Monkbarns
Care Home Service

14 Monkbarns Drive
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Telephone: 01241 871 713

Type of inspection:
Unannounced

Completed on:
6 March 2023

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272058

About the service

Monkbarns is operated by Balhousie Care Ltd and is registered to provide care to older people.

The service is registered to provide a care service to a maximum of 67 service users. The service is located in the Angus town of Arbroath. This service has been registered since 01 October 2010.

Accommodation is over two floors and is accessible in design. The service has a dedicated hair salon and café area. All bedrooms have ensuite facilities, most are single occupancy but the service does have provision for twin occupancy should a request be made.

The service brochure says: 'Balhousie Monkbarns offers a safe and supported continuation of the lifestyle you have been used to enjoying, and we welcome and encourage visitors'.

About the inspection

This was a full inspection which took place on 28 February and 01 March 2023 between the hours of 09:00 and 18:00.

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 10 people using the service and six of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

• There had been a lack of consistent management within the home for a number of months. This had resulted in a lack of quality assurance and management oversight which is required to maintain and improve standards.

• A new manager had recently been appointed and was getting to know people and their families and staff with the intention of improving the service provided.

• Care plans and recordings had not improve and required attention to ensure they are accurate.

• There were significant concerns about medication management.

• People looked well during our visit and most people appeared happy.

• Most family members told us they were happy with the level of care. Concerns raised were passed to the manager to address

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

We considered three quality indicators under this key question. We saw that there was good evidence of supporting people to experience meaningful contact that meets their outcomes, needs and wishes. We saw that infection prevention and control practices were adequate. We had concerns however in relation to how people's health and wellbeing benefited from their care and support. We evaluated this area as weak following this inspection. This meant that overall this key question is evaluated as weak. An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses.

There was a calm and relaxed atmosphere in the home during our visit. Staff were clearly very busy but were visible and responsive to people's needs. People looked well and appeared content. Attention had been paid to peoples clothing, their hair, nails and jewellery which demonstrated a knowledge and respect for people's preferences. Whilst people looked well, some people told us they were not supported with bathing as often as they would like. This could lead to poor outcomes for people's emotional and physical wellbeing.

People told us that the food was good and had improved since the new cook started. People had access to fluids and there was a 'shop' where people could buy snacks and drinks. People's weights were monitored and food and fluid intake recorded where this was required. Some people required their diet to be fortified and we saw this described within food charts. This would help in the ongoing assessment of peoples needs in this area.

The recording of people's fluid intake could be improved to ensure an accurate record is maintained. Further information was required to help ensure it was clear when and what interventions may be required when people are noted to not be drinking enough to support good health outcomes.

People who required them had their walking aids within reach and we saw staff reminding people they should use them. Peoples footwear was well fitting and the environment was spacious and free from clutter and obvious trip hazards. Multifactorial falls risk assessments had been completed however the actions taken to minimise the risk of people falling needed to be clearer in care plans.

We saw examples of some good plans that described interventions needed to help maintain skin integrity which included clear information about positional changes and equipment in use. Some plans however needed more detail to describe how staff should support people to maintain good skin integrity or to promote healing of any wounds. Recording of positional changes did not always reflect the actions described in care plans or an explanation why which could lead to a deterioration in peoples skins or any wound that they may have (we have made a requirement - see Key Question 5).

Medication management was not good enough. People should expect that they will receive their medication as it is prescribed. The service had a medication policy in place however, it was noticed that best practice guidance had not always been followed resulting in errors and people not receiving their prescribed medication.

For example, there had been a number of occasions where medication had been out of stock and this had not been acted upon resulting in some people not receiving their prescribed medication for a number of days. This meant people were at risk of their health deteriorating or increased pain.

Some medication administration records were confusing which increased the risk of errors occurring. We highlighted this to the manager during the inspection.

We would expect clear directions and guidance for staff when supporting people with their medication. Some medications and creams were prescribed on an 'as and when' basis. These medications and their use should be clearly described in 'as required' protocols. When as required medications are administered, the record should include the date, time and quantity given, the reason for administration and the result of the outcome. Medication records did not always include this detail. We could not be confident that medication was being administered consistently or its effect assessed to ensure it was meeting the person's needs. We have made a requirement **(see requirement 1)**.

People should be able to 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. Whilst we heard of a range of activities and opportunities that people had enjoyed, these were dependant on the activity co-ordinator to arrange and facilitate. We saw that staff were busy providing care and support and had little time to sit with people to chat or to support activities. All staff should recognise the importance and be involved with activities and engagement with people. This would help to promote meaningful days for people.

There were no restrictions on visiting and families. We saw families and friends coming in throughout our visit. People could choose to receive their visitors in their bedrooms or make use of the quiet lounge or café area. There was regular entertainment provided for people to get together and enjoy. People told us they were looking forward to the better weather and getting out and about more.

We found that infection prevention and control (IPC) procedures helped keep people safe. The environment was generally clean, tidy, and free from any offensive odours. There were systems and resources in place to help prevent the spread of infection, but this could be further improved particularly in relation to communal lifting equipment such as hoists and stand aids.

Cleaning schedules were in place which included more regular cleaning of areas that were frequently touched to help reduce the risk of the spread of infection. Personal protective equipment (PPE) was readily available and in good supply. Handwashing facilities and hand sanitiser were available throughout the home. This contributed to ensuring possible cross infection was minimised.

Some improvements were required to the oversight of housekeeping/domestic practices. Spray bottles were being re-used contrary to best practice. A robust quality assurance process would have prevented the reinstatement of this practice which had previously been discontinued. We have restated an area for improvement made at our previous inspection **(see area for improvement 1)**.

Requirements

1. By 30 April 2023, the Provider must support people to receive their medications in the way that it has been prescribed. To do this, the provider must, as a minimum:

- Ensure that prescribed medications including those prescribed on an as required basis and topical preparations are available for administration.

- Ensure that staff are informed of all medications, including those prescribed on an as required basis and topical preparations.

- Ensure that staff are trained and competent in medication management.

- Implement a quality assurance system that identifies any irregularities in the administration of medication including as required medication and topical preparations.

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

Areas for improvement

1. The manager should ensure that cleaning schedules provide clear guidance to staff about roles and responsibilities in relation to cleaning tasks. There should be a robust management overview in order to ensure a clean, safe and well maintained environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22) and '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 1 June 2022.

How good is our leadership? 2 - Weak

We evaluated this key question as weak. An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses.

It was disappointing that the progress we were beginning to see at our last inspection had either not progressed or not been sustained. There was a new manager recently appointed who was working hard to address areas of concern that they had identified in the short time they had been in post. The lack of consistent management in the home and lack of contingency plans to support the home, the staff and residents resulting in a deterioration in standards.

There was a suite of quality assurance tools, 'Q+' that should support the manager and staff team to maintain a thorough overview of all elements of the service. This would include opportunities for all stakeholders to contribute to the evaluation and ongoing improvement and development in the service. The tools and audit activities were not being used consistently and this meant that key processes were no longer routine or effective at bringing about improvements.

Care plan audits and medication audits were activities described within the 'Q+' suite of tools. We could not find evidence that these were being completed regularly or that the information was being used to inform improvements. Where we did see a recent audit for medication, the actions identified had not been followed through as a result we continued to find areas for improvement that were of significant concern (see Key Question 1).

People should be confident that staff are recruited in a way which has been informed by all aspects of safer recruitment guidance. We looked at staff files and found that some safe recruitment checks could not be evidenced. For example only one reference was available. This means people could be at potential risk due to lack of appropriate checks.

Some staff had not completed the mandatory training expected of them. The management team explained that this had been identified and a plan was in place to ensure all mandatory and core training was completed and up to date by a set deadline. However, some staff had been in post for a number of months and this had not been highlighted or action planned until recently. We could not be confident that all staff had received the training they required to support people.

Observations of staff practice were not being regularly undertaken to assess or address their learning and competence. Whilst some observation of practice was happening in relation to infection prevention and control, this requires to be further developed to support staff to understand how their training and development impacts on practice and helps to improve outcomes for people who use the service.

We were not able to evidence that new employees had completed a full induction when they commenced employment with the service. Completed induction packs were not held within new employee staff files.

We have made a requirement about staff recruitment and training **(see requirement 1)**.

Staff supervision is an important tool not only to support staff but also to obtain feedback from staff that could contribute to improved practice. Supervision had not been available to staff on a regular basis.

Opportunities for people who use the service and their families to express their views and provide feedback had been limited. Formal reviews of care and support had not taken place at the minimum frequency of at least every six months. The minutes of reviews that we did see provided poor evidence of how people had been consulted or how their views contributed to their care and support.

The service improvement plan had been updated and described actions to be taken to address recent concerns around medication management. These actions were not robust enough and the outcome not measured and therefore we were concerned to see that errors continued.

Overall, we were not satisfied that there had been regular and effective quality assurance systems in place. Those that had recently been re-introduced were not all being used effectively to help bring about improvements. This meant that the service had not improved significantly since our last inspection. We have made a requirement **(see requirement 2)**.

Requirements

1. By 30 April 2023, the provider must ensure that staff are suitably qualified and receive appropriate training and training updates to ensure they can deliver service users' care and support using up to date guidance and to ensure that practice is safe.

In order to achieve this, the provider must;

- Ensure all staff are recruited safely and receive a full induction to their roles and responsibilities.

- Ensure all staff complete mandatory and core training required for their role.

- Ensure that all staff receive appropriate training to carry out the work they are to perform.

- Improve the quality assurance of staff training and update requirements to ensure that managers are aware of the training needs of staff

- Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary.

This is in order to comply with regulation 4(1)(a) and 15(b) of The Social Care and Social Work Improvement Scotland, regulation (SSI 2002/114).

This is to ensure care and support is consistent with the Health and Social care Standards (HSCS), which state that:' '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' (HSCS 3.14).

2. By 30 June 2023 the provider must ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying, preventing and promoting outcome focused care.

The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards.

This is 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 in order 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).

How good is our staff team? 2 - Weak

We evaluated this key question as weak, where strengths only just outweighed weaknesses. An evaluation of weak will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses.

People told us that staff were caring and recognised how hard they were working. They were concerned that there were not enough of them to support the people living in the home. The service had a number of vacancies within the staff team which meant that there was reliance on agency staff to help ensure the numbers of staff were available to support people and to meet people's needs. Where possible agency staff were familiar returning staff who knew people, the environment and the staff team. Some people told us however that that some agency staff did not know their needs and they felt they had to direct them. Although the service was striving to allocate their assessed number of staff, on occasion insufficient staff were available. This reduced people's outcomes and experiences and put their health, safety and wellbeing at risk **(see requirement 1)**.

Staff were observed to be working hard to support people and staff did seem to work well together. All staff spoken with said that they liked working in the service. We heard staff organising responsibilities and co-ordinating peoples care where two carers were required.

We saw some kind and caring interactions between staff and the people they support in a respectful and dignified manner. Staff were busy but were responsive to people. Despite the best efforts of staff, care and support was often basic with little time to speak with people or support them to maintain interests.

Staff understood their roles and responsibilities. It was therefore disappointing to identify areas for improvement within medication management where training had been provided to staff. There was however a clear lack of effective management oversight which meant that standards were deteriorating. The service must introduce tools and resources to observe and evaluate staff practice with the aim of improving practice in this area and to keep people safe from harm.

There was a record of dependency assessments for people but we did not see how this information was collated to assess and plan staffing levels and skill mix. This meant we could not be assured adequate staffing levels were in place to meet people's needs and keep them safe. A new dependency tool had recently been introduced however wasn't demonstrated during this inspection.

The management team was in the process of reviewing staff deployment within the home and had recently implemented a system to ensure senior staff were rotated to work in all the suites of the home to allow them to gain a greater awareness of people's needs living within the service.

Requirements

1. By 30 April 2023 the provider must ensure that people's health and wellbeing needs are met by the right number of people and that their care and support is right for them, the provider should at a minimum:

a) continue to recruit staff to fill the current vacancies and continue to cover any periods of annual leave or sickness;

b) ensure sufficient staff are consistently rostered to keep people safe and meet their health and care needs;

c) ensure that effective reviews are undertaken to take account of; - the layout of the building; - direct care hours required to meet the needs of each person; - the appropriate mix of staff skills required to meet the needs of people using the service; and - staff hours are adjusted to meet people's changing needs as people's dependency levels change.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

How well is our care and support planned? 3 - Adequate

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

People had personal plans, which included some good details around people's life stories, choices, preferences and indicated their desired support outcomes. We found our observations during inspection match the details contained within the plan.

However, we found some inconsistency in terms of the overall quality of personal plans, with some that did not adequately detail all presenting needs or issues. While regular staff knew people well, there was a risk that new staff would not have enough information to ensure people were receiving the right support at the right time

For example, personal plans did not always reflect how to recognise and intervene when there was a decline in a person's skin integrity or during periods of distress. Personal plans should be reviewed to give staff clear guidance on early intervention and reactive plans on how best to support people with both physical and emotional issues. This would contribute to keeping people well by allowing staff to implement early intervention measures in the care provided to people **(see requirement 1)**.

Risk assessments were completed for people however there was conflicting information between these and the person's support plan. Risk assessments needed to align more clearly with support plans to ensure these clearly identified people's care and support needs, and guide staff on how to meet these. This is to ensure people are kept safe.

Daily recordings of care and support were mostly generic and did not reflect people's views or feedback and therefore they lacked information that would contribute to the review and evaluation of people's care and experiences.

People should benefit from personal plans that are regularly reviewed, evaluated and updated involving relevant professionals and take account of good practice and their own individual preferences and wishes. We found that some plans had not been reviewed within the last six months. Records of reviews had previously been highlighted as lacking in person-centred detail and these had not improved. This meant we could not be assured that all personal plans contained the most current and up to date information to support people.

'Resident of the day' had been introduced which meant on a monthly basis people could provide feedback about maintenance and environmental issues, activities as well as their care and support. These were however being completed in a 'tick box' format which lacked detail and resulted in missed opportunities for people's involvement and feedback. This meant we could not be assured that people's support was being personalised to their needs and wishes.

Requirements

1. By 30 April 2023, the Provider must ensure that people are supported in a manner that meets their needs. The Provider must ensure that service users' care plans provide robust detail that have been fully assessed and accurately recorded which provides staff with effective guidance on how to support residents.

In order to achieve this the Provider must:

- Ensure that the written plan is clear and concise, and the plan has supporting evaluation documentation that will evidence staff practice.

- Demonstrate that staff follow policy and best practice about record-keeping and documentation.

- Ensure that the written plan is being effectively assessed, monitored and audited by managers.

- Ensure that care and support plans are reviewed as a minimum once every six months in consultation with people and that there is a written record of actions agreed.

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

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 manager should ensure that cleaning schedules provide clear guidance to staff about roles and responsibilities in relation to cleaning tasks. There should be a robust management overview in order to ensure a clean, safe and well maintained environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22) and '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 1 June 2023.

Action taken since then

Whilst the environment appeared clean and tidy, we were concerned that the lack of management oversight could lead to standards deteriorating. We have restated this area for improvement under Key Question 1.

Previous area for improvement 2

In order to ensure there is a culture of sustained improvement, the Provider must ensure that regular quality assurance processes are embedded and are effective in identifying, preventing and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards.

This is in order 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 area for improvement was made on 1 June 2022.

Action taken since then

There had been not been sufficient progress made in addressing this area for improvement. We have made a requirement. See Key Question 2.

Previous area for improvement 3

In order to ensure people's needs are met, an audit of care plans should be completed to ensure there is clear and accurate guidance in care plans that is informed by available assessment tools and information. This should include but is not exclusive to the prevention and management of pressure wounds, monitoring of food and fluid intake and the need for as required medication and protocols.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '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 1 June 2022.

Action taken since then

We continued to highlight inaccuracies and conflicting information with care and support plans. Some plans required more detail for example around skin integrity and stress and distress.

Daily recordings continued to be generic and did not reflect peoples views or feelings. We have replaced this area for improvement with a requirement under Key Question 5.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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