

# Balhousie Dalnaglar Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2010272004

## About the service

Balhousie Dalnaglar is a care home for older people situated in a residential area of Crieff, close to local transport links, shops and community services. The service provides nursing and residential care for up to 40 people.

The service provides accommodation over two floors in single bedrooms, each with en-suite facilities. There are two sitting rooms, two dining rooms and one conservatory. There is access to a small, secure well-tended garden.

## About the inspection

This was an unannounced inspection which took place between 26 July and 31 July 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 three of their family
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- People were treated with kindness by a staff team who knew them well.
- Activities were developed in response to individual people's interests and abilities.
- There had been a period of unstable leadership which had impacted on quality assurance and oversight activities.
- Staff felt well supported by their colleagues and the current leadership team.
- Care plans contained conflicting information which made them difficult to navigate and implement.

## 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?                | 3 - Adequate |
| How good is our staff team?                | 3 - Adequate |
| How good is our setting?                   | 3 - Adequate |
| 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 evaluated this key question as weak. Some important strengths were identified; however, these were significantly compromised by areas of weakness.

Throughout the inspection, we observed many warm and fun interactions between people and staff. Staff spoke fondly about people and were knowledgeable about their individual needs. This demonstrated that time had been spent building relationships. People we spoke to told us the staff in Balhousie Dalnaglar were "wonderful."

A sense of belonging was promoted with the use of individual door numbers and photos. Information about what was important to people was displayed on their bedroom doors to promote meaningful conversations and ensure they received the right care for them. These had been created in consultation with people and their families to ensure they reflected people's true wishes.

We sampled care plans and found most to be written to reflect a real sense of the person which showed a positive regard for people as individuals. However, we also saw how recording of wounds and application of topical treatments such as creams were not always undertaken with people's dignity promoted. The service should seek to ensure that people's dignity is fully upheld in all aspects of their care.

A team of passionate and creative activities staff worked in the service, offering a range of activities for people both in groups and on a one-to-one basis. We heard about trips on the local minibus and celebrations of significant events. There were good local links, which meant people were valued as part of the wider community. People were supported to stay connected to those important to them including with the use of technology. This supported people's emotional wellbeing and life with meaning and purpose.

People could choose where to have their meals and there was a choice of menu options. People's individual cognitive and communication needs were considered when supporting them to make choices around mealtimes. The dining experience was variable, at times chaotic and other times calm and organised. Interactions between staff and people requiring support with meals was also variable with some staff not engaging with people fully which has the potential for people to feel devalued and vulnerable.

A range of snacks including fresh fruit were available for people throughout the day. There were fewer choices of drinks, and most people could not independently access drinks. It is important for people's health and wellbeing to keep hydrated and for this to be carefully monitored to track changes in health conditions. We found the monitoring of fluids to be inadequate which had the potential to lead to poor health outcomes for people.

People's health care was informed by a series of recognised health assessments although these were found to contain conflicting information. There was contact with health professionals visiting the service for advice although it was unclear if this advice was being accurately followed and was not always clearly documented or used to update care plans. This meant there was potential for important healthcare information not to be passed on to the care staff.

Wound care plans were in place with detailed information, however, dates and timescales for planned reviews were missing. It is important to ensure care staff know when reviews or treatments are due to prevent deterioration or inadequate healing from these being missed.

We identified that staff practice around medication administration and management was inconsistent putting people at risk of medication errors. A medication audit was commenced by the provider in response to feedback during the inspection to identify issues, however, to ensure the safety of people, staff practice needs to improve and be sustained (**see requirement 1**).

Adults in care homes should live in an environment that is clean, tidy and well maintained. Some areas of Balhousie Dalnaglar were fresh and on the surface clean. However, we found some items of furniture, both individual and communal, that were contaminated, stained and posed a potential infection risk to people. We found some gaps in cleaning schedules making it unclear if expected cleaning tasks were always being carried out.

We identified inconsistent infection prevention and control practices among staff, such as improper disposal of personal protective equipment (PPE) and infrequent handwashing. Care staff told us they had not had recent training in infection prevention and control. As a result of poor staff practice and knowledge and the reduced cleanliness of the environment and furniture, the health, safety and wellbeing of people who lived in Balhousie Dalnaglar was at risk (**see requirement 2**).

## Requirements

1. By 01 September 2023, the provider must keep people safe from harm by managing the administration of medication safely.

To do this, the provider, must at a minimum:

- a) Create a complete, accurate and auditable record of all prescribed medication in the care home.
- b) Ensure that staff demonstrate competency in medication administration and managers implement a system for ongoing evaluation of staff practice and training.
- c) Put in place and effectively implement a system to audit people's medication records to provide assurance that people are having their prescribed medication administered in accordance with their individual needs.
- d) Ensure that monitoring arrangements identify any errors in administration or recording of a person's medication and appropriate actions are taken.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

This is to ensure that 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); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

2. By 01 September 2023, the provider must ensure that service users experience care in an environment that is clean and safe, and that minimises the risk of infection. To do this, the provider must, at a minimum:

- a) Ensure the care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
- b) Ensure that staff receive and record completion of appropriate infection prevention and control training.
- c) Ensure there are appropriate procedures in place for the prevention and control of infection and staff are familiar with these and implement them.
- d) Ensure that cleaning records are completed by staff to accurately reflect completed tasks and ongoing cleaning priorities.

This is to comply with Regulations 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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, 5.24).

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. Important strengths were identified, which when taken together, just outweighed areas of weakness.

Quality assurance systems were available to support leadership oversight of the service and identify areas for improvement. However, due to recent changes in the leadership team, these were not being used consistently. This meant that any issues or possible issues in the service were not being quickly identified and rectified to stop potential negative impacts.

There were missing records of scheduled daily audits and the relevant audits that were being carried out were done so inconsistently. Areas for further action were sometimes identified but there was no way of tracking if these actions had been successfully followed through, meaning that the audits were ineffective at supporting improvements.

A service improvement plan was now in place which was reflective of the service, and aspirations were well documented. Further development of this improvement plan could be completed by involving stakeholders and reviewing the progress of goals.

Information sharing within the service and with important people had been reinstated and was good. Meetings such as handovers took place throughout the day, which ensured staff knowledge of people living in Balhousie Dalnaglar was kept up to date. Formal meetings such as staff meetings and relative meetings had recently recommenced. Formal meetings ensured people were kept up to date with service changes and were provided with opportunities to ask questions and give feedback.

There was a complaints policy in place and relatives told us they would be comfortable approaching any member of the team to raise concerns. Accidents and incidents were being monitored, although the process

in place for this had the potential to cause confusion. We discussed this with the manager who advised this would be reviewed.

There were a range of quality assurance and clinical oversight processes available in Balhousie Dalnaglar. Due to a recent period of unstable leadership these had not all been used to their full potential to monitor the care being delivered. If this continued, it posed potential risks to ensuring the ongoing quality of care provided to people who live there (**see requirement 1**).

Throughout the inspection, the leadership team were responsive to ongoing feedback and tried to rectify issues identified. We acknowledge that some of these issues will take longer to resolve. It is positive that an experienced manager is now in post, and we hope this brings stability to the leadership team in Balhousie Dalnaglar.

## Requirements

1. By 24 October 2023, the provider must continue to support good outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

This must include but is not limited to:

- a) Assessment of the service's performance through effective audit.
- b) Ensure that where quality assurance identifies areas for improvement, appropriate action is taken.
- c) Ensure a tool is in place for the leadership team's oversight of staff knowledge, training and skills which can be used to support effective staff deployment.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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:

'I use a service which is well led and managed' (HSCS 4.23).

## How good is our staff team?

## 3 - Adequate

We have evaluated this key question as adequate, several important strengths just outweighed any areas of weaknesses.

Online staff training was up to date and face to face training sessions were in the process of being re-introduced after a period of leadership instability. There were no overall, easy to access records of staff training which meant that effective oversight was limited. The service should review how they ensure the leadership team have a clear oversight of staff knowledge and skills to support the effective deployment of staff to best meet people's needs. Staff we spoke to mostly told us they felt they had the appropriate training for their role, although had not had recent infection prevention and control training as previously stated. Staff were supported to be autonomous learners and maintain their professional knowledge by being able to request additional training as and when they required it.

Staff spoke openly about feeling supported in their role, particularly by peers and the current manager. Supervision sessions were provided and planned to allow staff to have important time to reflect on their personal learning and development goals as well as to discuss and resolve any issues. Staff told us they would be confident raising any issues or concerns with the current manager outwith these sessions too.

A matrix was in place to provide oversight of staff registration with professional bodies, required for their role. This gave assurances that people were supported by staff with the right qualifications and professional values.

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate as there were some important strengths which, taken together, just outweighed the weaknesses.

Balhousie Dalnaglar had three units split over two floors accessed by a lift and staircase. Corridors in some parts of the building were narrow, and some areas benefitted more than others from natural light. It was easy to navigate around Balhousie Dalnaglar with good signage in place. There were several communal spaces for people to use downstairs however, there was no useable communal space upstairs at the time of inspection. If people on the upper floor wanted to spend time out of their room, they needed to access the ground floor communal areas.

Balhousie Dalnaglar was situated in well-kept gardens however, much of these were inaccessible to people due to the steepness of the sloping ground. The useable garden area was small but well-kept, secure and safely accessed from the care home. We did not see the garden in use during the inspection but heard about activities that had taken place outside.

We found bedrooms to be spacious and generally clutter free, however some bathrooms contained lots of personal equipment, making it difficult to manoeuvre in. Bedrooms were personalised to people's own preferences in terms of furnishings and pictures. We found rooms to be in need of refreshed décor and we saw that a programme of redecoration had been commenced.

Systems were in place to support regular maintenance of the building, amenities and equipment although these were not always fully completed. We could therefore not be fully confident these were all being used to effectively oversee or identify issues and track actions.

People have a right to safe, high-quality facilities and equipment which are well maintained. Throughout the inspection we found cupboards that should be kept locked were unlocked, allowing people access to electrical equipment and cleaning products. There were also some issues with maintaining the overall cleanliness of the rooms and equipment raising concerns about staff practice. **Please see requirement 2 under key question 1 'How well do we support people's wellbeing?' for more information.**

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. We identified some strengths which had a positive impact but the likelihood of achieving positive outcomes and experiences for people was reduced because some key areas needed to be improved.

Care plans were in place for everybody who lived in Balhousie Dalnaglar. We found some of these were well formatted and contained relevant information about the person. However, others were vague and contained



conflicting information. For these, it was difficult to establish how they were being effectively used to monitor people's health needs. Care plans did not all accurately inform staff about how to meet people's care needs because of conflicting information. As a result, people were at risk of receiving support which did not reflect their needs, wishes or preferences (**see requirement 1**).

Relevant legal documentation was in place, easy to access and being reviewed as required. Care plan reviews were being carried out and there was a tracker in place to ensure these were done in line with legislation. People and families told us they were involved in these reviews.

Where there was potential for restrictions to people's freedom to maintain their safety, such as with the use of lap belts and sensor mats, we did not see evidence that this had been done in consultation with people or their representative to take account of their wishes. Risk assessments were not always in place for the use of these restrictions in care plans either to ensure the most effective and appropriate measures were being used to keep people safe.

End of life care plans were in place but tended to contain sparse information and it was unclear how staff could use these to ensure someone being cared for at end-of-life's wishes would be met. It's important that the service ensures all relevant information is recorded, particularly personal wishes and preferences, to be sure that end of life care provided is reflective of the person's needs and wishes.

## Requirements

1. By 24 October 2023, 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 current health and care needs of the person and accurately describe the support required to meet those needs.
- b) Accurately identify any 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 them.
- c) Ensure the use of restraint, in particular lap belts and sensor mats, is supported by evidence of discussion and agreement with the person and/or their representative.

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 the Health and Social Care Standards (HSCS) which state that:

'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).

## 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 provider should review and enhance personal plans to ensure that they contain accurate and up to date information.

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

'My personal plan (sometimes referred to as my 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 area for improvement was made on 31 August 2021.**

#### Action taken since then

We found conflicting information recorded in parts of the care plans leading to potential confusion about people's care needs. Contacts with external health professionals were not always recorded or used to update care plans. Health needs such as weights and fluid intake were inconsistently, and therefore inaccurately, recorded meaning changes to people's health presentation could not be effectively monitored and acted upon. This Area for improvement has not been met and has been included in a requirement under key question 5 'How well is our care and support planned?'

### 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?                                                                   | 2 - Weak     |
| 1.1 People experience compassion, dignity and respect                                                        | 3 - Adequate |
| 1.2 People get the most out of life                                                                          | 4 - Good     |
| 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 leadership?                       | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

|                                                                                               |              |
|-----------------------------------------------------------------------------------------------|--------------|
| How good is our staff team?                                                                   | 3 - Adequate |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 3 - Adequate |

|                                               |              |
|-----------------------------------------------|--------------|
| How good is our setting?                      | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |

|                                                                            |              |
|----------------------------------------------------------------------------|--------------|
| 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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