

Ballantine Court Care Home Service

Ashgillhead Road
Ashgill
Larkhall
ML9 3AE

Telephone: 01698 887011 or 881078

Type of inspection: Unannounced
Inspection completed on: 23 June 2016

Service provided by:
Welcare Homes Ltd

Service provider number:
SP2004006888

Care service number:
CS2005102252

About the service

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

Ballantine Court can accommodate up to a maximum of 90 older people. The units are as follows: Laverlock - thirty-two places (dementia unit) and Wallace - twenty-nine places (frail elderly). Livingston - sixteen places (frail elderly) and Fleming - thirteen places (frail elderly). This includes up to five respite/short stay places as well as up to three beds for younger adults. At the time of the inspection there were seventy-one people living in the service.

The service provides single en-suite bedrooms with a range of communal and outside space for people to access.

The service had a statement of aims and objectives. This included statements advising that the home would encourage and promote The service provides single en-suite bedrooms with a range of ordinary daily living, respecting the rights and dignity of all service users; ensure that service users independence and choice will be maximised to ensure residents achieve their potential and adopt a person centred approach to ensure that service users physical, spiritual, social and emotional needs are met in accordance with their needs and wishes.

What people told us

We issued forty Care Standards questionnaires for those who live in the service and also for families and friends to complete. At the time of the inspection we only received four completed care questionnaires from those using the service. We could see that questionnaires were available at the entrance to both buildings for completion. The four people strongly agreed with the statement 'Overall, I am happy with the quality of care I receive at this home'.

The following comments are taken from the questionnaires: The staff are all lovely and very helpful. They have helped me settle into my new home;

I love my room it goes out into the garden which I love to do; Couldn't ask for a better place to stay; The girls are all very good;

People we spoke with during the inspection were generally positive about living in Ballantine. People told us they were well cared for and supported by staff. People told us the food was good and that here was always a choice.

One resident stated that they were treated very well by staff and that they had been made to feel very welcome since they came in. They advised that they were encouraged to make choices this from choosing their bedroom on admission, what furniture they could bring in from home as well as making decisions about their care. They told us that their views and suggestions were taken into account and they were involved in the day to day decisions about their care. They stated 'I couldn't ask for better, they take care of people well.'

Another person told us they used to be in a band and still gets to play the keyboard in the home. They enjoyed the activities and outings on offer and spoke about hearing an accordion player in home.

One person told us that staff would do anything for you if they had time but were very busy first thing in the morning and when night staff come on. They stated that they were able to say what they wanted and were content with food and all aspects of care. They were supported by staff to discuss issues relating to their health

with the GP. They had their own furniture and telephone line. They went out regularly on the minibus which could take wheelchairs. They were supported to attend family events out with the home.

They were aware of how to raise any issues if they were unhappy. Knows how to discuss any issues unhappy with anything. Overall they thought the staff were fantastic.

Two relatives we spoke with stated that if their relatives were happy then they were happy and raised no concerns about the service.

Another relative stated that although they were happy with the care and support provided by the home they would rather have their relative at home with them..

The following comments were taken from Thank-you cards and letters sent to the service:

To all for your floral tribute, cards and caring thoughts after mums passing also your support at her funeral service was greatly appreciated. Thank-you to all the staff for your caring and kindness shown to mum especially in her last months and to the residents who were her friends for so long - you will always be remembered.

Thank you for all your wonderful care and companionship shown to mum during her stay - what a team - we are so grateful to you - you will always be remembered with affection by all of us.

To caring staff on behalf of the family I would like to thank you for the lovely spread you put on for my mother-in-law 100th birthday and also for the care and attention she receives.

We would like to take this opportunity to say a heartfelt thanks for the wonderful care and attention that was given to ... especially during the final days of her life. From the carers to laundry, cleaning and kitchen staff to handyman. It was a huge tribute to her the numbers of staff who visited her in her room during her final days; it was a very moving experience for her family to witness.

Self assessment

The service had completed a self-assessment and submitted it to us prior to the inspection. This highlighted what the service thought it did well as well as areas for improvement.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

Taking into account the evidence gathered at this inspection the service was performing at a good level in relation to this theme.

Overall we found that people were well cared for and supported by staff. People living in the service and their

families spoken with told us they were well looked after and that their needs were being met. We saw some very good interactions between staff and those living in the home. We noted that where support was being provided this was being done at the persons pace and staff talked people through what they were doing especially when assisting people to transfer for chair to wheelchair for example.

We carried out a Short Observational Framework for Inspectors (SOFI). This is a tool used by inspectors to observe the mood and engagement of service users and the quality of staff interactions. Using this tool we noted that the three people observed mood remained fairly neutral although the majority of staff interactions with people were positive with staff knowing resident's well and encouraging activity. Where we noted some poor interaction we fed this back to management to address.

We found the personal care plans to be well written, very person centred and reviewed and updated regularly. The level of detail in these clearly described how the individual wished their care to be provided. From the plans read, as well as our observations of staff practice, we could see that care was being delivered as agreed with the person and/or their families.

An area for further development related to improving the content of the information contained in peoples six monthly review forms and ensuring that where any actions are agreed at these reviews these are actioned (see recommendation 1)

We found very detailed life histories on people and could see where possible their past interests and hobbies were being taken in to account when activities and outings were being planned. These were also being used by staff as a way to get to know the people they were supporting.

Good attention was paid to meeting people's health care needs. The service had links with the local health centre and the GP was committed to being in the service twice a week with additional visits as necessary. Where needed referrals were made to other health professionals such as District Nurses, Dieticians and Community Psychiatric Nurses for support.

Staff had been trained to provide oral health care and the service stated they had good links with the dentist and community oral health practitioners.

Where needed staff had monitoring charts in place to record areas of people care such as eating and drinking and pressure relief. We found that although the recording in these had improved since the last inspection there will still gaps which meant the service were unable to say that this care had been delivered as agreed. Management were aware of this and were working with staff to improve the recording and to ensure that where gaps were identified that staff were taking actions to address these. We will monitor this at future inspections.

We noted that where people needed equipment such as bed rails, lap straps for wheelchairs and alert mats to notify staff that someone was getting out of bed that the appropriate documentation was not in place to consent for the use of these. We would refer the service to the Mental Welfare Commission document 'Rights risks and limits to freedom' to ensure that the appropriate documentation and consent is in place for the use of this equipment (see recommendation 2)

The service had devised its own end of life care plans that were very detailed and clearly described support the person should receive at this. These clearly documented discussions with the persons family they respected the persons wishes previously recorded in their anticipatory care plan. People were encouraged and supported to stay with their relatives at the end of their lives.

Those living in the service were regularly consulted with regarding activities, both group activities and on individual bases, as well as other areas such as food likes and dislikes for the menus. Activities were regularly

reviewed to ensure that people were happy with what was on offer and that they were appropriate. Where people had put forward suggestions we could see that these were being taken into account.

The service had started a dementia support group for families of those living in the home. The future development of this would be based around the wishes of those attending.

One requirement made at the last inspection in relation to medication management remains outstanding and will be repeated. We could see that management was regularly monitoring medication and identifying similar issues which they were trying to address. It is important that people medication is appropriately managed to ensure the best outcomes in meeting peoples health needs (see requirement 1)

Requirements

Number of requirements: 1

1. The service provider must ensure the health and welfare of residents by ensuring safe administration and recording of medicines. To do this they must ensure that:
medication is given in a manner that allows the resident to get the intended benefit of the medicine that where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the Medicines Administration Recording [MAR] chart
where and when require medicine is given (e.g. to manage an emotional or mental health need) the service should ensure that the reason for use and outcome are recorded.

Medications must always be in stock

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, Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents The following National Care Standards have been taken into account in making this requirement: NCS Older People 5.11, 5.12, 15.6. and 15.9. Timescale for implementation: 2 1 month from receipt of this report (repeat requirement)

Recommendations

Number of recommendations: 2

1. The service should improve the detail recorded in peoples six monthly review documentation and ensure that where actions are agreed that these are actioned.
National Care Standards Care Homes for Older People Standard 6 Support arrangements.

2. The service should ensure that were using equipment that limits peoples movement such as lap straps and bed rails that the appropriate documentation is in place and appropriate consents recorded.
National Care Standards Care Homes for Older People Standard 9 Feeling safe and secure.

Grade: 4 - good

Quality of environment

Findings from the inspection

Taking into account the evidence gathered at this inspection the service was performing at a good level in relation to this theme.

People had good size bedrooms which were personalised. Some people choose to spend their days in their rooms and had created dedicated sleeping and living areas. Where people were assessed as able they had their own kettles in their rooms so were able to make hot drinks at any time.

A range of dining and lounge spaces were available throughout the accommodation. Attempts had been made to break up some of the larger lounge space into small clusters to encourage people to sit together. Areas were generally kept clutter free to ensure people could walk round the accommodation and not be at risk of tripping. There was plenty of natural light in communal areas and bedrooms.

People had access to outside space. The courtyard garden in unit A was well maintained and outside seating area was available in unit B. Other grounds surrounding the building were in need of work to ensure that where people's bedrooms faced these areas their view could be improved.

During the inspection we used The King's Fund Environmental Assessment Tool which assesses 'is your care home dementia friendly'. Overall based on the areas looked at which included how the environment promoted wellbeing; continence and personal hygiene; safety and security; encouraged eating and drinking and mobility we graded the service as only adequate from the information contained in this assessment. This was taking information from across the whole building and not just the dementia unit. We provided the service with our feedback from this tool and highlighted areas for improvements. This included the need to review the lighting in areas of the home, the use of communal space, directional signage and re-decorating. However during the inspection the service gave us an action plan for the environment that included addressing all of the above. We are satisfied that the service will progress in these areas and we will review at future inspections.

The service advised that it planned to use this tool to review the environment and come up with an in depth action plan of how it would address issues identified.

We would recommend that the service carry out a detailed environmental walk round to ensure it picks up on some of the other issues we identified such as broken or no locks on toilet doors (see recommendation 1)

We found that all appropriate safety checks had been carried out on the accommodation to ensure it was safe for those living, working and visiting the service. The majority of repairs were carried out quickly due to the service employing its own handymen.

The service needs to review how it encourages people to relearn skills which they may have lost, or to develop new skills, so that people can be more independent and improve the person's quality of life. Although there was some evidence of this through people's personal plans there was an opportunity for the service to develop this further for a number of people living there (see recommendation 2)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should carry out a regular detailed environmental audit to allow any improvements or repairs to be identified and any actions needed carried out quickly.
National Care Standards Care Homes for Older People Standard 4 Your Environment.
2. The service should look at how it can further enable people to re-learn skills they may have lost, or to develop new skills, in order that they can be more independent and improve their quality of life.
National Care Standards Care Homes for Older People Standard 17 Daily Life.

Grade: 4 - good

Quality of staffing

Findings from the inspection

Taking into account the evidence gathered at this inspection the service was performing at a good level in relation to this theme.

From our observations and discussions with those using the service, their families and staff we could see positive relationships between people in the home. People living in the service spoke positively about the staff team and felt that they were well supported by them to meet their needs.

We examined staff personnel files, in particular those of recently employed staff at the service. We found that all had been safely recruited and undertook a period of induction. All new staff had to undergo a period of induction during a three month probationary period. At the end of that probationary period people's employment would be confirmed or not.

New staff spoken with advised that they had gone through an induction and that they felt supported by other staff and the management, they also discussed that the training they had was relevant to their roles and responsibilities.

Since the last inspection the service had less of a need to use agency staff as it had been able to recruit the majority of its own staff. This was seen as positive by management, staff and those living there, they now were in a position to move the home forward and make improvements to the quality of life of those living there as well as being able to develop the staff team. As part of this process different staff roles and responsibilities had been developed with key staff identified to take the lead with these roles. This will help to further develop individual staff knowledge and skills and encourage leadership skills within the team. The majority of the staff have obtained or are in the process of obtaining the necessary qualifications in care. Where people did not have a qualification the service actively encouraged and supported staff to do this.

Staff had access to an online training system this provided staff with both mandatory training as well as a range of additional training opportunities relevant to the work they carried out. Some of this training was also followed up with practical training in areas such as moving and handling and fire. People's knowledge on the training was

tested at the end of each module. People told us that they enjoyed this training and that they were able to work through the modules in their own time.

Management advised that the system was about to be updated to include a section after each module where staff had to reflect on the training completed and highlight how this would influence their practice and improve the outcomes for those they supported.

The system also holds all staff training records including any additional external training people have done. This means that management have a clear overview of all training and can see what the gaps are and plan training accordingly. Staff told us that if they felt that they needed additional training they only had to ask the manager and this would be provided.

Staff supervision had not been taking place. A new policy on supervision was being rolled out and with a nearly full staff team in place management hoped to roll this out quickly once key staff had received training on how to carry this out. This should allow management to monitor staff practice and ensure that any staff development needs are identified and actioned quickly. We will review how effective this has been at the next inspection.

We found that the staff team had received some training opportunities to improve the quality of dementia care. The team had not, however, been mapped into the Promoting Excellence Framework, which provided different levels of training in dementia to staff. Plans were in place to carry out this piece of work out shortly. This would help to ensure that staff working in the home undertook additional training in dementia and that the training delivered would dependant on their role within the service.

Staff spoken with did feel that they needed further training in dementia. A recent move of staff throughout the service had led to less experienced staff now working in the dementia unit whose skills and knowledge on dementia needed to be improved. This was acknowledged by the service and plans being put in place to address this.

The service had identified a dementia ambassador for the service. They were about to undertake additional specialist training in dementia and would help to lead the staff team by improving peoples knowledge and practice to provide positive outcomes for those living in the home.

The service routinely checked that all nursing staff employed were still registered the Nursing and Midwifery Council (NMC). This is the body that nurses have to be registered with to allow them to work as nurses. They also had information on care staff who had or were registering with the Scottish Social Services Council (SSSC).

We noted that regular team meetings had been re-established We attended a meeting during the inspection. We found that the issues raised were relevant and staff encouraged to voice their views.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Taking into account the evidence gathered at this inspection the service was performing at a good level in relation to this theme.

Overall the management of the service indicated that they now felt that they were in a position to start moving the service forward now that they nearly had a full and permanent staff team in place. They were well aware of the impact high use of agency staff had on the service which led to limited opportunities to take forward planned developments and improvements. We could see that changes were starting to take place and will review the impact of these at future inspections.

A range of audits were carried out by management to assess how the service performed over a range of areas including monitoring how people's specific health needs were being met as well as medication, environment and staff files. We continued to find that where issues were raised, action was taken to address them.

Management were aware of the need to keep the audit systems under review and to make improvements where needed. They were also committed to obtaining feedback from those using the service, their families and staff and to show how it used this information to make improvements.

The service had a development plan in place which highlighted how it planned to move the service forward in the coming months. This had been developed and shared with those living in the service their relatives and staff. It showed what the priorities would be for the home and demonstrated how and by when these planned to address these. The plan was kept under regular review and as additional areas for development were identified these were added. The service could show when things had been met or where timescales had to be shifted due to other pressures.

One area they had identified related to assessing the specialist dementia unit against the quality of life indicators for people with dementia and identifying additional work needed to help improve the outcomes for those living in the home. This would include additional staff training as well as potential environmental changes to complement those already done.

Other areas identified included development of some staff roles and responsibilities.

Management hoped that this would help to develop a strong and committed management team and would encourage and develop staff's leadership skills and roles within the service. We would encourage the service to use the Step into Leadership strategy available on the Scottish Social Services Council (SSSC) web site to help staff develop their leadership abilities. This resource should help staff to improve outcomes for individuals and families by supporting the development of leadership capabilities at all levels of the workforce and with the people the workforce supports. Management could use these tools to help improve its own workforce and encourage all grades of staff to develop and grow to improve the outcomes for those using the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must ensure that all documentation relating to health care of those living in the home is appropriately maintained and audited to ensure that care is given as directed or issues identified are followed through.

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 Requirement 5 Personal plans.

Timescale for implementation: One month from receipt of this report.

This requirement was made on 26 June 2015.

Action taken on previous requirement

Overall we found improvements in the documentation in place to monitor peoples care. This included monitoring of food and fluid intake as well as positional changes and continence monitoring.

Management were auditing some of this documentation and where issues were identified this was being raised with staff to try and improve how the documentation was being completed to ensure that the outcomes for those receiving care improved.

Although we continued to identify some issues we are satisfied that the arrangements put in place by the service to monitor the documentation is sufficient to identify issues and ensure staff take immediate action to address this.

Attention needs to be given to ensure that where people need pressure relief to protect their skin that this is recorded during the day and not just by night shift and staff ensure that where people receive snacks and their food intake is being monitored that these are recorded.

Met - outwith timescales

Requirement 2

The service provider must ensure the health and welfare of residents by ensuring safe administration and recording of medicines. To do this they must ensure that:- medication is given in a manner that allows the resident to get the

intended benefit of the medicine - that where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the Medicines Administration Recording [MAR] chart - where a "when required" medicine is given (e.g. to manage an emotional or mental health need) the service should ensure that the reason for use and outcome are recorded. - Medications must always be in stock 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, Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents. The following National Care Standards have been taken into account in making this requirement: NCS Older People 5.11, 5.12, 15.6. and 15.9.
Timescale for implementation: Two weeks from receipt of this report (repeat requirement)

This requirement was made on 26 June 2015.

Action taken on previous requirement

From the medication records looked at we noted that the above issues continued to be identified although to a lesser extent than previously. The services own audits and that of the supplying pharmacy continued to identify these issues. Management were trying to put systems in place to monitor this and address individual staff practice where issues were identified.

We will repeat this requirement and monitor any further progress at the next inspection.

Not met

Requirement 3

The Provider must ensure that when as required medications are in use that appropriate guidelines are in place to support this so that staff are aware when such medication should be used and the desired outcome of this. This is in order to comply with: SSI 2011/2010 Regulation 4 (1) (a) A requirement to make proper provision for the health, welfare and safety of service users.
Timescale for implementation: Two weeks from receipt of this report.

This requirement was made on 26 June 2015.

Action taken on previous requirement

The service now had guidelines in place where as required medications were prescribed. These highlighted when such medications could be used as well as what the desired outcome of the use was.

Met - within timescales

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

Previous recommendations

Recommendation 1

The service need to review the current nurse call system in place to ensure that people are responded to within an appropriate time frame.

National care standards care homes for older people standards 4 your environment.

This recommendation was made on 26 June 2015.

Action taken on previous recommendation

The service had a development plan in place that highlighted that the current nurse call system would be updated by the end of 2016. We will continue to monitor any progress on this at future inspections.

Recommendation 2

The service should review the existing induction programmes to ensure that when staff complete this programme they have a good knowledge and understanding of the relevant training and legislation to allow them to undertake their roles and responsibilities effectively. National Care Standards Care Homes for Older People: Standard 5 Management and staffing arrangements.

This recommendation was made on 26 June 2015.

Action taken on previous recommendation

The service has purchased an online training system that includes clear training modules for all new staff. Staff had to complete a knowledge test at the end of each module to ensure that they understood the training delivered.

The system has a built in library that contains all up to date policy and legislation that staff would need in relation to their post and is easily accessible to all.

At the time of the inspection this system was being updated so that staff would also need to complete a piece of reflective practice. This identified what they had learned from the training, how they could put this in to practice and what benefits this would have for those living in the service.

Recommendation 3

The service should ensure that staff supervision and appraisals happens in line with the organisation own policy and guidance in this area. This is to ensure that staff were skilful, knowledgeable, and clear about their roles. National Care Standards Care Homes for Older People: Standard 5 Management and staffing arrangements.

This recommendation was made on 26 June 2015.

Action taken on previous recommendation

Due to staffing issues the service had not been able to carry out staff supervisions and appraisal as intended. Management had, however, updated the services supervision and appraisal policy and were in the process of re-establishing supervisions for staff. We will monitor if the service has been able to achieve this 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.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
7 Dec 2015	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
26 Jun 2015	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 3 - Adequate 4 - Good
17 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 4 - Good 4 - Good 3 - Adequate
1 Oct 2014	Unannounced	Care and support Environment Staffing
		4 - Good 3 - Adequate 4 - Good

Date	Type	Gradings	
		Management and leadership	3 - Adequate
31 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Aug 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
15 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
12 Sep 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 Jan 2012	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
20 Jun 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
14 Jan 2011	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
1 Jul 2010	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
26 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
5 Oct 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
23 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak
8 Oct 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 2 - Weak 2 - Weak 1 - Unsatisfactory

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