additional support to arrive if needed;
- d) significant events, for example, end of life care, people starting to use or leaving the service.

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

How well is our care and support planned?

2 - Weak

This inspection focussed on improvements required from the inspection on 04 November 2022.

We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

Although some progress had been made in relation to the outstanding requirement for this key question, this was not sufficient to be fully met. We have extended the timescale and made this requirement again for this inspection.

The area for improvement made at the last inspection remains unmet. We have made it again for this inspection.

The grade remains unchanged from the last inspection.

Requirements

1. By 30 April 2023, you, the provider, must promote the health, welfare, and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) accurately reflect the assessed current health and care needs of the person;
- b) describe in detail the need and abilities of the person and the support required to meet those needs;
- c) accurately reflect any identified risks to the person's health, and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks;
- d) are always implemented; and
- e) are reviewed every six months.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 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 health and Social Care standards (HSCS) which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

Areas for improvement

1. In order to ensure residents' representatives, experience timely and accurate information sharing regarding events which may affect their general health and welfare, such as: information from other healthcare professionals, changes to their general health, falls and accidents.

In addition, in order to ensure accurate and timely information is shared between the staff team, the service should:

- a) ensure the circumstances under which residents' representatives wish to be contacted is established,

agreed and recorded on admission to the service.

b) ensure timely and accurate information regarding residents' general health and welfare is fully shared with the representative and recorded.

c) ensure improvements are made to systems of communication between staff working in the service.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

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

Requirements

Requirement 1

By 31 January 2023, you, the provider, must promote the health, welfare, and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans:

- a) accurately reflect the assessed current health and care needs of the person;
- b) describe in detail the need and abilities of the person and the support required to meet those needs;
- c) accurately reflect any identified risks to the person's health, and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks;
- d) are always implemented; and
- e) are reviewed every six months.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 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 health and Social Care standards (HSCS) which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This requirement was made on 4 November 2022.

Action taken on previous requirement

Work had started to improve support plans and increase the level of person centred information and guidance for staff. Further improvements were still required to ensure the plans reflect the persons current care and support needs. Peoples' choices and preferences about their support and how they wish to spend their day, required to be recorded.

Support plans, in particular around peoples' decisions about death and dying lacked sufficient information and involvement by the person and their relatives.

A high number of people had been effected by weight loss over recent months. This was being acted on and some improvements had been recorded for January 2023. Further work was required in relation to this.

We saw that people were seated for some time waiting for their meal. The food being served did not look appetising. This could impact on peoples' appetite and ability to enjoy and benefit from a satisfying and nutritious meal.

Nutrition support plans and records of food intake were not clear. They did not identify when a person missed a meal, or when meals had been nutritionally fortified as required for some people. This limited staffs ability to identify when people required further support and encouragement with their nutritional intake.

There was a lack of evidence to show peoples' support was being reviewed at least six monthly as required. There was little information on consultation and involvement of the person and their relatives.

Clinical risk meetings had been introduced. These were a positive development to support staff in reviewing, planning and responding to peoples' care and health needs.

'Flash' meetings were held each morning with a staff member from all departments. These were being used effectively to identify priorities for the day, and plan appropriately to meet the days activities.

Not met

Requirement 2

By 31 January 2023, you, the provider, must ensure that there are, at all times, enough suitably qualified and competent individuals working in the care service to provide safe and high quality services to ensure the best health care outcomes for people.

To do this, you, the provider, must, at a minimum consider and record:

- a) the appropriate mix of staff skills required to meet the needs of people using the service over a 24 hour period. This should include nursing staff, care staff, wellbeing co-ordinators, and medication administration as well as ancillary staff;
- b) how and where staff are deployed;
- c) the location of the service and time taken for additional support to arrive if needed;
- d) significant events, for example, end of life care, people starting to use or leaving the service.

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

This requirement was made on 4 November 2022.

Action taken on previous requirement

A stronger level of oversight and leadership had recently been introduced in the service.

The providers quality assurance processes were being used more effectively. This had resulted in areas for improvement being identified by the home, and actions put in place to address the required improvements.

The current outbreak was limiting progress due to the level of staff sickness. Agency staff were being

utilised and staff from other homes in the provider group were used to support the home.

Staff allocation sheets were being used to show the staffing levels and skill mix of staff on each unit daily. Ancillary staff numbers were sufficient and the skill mix appeared to be adequate.

A lack of staff or time was impacting on people's emotional and social needs being fully met. There was little evidence of meaningful activities or people being supported to have a purpose and meaning to their day. Engagement from staff was mostly friendly but at times was limited to 'care speak' rather than meaningful conversations. This may be due to a lack of staff time or their knowledge and understanding.

There was a mixed response from staff when we asked about staffing levels. A few staff felt staff numbers were still causing difficulty, whilst others said they were improving due to additional agency staff and cover from other homes.

Daily walk round records were completed and these identified when there were shortages of staff due to sickness/absence and any actions taken to address this.

Peoples' personal plans lacked evidence to show their emotional and social needs were being considered, assessed, planned for and met.

There was a lack of evidence to confirm that staffing numbers were sufficient to meet peoples' wellbeing and social needs as there was a the lack of meaningful activity being provided.

In one unit we had to redirect a lady back to her room who was isolating as there were no staff around.

Relatives felt staffing numbers were not always sufficient when they visited. This was particularly a problem in the evenings.

We acknowledge the service was making progress in relation to ensuring staffing levels are adequate at all times, but further progress is required to make sure this requirement is fully met.

Not met

Requirement 3

The provider must make proper provision for the health, welfare and safety of people using the service. In particular, have appropriate procedures for the prevention and control of infection.

To be completed by: 31 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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

This requirement was made on 23 August 2022.

Action taken on previous requirement

The home was clean and tidy. There was domestic staff on duty in each of the units. Signage was in place for people who were isolating in their rooms. This enabled others to be up to date with the current situation in the home, and to take appropriate protective measures.

There were sufficient PPE (Personal Protective Equipment) stations located at suitable points throughout the home and units. These were fully stocked with appropriate equipment. Alcohol hand rub was accessible in each unit for staff and visitors. A minor issue with a pedal bin at one of the stations was dealt with immediately when identified.

Staff practice in relation to IPC (Infection Prevention and Control) was careless. Some staff were observed wearing their masks below their nose and mouth. Staff were aware of the correct procedures as they pulled the mask back up when they saw the Inspector.

This increases the risks to people's health and safety.

Several staff were observed wearing black material washable aprons. During any outbreaks of infection, we would expect to see staff wearing disposable aprons to reduce the risks, and maintain the control of infection.

Laundry was being transported between units on a rail. To maintain adequate IPC measures, this requires to be covered. Although a cover had been ordered, one was not available for staff to use at the time.

This requirement had not been met.

Not met

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, you, the provider, should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people within and out with the home. People should be supported and enabled to participate in the way that suits them best.

This is to ensure care and support is consistent with the Health and Social Care Standards which 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.' (HSCS 1.25)

This area for improvement was made on 4 November 2022.

Action taken since then

Peoples' personal plans lacked evidence to show their emotional and social needs were being considered, assessed, planned for and met.

During the inspection there were no meaningful activities being provided either in communal areas or when people were in their own rooms.

Relatives were concerned about the lack of activity and purpose for people each day to support their health and wellbeing.

The current outbreak may have limited any progress on this.

This area for improvement had not been met.

Previous area for improvement 2

You, the provider, should ensure that audit processes are effective in evaluating peoples' experiences to ensure that their outcomes were being met and identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service.

To do this, you, the provider, should at a minimum:

- a) implement the organisational quality assurance audit tools and processes; and
- b) implement a development/improvement plan that identifies who is responsible for the improvement and timescales for that work to be undertaken.

This is to ensure that care and support is consistent with 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)

This area for improvement was made on 4 November 2022.

Action taken since then

Management oversight and leadership had increased within the service. The Area Manager was providing on site support and guidance to the home. The Quality Manager was also working within the home to support the nurses and provide professional leadership. The service was beginning to identify areas for improvement and put actions in place to address these.

The providers' quality assurance processes were being implemented and used more consistently. An improvement action plan had been developed and was being progressed to meet the required improvements.

Daily morning 'flash' meetings were being used to improve communication across the staff teams and records showed the meetings were being used effectively to ensure staff were updated and kept informed of the days priorities to support peoples' health and wellbeing.

This area for improvement had been met.

Previous area for improvement 3

In order to ensure residents' representatives, experience timely and accurate information sharing regarding events which may affect their general health and welfare, such as: information from other healthcare professionals, changes to their general health, falls and accidents.

In addition, in order to ensure accurate at timely information is shared between the staff team, the service should:

- a) ensure the circumstances under which residents' representatives wish to be contacted is established, agreed and recorded on admission to the service.
- b) ensure timely and accurate information regarding residents' general health and welfare is fully shared with the representative and recorded.
- c) ensure improvements are made to systems of communication between staff working in the service.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This area for improvement was made on 23 August 2022.

Action taken since then

Work was being progressed in relation to peoples' personal plans and this included the level of information on how and when relatives wanted to be contacted.

The service was working to increase the involvement of people and their relatives in the development and reviews of personal plans.

Improvements had been implemented to the systems of communication between staff. Flash meetings showed positive progress in this aspect. Further work was needed to improve the outcomes from the 'resident of the day process.'

There was variable input from people and their families and elements were incomplete in a number of personal plans that we looked at.

On occasion, relatives and the next of kin were not being informed timeously about changes to the persons' care and health.

Improvements should be made to make sure peoples' next of kin and family are informed promptly when an accident or incident occurs. This includes any changes to the persons' health and wellbeing and their care and support.

Some progress had been made with this area for improvement, but further work was needed to meet the improvements fully.

This area for improvement had not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

| | |
|--|----------|
| How well do we support people's wellbeing? | 2 - Weak |
| 1.3 People's health and wellbeing benefits from their care and support | 2 - Weak |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| 3.3 Staffing arrangements are right and staff work well together | 2 - Weak |
| How well is our care and support planned? | 2 - Weak |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 2 - Weak |

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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