

Balhousie St Ronans 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:
CS2012308787

About the service

Balhousie St Ronan's is a care home for older people situated in a residential area of Dundee, close to local transport links, shops and community services. The service provides nursing care for up to 67 people.

The service provides accommodation over two floors in single bedrooms, each with en-suite facilities. There are four units, each with communal lounges and dining areas. There is also a large communal lounge at the entrance to the home which provides access to a pleasant secure garden.

About the inspection

This was an unannounced inspection which took place on dates between 26 February 2024 and 05 March 2024. The inspection was carried out by three 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 seven people using the service and six of their families.
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff worked hard but were under pressure.
- At times, there were not enough staff to meet the needs of everyone who lived in Balhousie St Ronan's.
- Many interactions between staff and people who live in the service were warm and kind.
- Staff told us they felt supported by the management team.
- Safer recruitment principles were not being followed consistently by the provider.
- The care and support people experienced needed to improve.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	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 have evaluated this key question as weak. We identified some important strengths however people's experiences were compromised by areas requiring significant improvement.

Throughout our inspection, we saw warm and kind interactions between staff, people who live in the service and visitors. The atmosphere was generally relaxed, although at times of higher support need such as mealtimes, it felt busy.

People's dignity was not always promoted. We observed continence aids being hung on bedroom doors at night in anticipation of them being needed. Staff did not consistently knock on bedroom doors prior to entering and did not always engage with people in their rooms when attending to their needs. People's clothes were not always changed promptly as needed. Families told us they could visit their loved one and find them in dirty clothes with spillages on them. We observed medications including eye drops being administered at mealtimes in communal areas. People's feeling of self-worth and mental wellbeing can be adversely affected by a lack of dignity and respect shown to them. This ultimately has the potential to affect their outcomes and experiences.

People gain a sense of purpose from meaningful occupation and engagement, which promotes wellbeing and supports them to get the most out of life. An activities team planned activities which included physical activity, outside trips, and one to one time. This was displayed throughout the service to inform people and families. Photographs of participation were collected to share with people and families so they could be enjoyed after the event. Some people told us they felt there was plenty to do, others felt there was not as much on offer as there used to be. We saw some group activities, but care staff were not as involved as they had been on previous inspections. The service had made effective arrangements for certain individuals who either needed extra support or more independence with going on trips out. Although this supported their independence and promoted their abilities positively, it was unclear whether other activities were tailored to take account of everyone's abilities and interests to promote participation.

Mealtimes were generally structured although this varied across the service and at times there were not enough staff available to adequately support those who needed it. Options were available for people except those on modified textured diets who were not offered choices consistently. Although most staff had good knowledge of people's requirements and support needs, the lack of choices for some and limited resource to provide support had the potential to put people at risk of poor nutrition.

Several people had been advised to drink specific amounts daily to support their health and wellbeing. These 'fluid targets' were not being used effectively. Records showed that frequently the amount of fluid that had been made available to people throughout the day was significantly less than their targets. This meant they would be unable to drink the advised amounts, leaving them at risk of poorer health outcomes. There were no apparent actions taken in response to this as the records consistently showed significant shortfalls. Families told us about times they needed to request drinks for their loved one to be provided and that they had needed to intervene with the support offered. **Please see requirement 1.**

Correct medication management procedures were not consistently followed in Balhousie St Ronan's. We sampled medication administration records and identified discrepancies in the information they contained. We observed staff not following good practice during the administration, recording or storage of medications. This put people at risk of medication errors impacting on their health and wellbeing. **Please see requirement 2.**

We sampled falls care plans and risk assessments and found these were being regularly reviewed and mostly updated following an incident or fall. We observed staff responding appropriately to potential falls risks and equipment was in use for the prevention of falls. We saw walking aids were beside people when they were sitting in the communal areas and generally there was a culture of positive risk taking in the service whilst promoting people's mobility.

Other areas of care documentation contained conflicting information and did not evidence that appropriate care was being carried out in line with people's needs and wishes. We were not satisfied that people's continence needs, personal hygiene or oral care were consistently being assessed or supported appropriately. This put people at risk of poor skin integrity, infection and did not maintain their dignity. Families also expressed concerns about their relatives' continence management and personal care. We were told about families having to change their loved one whilst in visiting with varying support offered from staff. We concluded that there was the potential for people in this service to experience poor outcomes due to limited care and support. **Please see requirement 3.**

The management of wounds was also unclear from assessment and care plan documentation. We found instances of treatment being given that was not following the documented treatment plan or advice from external professionals. If wounds are not reviewed or treated correctly there is the potential for them to deteriorate and for opportunities for monitoring to be missed. **Please see requirement 4.**

Although the service was generally clean, some areas of infection prevention and control practice needed to be enhanced to keep people safe. Staff practice in the management of clinical waste, the storage of medications, cleaning chemicals and perishable foods, and the maintenance of equipment had all been raised at previous inspections. Although there have been some improvements in these areas, we identified that they were not always consistent. It is important that improved practice is sustained and effectively monitored.

It is essential that staff working to provide direct care understand appropriate uniform policies and are able and willing to adhere to them to keep people they care for safe. During the inspection, we observed staff members involved in direct care who had long nails and nail varnish applied. This practice is not in accordance with infection prevention and control guidance and could pose risks to people's health and wellbeing. This was raised with the leadership team during the inspection who acknowledged our findings.

Requirements

1. By 19 April 2024 the provider must ensure that people are provided with meals, snacks, and drinks which are appropriate to meet their needs, and are supported to eat and drink in accordance with their nutrition and hydration needs and preferences.

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

- a) Ensure that care plans record people's nutrition and hydration needs accurately.
- b) Ensure effective and accurate monitoring of people's oral intake so staff can identify, and respond to, any potential health risks.

This is in order to comply with 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 care and support meets my needs and is right for me' (HSCS 1.19)

2. By 31 May 2024, the provider must ensure that medication is administered and managed in a manner that protects the health and wellbeing of people.

To do this the provider must, at a minimum:

- a) Ensure correct medication recording and administration processes are followed.
- b) Ensure information within medication documents and care plans is accurate, up to date, consistent and used by staff to direct people's support.

This is in order to comply with 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: 'Any Treatment or intervention that I receive is safe and effective.' (HSCS 1.24)

3. By 31 May 2024, the provider must ensure people receive personal care and hygiene support that is consistent with their needs, wishes and preferences.

To do this the provider must, at a minimum:

- a) Ensure information within care plans is accurate, up to date, and used by staff to direct people's support.

This is in order to comply with 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 care and support meets my needs and is right for me' (HSCS 1.19)

4. By 31 May 2024, the provider must ensure people receive wound care and treatment support that is consistent with their needs, wishes and preferences.

To do this the provider must, at a minimum:

- a) Ensure information within care plans is accurate, up to date, and used by staff to direct people's support.
- b) Ensure that staff are aware of and follow any external professional advice and this is recorded in the care plans.

This is in order to comply with 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 care and support meets my needs and is right for me' (HSCS 1.19) and 'Any Treatment or intervention that I receive is safe and effective.' (HSCS 1.24)

How good is our staff team?

2 - Weak

We have evaluated this key question as weak. Although there were some strengths these were outweighed by weaknesses that had the potential to compromise the welfare or safety of people living in the service.

The provider should follow safe recruitment practices to protect the safety and welfare of people using care services. We sampled recruitment records and found that some key elements of safer recruitment guidance were not being followed consistently by the service, such as carrying out essential checks prior to staff commencing work in the care home. This was discussed with the leadership team and some steps were taken to retrospectively complete the essential checks identified. Recruitment records and associated documents were not always easy to find, meaning it was difficult to ascertain the conditions of employment, such as visa conditions, for some staff members. To ensure people are kept safe, it is essential that relevant staff have sufficient knowledge and understanding in this area to make sure all appropriate pre-employment checks are carried out and records can be easily referred to. **Please see requirement 1.**

Staff we spoke to told us that they felt supported by the management team in Balhousie St Ronan's. One to one development meetings for staff were being carried out regularly and a new system was being put in place to track and record these and other staff training. Currently, although there were no specific concerns with staff training, it was difficult to ascertain full details of all staff members' training needs as records were held in multiple different formats. As already reported under Key Question 1 "How well do we support people's wellbeing?", there were some issues with staff practice and application of their skills and knowledge.

Staff and families we spoke to, expressed that the service often seemed short staffed, and the managers often had to cover shifts themselves. One person told us about staffing that "weekends are horrendous".

We saw evidence that the leadership team made efforts to cover some shifts in a variety of ways even at short notice. As a result, the rotas were unclear and were not always reflective of the staffing in the service. Staff were working hard but under pressure. Some we spoke to were unsure who their colleagues on shift were, and we heard that staff brought in from other services to cover shifts did not always have the time to read support plans. This had the potential for people to receive incorrect care.

Care staff were at times unable to locate the senior or the nurse responsible for their unit. As part of our inspection, we require access to the medication cupboard for audit purposes. On one occasion, the nurse who held the keys could not be located for over 15 minutes. This meant that essential medications could not have been accessed, if they were required.

An assessment tool was used to inform staff numbers although it was unclear when this tool was revised to account for any changes in the needs or in the number of people living in Balhousie St Ronan's. At times, the number of staff was insufficient to fully meet people's needs, especially at times of high need such as mealtimes. Some people with identified eating and drinking support needs did not receive sufficient support, and staff we spoke to expressed that they were unable to support everyone as they needed. We observed one staff member providing assistance to more than one person at the same time. This was exacerbated by senior staff having to attend a daily meeting over lunch times and presented a risk to people's nutritional and hydration needs.

After dinner, people were left unattended in the dining room for a long period while staff supported other people in their rooms. There were insufficient staff to consistently attend to people displaying stress and distress or in need of support to reduce their falls risks. On one occasion, a relative alerted us to somebody showing signs of distress and trying to leave the unit and there were no staff nearby to support them. This had the potential to negatively impact on people's experiences and wellbeing.

We recognise that there are specific challenges in recruitment of staff in the care sector presently however, the provider must ensure that at all times, there are appropriate staff with the correct knowledge and skills to meet the needs of the people who live in Balhousie St Ronan's. **Please see requirement 2.**

Overall, this inspection highlighted significant weaknesses which had the potential to affect the experiences of people who lived in Balhousie St Ronan's. The service must take action to improve the quality of care in Balhousie St Ronan's to ensure that people are protected, and their health and wellbeing are supported effectively.

Requirements

1. By 31 May 2024, the provider must ensure people working in the care service have been safely recruited.

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

- a) Ensure all essential pre-employment checks are carried out prior to commencing employment in the service.
- b) Ensure leaders have an understanding of their responsibilities in the safe recruitment of staff.

This is in order to comply with Regulation 4(1)(a) and Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. By 31 May 2024, the provider, must ensure that there are, at all times, enough suitably qualified and competent individuals working in the service to provide safe and effective care to ensure the best health outcomes and experiences for people.

To do this the provider must, at a minimum:

- a) ensure the number of staff and mix of staff skills are appropriate to meet the needs of people using the service.
- b) ensure staffing reflects changes to levels of need impacted by significant events, for example, end of life care, people starting to use or leaving the service.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must take proper provision for the health, welfare, and safety of service users.

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

How well is our care and support planned?

3 - Adequate

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

Care plans and risk assessments were in place for people who used the service. Generally, these contained important information about that person which could be used by staff to direct the care and support they delivered. Some staff we spoke to, told us they did not always have time to read people's care plans, which meant they could potentially support someone incorrectly. We identified some care plans with conflicting information which could also result in incorrect care. For example, conflicting information about diet or support required with mobility. It's important that care plans contain concise, up to date information and can be accessed sufficiently by staff to ensure people are supported correctly.

People we spoke to told us that they had been involved in the review process, which should include care plans. As a result, this should enable people to direct their care and support. Although people told us they were involved, some people reported not feeling listened to. Areas of concern they had raised during the review process, were still being identified months after the review had taken place. People should be recognised as experts in their own experiences and as such their input should be valued, listened to and, as far as possible, used to direct their care. Please refer to Key Question 1 "How well do we support people's wellbeing?" for more information.

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
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	3 - Adequate

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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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