

Balhousie Pitlochry Care Home Care Home Service

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Telephone: 07881 822 238

Type of inspection:
Unannounced

Completed on:
22 August 2023

Service provided by:
Advanced Specialist Care Limited

Service provider number:
SP2005007542

Service no:
CS2017358876

About the service

Balhousesie Pitlochry care home is registered to provide care to 50 older people. The provider is Advanced Specialist Care Limited which is part of the Balhousesie Care Group. This service was registered with the Care Inspectorate on 8 September 2017.

It is a modern purpose-built care home located in the Perthshire town of Pitlochry. Accommodation is located over two floors, with access to the second floor by stairs or a lift. There are five spacious lounge/dining rooms as well as quiet rooms for residents/visitors and two activity rooms. Bedrooms have en-suite bathroom facilities and a 24 hour call system.

The provider's aim is to: "strive to capture the true essence of person-centred care and deliver the highest quality care and support to our residents."

About the inspection

This was an unannounced inspection which took place on 15,16 and 18 August 2023. The inspection was prompted by an anonymous complaint and we planned to follow up on an outstanding requirement. We had to change our inspection to a full inspection as we had concerns regarding the cleanliness of the environment and issued a letter of serious concern on 15 August giving 48 hours to rectify this. We returned to the service on 18 August, although the provider had made some progress, cleanliness was not yet at an adequate standards.

The inspection was carried out by 2 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 5 people using the service and 6 of their relatives
- spoke with 8 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

An improvement notice was issued on 31 August 2023 as we had significant concerns about the care and support that people were experiencing at Balhousesie Pitlochry. An improvement notice is a formal letter we send to the provider. It sets out one or more required improvements that must be made within a specified timescale. If the provider does not comply with the improvement notice and people are still at risk, we can move to cancel the care service's registration.

1. By 24 September 2023, you must ensure that people experiencing care are in an environment that is clean and safe, and that minimises the risk of infection. In particular you must demonstrate that:
 - a) There are adequate numbers of domestic staff working on each shift to maintain a clean and safe environment.
 - b) The care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
 - c) Members of staff are familiar with, and implement, current best practice guidance on how to prevent and control infection in a care home setting.

d) Regular quality assurance checks of the environment are undertaken in order to ensure that the cleanliness of the environment is maintained and that a record of such checks must be maintained.

This is to comply with Regulation 3, Regulation 4(1)(a), Regulation 4(1)(d), Regulation 10(2)(b) and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

2. By 24 September 2023, you must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, and in each unit of the care home, to meet the health, safety, and wellbeing needs of people experiencing care. In order to achieve this, you must:

- a) Gather and record accurate information about the needs and dependency levels of people experiencing care. You must use this information to assess how many nursing and care staff are required on each shift and on each unit during the day and night.
- b) Roster and deploy staff in accordance with your assessment informed by the care plan of each person experiencing care.
- c) Demonstrate through your actions and recordings that you effectively anticipate and respond to changes or significant events of people experiencing care. This must include making changes to staff numbers where appropriate.

This is in order to comply with Regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 08 October 2023, you must ensure that the care service is led and managed in a manner that results in the health, safety and wellbeing needs of people experiencing care being met. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. In particular you must ensure that:

- a) The needs of people experiencing care, and the environment are continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include but is not limited to seeking the views of people experiencing care and observation of the care they receive. In addition, the observation of staff practice and communication, gathering staff views and reviewing care and housekeeping documentation.
- b) Where quality assurance processes identify areas for improvement, leaders take action and make improvements to the care of people experiencing care and the environment, at the time or as soon as is practicable. This may include, but is not limited to, role-modelling, providing feedback, direction, and guidance to individual or groups of staff and reviewing care plans for people experiencing care.
- c) The quality assurance is used to identify any further staff training or support that is necessary to meet the needs of all people experiencing care at all times.
- d) Action planning is used to assist the service to plan, make, and measure, improvement. This should include putting in place reasonable timescales for completing and measuring the impact of improvement activities on people experiencing care and their outcomes.

This is in order to comply with Regulations 4 (1) (a) and (7) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

4. By 08 October 2023, you must promote the health, welfare and safety of people experiencing care. This must include, but is not limited to, ensuring that:

- (a) Pain levels of people experiencing care is assessed and reviewed regularly, and that pain relief is made available when required.

(b) Continence needs are assessed and reviewed regularly, and that people experiencing care are supported with dignity to manage their continence and have access to the right products.

(c) The needs of each person experiencing care to eat and drink independently is assessed and they are provided with appropriate support to promote their independence when eating and drinking.

(d) The nutrition and hydration needs of each person experiencing care are monitored frequently and any identified changes in need are responded to appropriately.

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

Key messages

- The environment, furnishings and equipment were not clean. There was a strong malodour in areas of the home.
- There were insufficient domestic staff available to maintain the cleanliness of the environment.
- Staff were working hard, however there were not enough staff on duty to support people's needs.
- People's continence needs were not being managed effectively or with dignity.
- People's pain needs were not being monitored or managed effectively.
- People did not have the support they needed to maintain their nutrition and fluid intake and this was not monitored effectively.
- The service was not led and managed in a manner that resulted in people's health, safety and wellbeing needs being met.

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

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

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

Overall, we evaluated this key question as weak. We were able to identify some important strengths, however these were outweighed by weaknesses which had the potential to impact or had impacted negatively on people's experiences and outcomes.

People were treated kindly by staff, and some people told us that they knew the staff who supported them well. We observed some compassionate interactions and people's needs being responded to. However, this was not always consistent and people did not always receive the right care at the right time.

People who live in care homes should experience an environment that is safe, hygienic and well maintained. We found multiple chairs and other pieces of equipment, both individual and communal that were heavily contaminated and posed a risk of infection to people. People should expect to be treated with compassion, dignity and respect. Although staff treated people kindly, people were living in an environment that smelled strongly of urine and were seated on contaminated seat pads. This did not promote people's dignity or respect.

Housekeeping staff were clear on their role and responsibilities with infection prevention and control. However, told us they did not feel they always had the time to clean equipment and furniture effectively. We also identified gaps in cleaning records, making it unclear if the expected cleaning tasks were always being carried out. At times, care staff were stepping in to support with uncovered housekeeping shifts, but found this difficult as not all of them had received the appropriate training. By care staff stepping in to cover housekeeping shifts, this reduced the amount of care staff available to support people with their physical, social and psychological needs. We issued an improvement notice in relation to this (please see Required Improvement 1 included in the section 'About this Inspection')

All staff we talked to were aware that there was a malodour in the home, however there appeared to be a culture where it makes it hard to report poor practice or concerns. This puts people at risk of unsafe care and support.

There were a mix of activities organised in the home that included physical activities, crafts and music. A family member had positive feedback regarding this, "she goes 1 or 2 times a day with the activities girl and they send pictures of her out in the garden and doing things so that I can see." Another family member was less positive, "the entertainment agenda includes a haircut- that's not entertainment!" Although there were some people who benefitted from and enjoyed the activities organised, it was clear that for some people, these activities were not accessible or relevant to them. Some people were not enabled to have a sense of purpose or direction because the support provided lacked appropriate structure or stimulation. One person told us, 'I travel to visit Mum 3 times a week because they give her nothing.'

Although the activity planner ran across 7 days, in practice activities were facilitated on weekdays as activities staff were not available at the weekend. We were advised that care staff would be responsible for this at weekends but staffing levels made this difficult to achieve. The provider must support and enable all people to participate in something that is meaningful to them. We have extended the timescale again of the requirement in relation to activities (Please see requirement 1).

We saw that there were not enough staff available to support everyone at mealtimes. This meant that people had a poor mealtime experience that lacked positive social interaction. A family member also

expressed concern, 'She's not supported with eating.' People did not have adequate support to help them eat and drink safely or with dignity and were left covered in food debris. We issued an improvement notice in relation to this (please see Required Improvement 4 included in the section 'About this Inspection').

We were not satisfied that people's continence needs were being assessed or supported appropriately. This put people's skin health at risk, put people at risk of infection and did not maintain their dignity. Families also expressed concerns regarding their relative's continence management, 'staff member had to repeatedly apologise for my relative waiting almost an hour to use the commode or get a pad change as they need an extra person.' We issued an improvement notice in relation to this (please see Required Improvement 4 included in the section 'About this Inspection')

We were concerned that people's pain was not always being managed effectively. People did not have adequate care plans to guide staff to support people's individual pain management. We raised this and the nurse arranged for a review of medication. A family member also told us about issues their relative had trying to access pain medication. We issued an improvement notice in relation to this (please see Required Improvement 4 included in the section 'About this Inspection')

We found that people's care plan's had inconsistent information in relation to people's eating and drinking needs. Changes in a person's needs had not been communicated with family members (Please see Area For improvement 1). Information regarding textured diet levels varied and could put people at risk. In addition plans to support people's pain management and to manage people's continence needs were not adequate. We have made a requirement (Please see requirement 2)

We concluded that people were experiencing significantly poor outcomes as a result of using the service. The inspection highlighted critical weaknesses in aspects of the service which significantly affected the care that people received. The service must take urgent action to improve the quality of care provided in order to ensure that people are protected and that their wellbeing improves without delay. We decided to take formal enforcement action against the provider and have issued an improvement notice to the provider to address these issues.

Requirements

1. By 31 October 2023, in order to improve people's physical and mental wellbeing, the provider must review the way in which activities are organised and provide sufficient staff to support people to engage in them.

To do this the provider must, at a minimum

- a) Develop individual activity plans that inform the service weekly activity plan.
- b) Make the activity room available for use.
- c) Focus on the quality and amount of physical and social activity made available for people, within and outside the home.

This is to comply with Regulation 15(a) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

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

2. By 31 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 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 includes 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 that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS2.17).

Areas for improvement

1. In order to ensure residents' representatives experience adequate communication regarding their general health and welfare, the service should:

- a) Ensure representatives are provided with updates when there are changes to health and wellbeing.
- b) Establish clear processes to record representative communications.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).

How good is our leadership?

2 - Weak

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. Overall, we evaluated this key question as weak. We were able to identify some important strengths, however these were outweighed by weaknesses which had the potential to impact or had impacted negatively on people's experiences and outcomes.

The service had worked hard since December 2022 to improve the quality of care for people as a result of an Improvement Notice and a Large Scale Investigation. These processes were concluded once the provider had met the required improvements. Our previous inspection completed on 2 May 2023 highlighted the significant progress made. However, these improvements had not been sustained.

The service had various quality assurance processes in place, however it was clear that these were not effective at evaluating people's experiences to ensure that their outcomes were being met. For example, a daily walk around was completed everyday checking the environment. The strong smell of urine was not highlighted in this walk around, despite everyone we spoke to being aware that there was malodour. We found various items of furniture and equipment and bedroom carpets that were stained and malodourous. This put people at risk of infection and had not been identified up by any quality assurance processes.

We were advised by the management team that there were no issues with staffing levels and staffing was in accordance with the provider's tool to assess staffing levels. However we saw that staffing levels meant that people did not have adequate levels of support at mealtimes or to manage their continence effectively or with dignity. We heard from people experiencing care and their families about the difficulties they experienced trying to access the right care and support at the right time. Staff also told us that there were times that the service did not have enough staff on duty.

We concluded that people were experiencing significantly poor outcomes as a result of using the service. The inspection highlighted critical weaknesses in aspects of the service which significantly affected the care that people received. The service must take urgent action to improve the quality of care provided in order to ensure that people are protected and that their wellbeing improves without delay. We decided to take formal enforcement action against the provider and have issued an improvement notice to the provider to address these issues. (Please see required improvement 3 in the Improvement notice under the section 'About the Inspection').

How good is our staff team?

2 - Weak

People should expect that the skill mix, numbers and deployment of staff meets the needs of people. Overall, we evaluated this key question as weak. We were able to identify some important strengths, however these were outweighed by weaknesses which had the potential to impact or had impacted negatively on people's experiences and outcomes.

The majority of people we spoke to gave us positive feedback about the staff:

"staff can be too busy, but they are doing a good job"

"you can't fault them, the staff are just amazing"

"they know him really well, he loves going in as they all talk to him"

"in general I'm pleased with how things are going, they treat her well."

"I used to be informed about any changes but not in the last 6 months- wasn't informed about a recent fall- I find these things out from my relative when I visit not from staff"

"The staff are just amazing. They're all so good with her. They do an amazing job, nothing could be better.

"There are too few staff, so the wonderful people who do pitch up are being pushed to an exhausting maximum."

We observed some kind interactions and staff appeared to work well together.

We were advised by the management team that there were no issues with staffing and that the service was staffed in accordance with the provider's staff assessment tool. However, we saw and heard from people experiencing care, their relatives and staff that there were times where staffing levels were minimal and sometimes insufficient to fully meet the needs of people living in the service.

These staffing levels had a detrimental impact on people's experiences. This included not being supported appropriately to eat and drink, not having regular access to meaningful activities, not being able to live in a clean and safe environment, not being kept comfortable and having pain or continence needs being met effectively and care plans containing inconsistent information. All these concerns put people at risk of harm.

We concluded that people were experiencing significantly poor outcomes as a result of using the service. The inspection highlighted critical weaknesses in aspects of the service which significantly affected the care that people received. The service must take urgent action to improve the quality of care provided in order to

ensure that people are protected and that their wellbeing improves without delay. We decided to take formal enforcement action against the provider and have issued an improvement notice to the provider to address these issues. (Please see required improvement 2 in the Improvement Notice under the section 'About the Inspection').

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

Requirements

Requirement 1

By 31 July 2023, in order to improve people's physical and mental wellbeing, the provider must review the way in which activities are organised and provide sufficient staff to support people to engage in them.

To do this the provider must, at a minimum

- a) Develop individual activity plans that inform the service weekly activity plan.
- b) Make the activity room available for use.
- c) Focus on the quality and amount of physical and social activity made available for people, within and outside the home.

This is to comply with Regulation 15(a) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that '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 requirement was made on 27 April 2023.

Action taken on previous requirement

This requirement was originally made on 17 August 2022 as we had concerns that people were not being supported to participate in activities meaningful to them. Since then the service now has one full time activities co-ordinator who organises a programme of activities. It is acknowledged that this staff member works hard and is providing a range of group activities, including physical exercise, creative opportunities and music. Some people enjoy and benefit from this however, there are a number of people who appear to have very limited opportunities.

Although the service has recruited other staff this has not progressed as intended. A new part time member of the team is currently being inducted. As a result, activities are only facilitated during weekdays with an expectation that care staff facilitate activities at the weekend however this does not appear to happen consistently due to low staffing levels. The current availability of activities staff is not sufficient to support everyone to do something that they enjoy or is meaningful for them.

We have extended the timescales for this requirement again to give the provider more time to resolve this.

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 ensure residents' representatives experience adequate communication regarding their general health and welfare, the service should:

- a) Ensure representatives are provided with updates when there are changes to health and wellbeing.
- b) Establish clear processes to record representative communications.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).

This area for improvement was made on 30 September 2022.

Action taken since then

Families told us that they were not always updated about changes in their relative's wellbeing and gave examples of where information had not been passed on. People felt that communication needed to improve. This area of improvement is continued

Previous area for improvement 2

The provider should ensure that admission processes are reviewed to ensure people's medication requirements are fully assessed, and well managed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 5 February 2022.

This area for improvement was made on 5 February 2023.

Action taken since then

We did not assess this during this inspection.

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

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| How well do we support people's wellbeing? | 2 - Weak |
| 1.1 People experience compassion, dignity and respect | 2 - Weak |
| 1.2 People get the most out of life | 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 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 |

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