

Balhousie Clement Park Care Home Service

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Dundee
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Telephone: 01382 610 960

Type of inspection:
Unannounced

Completed on:
10 April 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010273694

About the service

Balhousie Clement Park is a purpose-built care home and is located in the residential area of Lochee, Dundee, close to bus services, local shops and schools.

Balhousie Clement Park offers support to up to 49 older people including up to 10 people with enduring mental health problems. Its stated aim is to "provide a dignified and sensitive level of care at all times."

Accommodation is provided over two floors and divided into four distinct units: Discovery, Keillor, Cox and Thomson. Each unit has its own dining and lounge area. All 49 bedrooms are single occupancy with en suite facilities. There is lift access to the upper floor.

Outside there is a secure garden area that is accessible from the ground floor units.

About the inspection

This was an unannounced which took place on site 5 April 10am-4.30pm, 8 April 11am- 6pm and 10 April 9.30- 2.45pm and remotely on 9 April 9-5pm. The inspection was carried out by one inspector 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, included 10 people in focussed observations and one person completed the online questionnaire
- . spoke with four of their family/friends/representatives and 10 people responded via on line questionnaire
- . spoke with eight staff and management and 21 staff provided feedback via on line questionnaire
- . observed practice and daily life
- . reviewed documents
- . received feedback from three visiting professionals.

Key messages

- People experienced warm interactions with staff.
- Staff worked well together as a team.
- The majority of families were happy with their relatives care and support and felt their relatives were treated with the staff team.
- The care team had effective oversight of people's healthcare needs and were responsive to changing needs.
- Some people benefitted from being supported to make connections in the local community. The service should continue to develop the range of activities and ensure that everyone has opportunities that are meaningful to them.
- The service is clean and well maintained.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people experiences.

People's health and wellbeing benefitted from their care and support. Comprehensive, regular health assessments were in place, which provided effective oversight of people's health care needs. Information was monitored regularly and we saw that appropriate referrals had been made to other health professionals, if required, and that their advice and guidance was reflected in relevant care plans. Good communication within the staff team meant people were kept up-to-date about people's changing needs. The service had good links with medical and allied health professionals and was responsive to people's changing needs.

The service used an electronic Medication Administration Record (MAR). We looked at a sample of people's MARs and established that staff had given the correct medication to people at the stated times. People could be confident that the staff who supported them to take their medication safely had the correct knowledge and training. Medication stock was managed effectively and there were clear systems and accountability for this.

People should expect to be given support with eating and drinking in a dignified way and have their personal preferences respected. People were encouraged and enabled to eat their meals independently with just the right level of support from staff, where needed. However, we observed some people returning their lunch as they did not enjoy what was served. Alternatives were eventually offered, but declined. However, people's disappointment could have been avoided if people had clear information available about the choices for lunch. Although the menu board had been completed the writing was faint and very difficult for people to read. This was rectified during the inspection. One lady said, 'this is quite a good place. I've been here a while, I like the people and the decoration. The food is really good. I've never turned anything down. It's a smashing place.

Some people were supported from a range of activities, however the activity programme was still being developed with a newly formed team. It was promising to see the progress being made, including the development of a games room and tea room area. (For further details please see section 'What the service has done'). We have extended the area for improvement to enable the service to further establish a range of activities that support people to maintain their skills and interests and provide opportunities for meaningful occupation, physical activity and fun.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people experiences.

The service had fully implemented the provider's quality assurance system. This covered a broad range of areas giving oversight of individual needs, quality of care and the environment and helped to identify areas for improvement. It was positive to see a range of staff involved in these processes. Empowering staff to be involved in quality assurance activities promotes responsibility and accountability.

The leadership team demonstrated a clear understanding about what was working well and what improvements were needed. We discussed concerns that had been raised in relation to lost and mixed up clothes from the laundry. The leadership team had implemented some changes in an attempt to improve this, however there were ongoing issues. We suggested that the leadership team used improvement tools to support and monitor this work and ensure that they are communicating with families about the changes they are putting in place.

The leadership team had an open-door policy and felt that they were responsive to any issues being raised by families. We discussed the importance of recording feedback and complaints and actions taken in response in order to learn and help improve the quality of care and support.

Although the service had an improvement plan in place, this needed to be refreshed. We encouraged the leadership team to consider how they involve people, their families and the staff team in identifying ideas for improvement or development and how they provide regular updates of what changes are being undertaken. This helps to ensure that people are well-informed regarding any changes implemented and their views have been heard and taken into account.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people experiences.

The service benefitted from a full staff team across all departments of the service. Although there had recently been a number of new staff joining the team, staff appeared to work well together to deliver care. There was respectful communication within the team, this created a warm atmosphere because there were good working relationships. Staff had experience of working within different units which meant cover for absence could be found within the team and the service did not need to use agency staff. This helped to provide continuity for people using the service.

Staffing arrangements were informed by assessments of people's needs. These were updated regularly using the providers tool. During the course of our inspection, staffing levels appeared to provide staff with enough time to provide compassionate care and support. Although the majority of feedback we had found that staffing levels were appropriate, there was some feedback that staffing arrangements were sometimes not sufficient to fully meet the needs of people living in the service. We found that staffing levels had been increased over the past month to reflect changing needs and number of people living in the service. The provider should continue to monitor staffing arrangements to ensure that the skill mix and deployment of staff meets people's need throughout the day.

The staff team appeared motivated and we had some good feedback from families and people who use the service, 'the staff are all there for the residents wellbeing' another said, 'the staff are brilliant always willing to answer any questions you have and put your mind at rest.'

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people experiences.

People benefitted from a warm, comfortable welcoming environment with plenty of natural light and sufficient space. Feedback from relatives included, 'I believe the setting is excellent' another said, 'the home's setting is bright, warm, comfortable, clean and friendly.'

The environment was well maintained, clean and tidy. Cleaning was undertaken in accordance with up-to-date guidance. Regular checks and monitoring occurred to ensure that standards were maintained and people were kept safe.

Signage was in place to support people to find their way. Most people's bedroom doors had personalised signage with pictures of things that were important to them. People had been supported to personalise their rooms and had been involved in deciding the decor of the activity room to make it into a tea room. People had the equipment they needed and this was being maintained which helped to keep people safe.

The service has a garden, however there was feedback that this is seldom used, 'Friendly setting, but the use of the outside space not used enough if you need assistance.' Another person said, 'hot stuffy atmosphere, no fresh air and rarely outside.' There was a recognition from the leadership team that the garden was not being used to its full potential and plans were being made to develop the space into a safe and accessible place for people to enjoy gardening and being outside. We look forward to seeing this work being progressed. In particular, the service should ensure that people who live on the upper floor of the service are supported to access the garden area so that they can benefit from fresh air and the positive impact being outside can have on wellbeing.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people experiences.

People's personal plans were written in a respectful way that promoted the person's dignity and described the person's needs, wishes and behaviours. The plans provided guidance for staff on how best to support people. For example, the plans to support people with stress or distress clearly outlined the potential triggers for these reactions and person centred guidance for how to support the person should they occur. This meant that the plans supported people to live as well as possible and staff helped to promote a relaxed and calm environment for people to be in.

People's care plans were personalised and reflected people's experiences and life history. This should be further developed to clearly guide staff on how the person should be supported to remain active and engaged. This would help to nurture people's strengths and interests and support people's sense of wellbeing.

People's personal plans should be regularly reviewed. Care plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. People's plans were monitored and updated on a monthly basis or as needs changed. The majority of people had the care plans reviewed on a six-monthly basis, however we found that for a small number of people this timescale had lapsed. It is important that people have the opportunity to be involved in shaping and directing their care plans. The service should ensure that they seek people's views in the way that suits them best, by using a range of methods to ensure this happens in a meaningful way.

Future care planning was documented and which identified people's choice on where to be cared for should they become unwell. People's rights were respected, legal arrangements were clearly documented. The leadership team had been proactive in working with relevant professionals to ensure that people had the correct legal documentation in place, this ensured that their rights were upheld.

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 improve people's physical and mental wellbeing, you, the service provider, should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home. People should be supported and enabled to participate in the way that suits them best.

This is 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 area for improvement was made on 14 October 2022.

Action taken since then

The service had new and enthusiastic activities team in place. A number of people had benefitted from being supported to access the local community and access activities out with the home. A weekly activity planner was in place with a range of activities including physical activities and celebrating significant events. The service had a private social media page where activities and celebrations were shared with families and it was positive to see people engaging and having fun.

We had some feedback that people felt their relative could benefit from more stimulation and one lady told us that she was bored. We also had positive feedback too,

'I receive a very high level of support from the staff and the home. I feel like I'm happier and more like I am.'

We could see that the provider had made progress, however documentation showed that not everyone had the opportunity to be engaged in the way that met their needs or their interests. Documentation of participation in activities should be improved. We will check on progress at our next inspection.

Previous area for improvement 2

To ensure positive outcomes for people who use this service, you, the provider, should further develop robust systems to ensure that company policy is followed. Staff must be able to demonstrate through their practice, a clear understanding of their role and responsibilities in relation to end of life care, and providing support to people at this time.

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).

This area for improvement was made on 14 October 2022.

Action taken since then

The leadership team had a focus on palliative care and staff had participated in training sessions. People had future care plans in place and where people had agreed to conversations, death and dying plans were in place to reflect people's wishes. These discussions were followed up at review meetings.

The service had collected feedback from families whose relative had experienced end of life care at Clement Park which expressed sincere thanks for the care and attention both they and their relative had received during this sad time.

We concluded that this area for improvement was met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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