

Balhousie Rumbling Bridge Care Home Service

Crook of Devon
Kinross
KY13 0PX

Telephone: 01577 840 478

Type of inspection:
Unannounced

Completed on:
22 May 2024

Service provided by:
Advanced Specialist Care Limited

Service provider number:
SP2005007542

Service no:
CS2017358878

About the service

Balhousie Rumbling Bridge is a care home owned by the Balhousie Care Group. The home is situated in a rural location in Perth and Kinross. The care home provides accommodation for a maximum of 19 older people. It can also accommodate up to 22 people with Huntington's Disease.

Accommodation is provided over two floors, and each bedroom has ensuite facilities. The two units, Devon and Lendrick, are connected by a single internal lift. Beautiful landscaped gardens are accessed by a secure patio area for people's use. There are adequate parking facilities.

The manager is responsible for the supervision of staff, along with the day-to-day running of the home, and is supported by a deputy manager.

The aims and objectives of the service are to create a caring environment based on respect, dignity, and provide a holistic approach to the care of people.

About the inspection

This was an unannounced which took place on 21 and 22 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with ten people using the service and received feedback from five of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People living in the care home were happy and settled.
- We observed kind, caring interactions between people living in the home and staff.
- People told us that the manager and staff were approachable, kind and caring.
- The quality of care planning and record keeping had improved.
- Improvements in the quality assurance processes had taken place.

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 evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a relaxed, pleasant atmosphere within the home. We saw many kind, caring and respectful interactions between staff and people experiencing care. People told us that they enjoyed good relationships with staff who they found both supportive and approachable.

People should expect their health to benefit from the care and support they receive. The home had good links with external health professionals. We could see appropriate referrals to a range of health professionals including the community mental health team, GP, Huntington's Disease specialist nurses, Speech and Language Team (SALT) and dentist. This meant that people could be confident that they received the right care at the right time.

People's medication was managed safely. The service had made changes to improve the oversight and governance of medication processes within the service. The service had reverted to a paper-based system which improved administration and auditing of medication. We saw evidence of staff learning when errors occurred through use of reflective accounts. The service had revised their medication training programme to ensure this met staff learning needs. People could be confident that they were supported safely with their medication needs.

People were observed enjoying their meals in the main dining areas together in a relaxed, unhurried manner. People could also choose to have their meals in their own room if they wished. People spoke positively about the food. We were told "the food is very good here" and "the food is very tasty". People benefitted from a range of different food choices. Where people did not like the meal on offer, they were able to choose something else. The food looked and smelt appetising. The kitchen staff knew people's likes and dislikes and made further efforts to ensure the presentation of all meals including special diets was visually appealing. This meant that people were experiencing a positive mealtime experience.

People told us that there was always something going on and that they rarely felt bored. We saw people being encouraged to enjoy the good weather outside in the garden. People who lived on the upper floor were supported by staff to go down to the garden area safely. The service benefitted from two activities coordinators who arranged social events both in the home and local community.

People's hydration needs were being met. We observed people were offered a variety of drinks throughout the day. There were self-service hydration stations in the communal lounges, and we saw people being encouraged to make use of these. We were satisfied people were well hydrated. This helps to promote people's overall health and wellbeing.

How good is our leadership?

4 - Good

We evaluated this key question as good, where strengths clearly outweighed areas for improvement.

The management team were undertaking a broad range of comprehensive audits and overviews. Clinical governance of the service was strong and quality assurance processes were robust. People could be assured that the manager had good systems and processes in place to monitor the service.

Staff feedback about leadership was very positive. Staff felt supported in their roles and received regular supervisions and appraisals. Observations of practice and competency checks were being completed regularly. This gave confidence that staff were working to the standards which the management team expected, and any issues would be picked up and addressed promptly. Families felt confident that the home was being well run and that any concerns would be promptly addressed.

Daily flash meetings routinely took place in the home with all departments represented. Staff meetings were held regularly. This meant that communication was effective within the service.

The manager had oversight of staff training which was up to date. There was a clear complaints procedure available to all stakeholders and recent complaints had been dealt with to effective resolution. A well-structured service improvement plan was in place for the service. This was informed by input from stakeholders, ensuring people's experiences were being evaluated and feedback acted on.

Safe systems were in place to safeguard people's finances.

The manager demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement, taking feedback from the inspection forward, and ensuring that people receive a high standard of care.

How good is our staff team?

4 - Good

People should expect that the skill mix, numbers and deployment of staff meets the needs of people. We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

It is important that staffing arrangements are right, and staff work well together. The service was using a dependency tool and staffing levels reflected the assessed needs of those living in the service. Staff were confident that the staffing levels were sufficient to provide more than basic care. Care was generally unhurried, and staff had time to engage in meaningful conversations and small activities with people during the day. Staff worked well together to ensure that people's needs were met.

Staff spoken with said that communication had improved and that there was a positive ethos of team working. People told us the staff team was a real positive in the service. This team approach promoted good information sharing and a positive atmosphere which benefitted the care and support for people.

A large proportion of people living in the service required significant assistance with many aspects of their daily life. The manager was aware of the ongoing need to consider staffing, skill mix, the environment and the organisation of the day to ensure that all aspects of care and support continue to be achieved.

The service benefits from an experienced staff team who know people well. Care was observed to be compassionate and warm relationships existed within the home. Nursing care was provided by a generally consistent staff team who fully supported the care staff. Both the manager and deputy manager worked closely with staff and were involved in all aspects of care. This meant that people could be reassured that those looking after them would be known to them and provide supportive and professional care.

We read through several staff files which illustrated that safe staffing measures were in place. The recruitment packs had a structured and methodical checklist which included ensuring that a PVG (Protection of Vulnerable Groups check) was in place, two references had been received, and that all Home Office requirements were met, when necessary.

How good is our setting?

4 - Good

We assessed that the care home setting offered good quality to people living in the service. While there were some areas of improvement, there were a number of strengths which had a positive impact on people's experiences and outcomes.

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and well looked after, with no evidence of intrusive noise or smells.

People could access a lovely private garden/patio area, which we were told was very well used in the better weather.

People told us they were able to personalise their bedrooms with photographs and items from home to help them make their own space. We saw this to be the case, as bedrooms were individual to each person.

People had the correct mobility aids to enable them to mobilise as independently as possible and there was enough signage to help people find their way around without help.

Corridors and circulation areas were clear of hazards and a record of accidents and incidents was maintained. These measures helped to ensure people were safe and comfortable living in the care home. Examination of records, observation and discussion with staff and people who use the service verified that routine maintenance and repairs were carried out promptly.

We found that the service upheld good standards of infection prevention and control. Spot checks indicated that bedrooms and communal areas were both very clean and high traffic areas such as door handles and rails were cleaned regularly. This meant that any chain of infection could be broken at the earliest opportunity and people were kept safe. We did however, find one mattress that was stained with bodily fluids, the manager addressed this immediately and spoke with the staff responsible for checking mattresses to ensure this did not occur again.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Everyone had an electronic personal plan in place which contained a good level of guidance around the care and support that people required. Care plans were informed by a range of health assessments that were regularly evaluated and updated. Risk assessments were completed to help staff assess risks and potential harm. These were person-centred and helped to ensure that people's independence was encouraged and supported where safe to do so.

Recording of people's fluid and nutritional intake had improved and was more consistent. This contributed to more accurate reviews of people to ensure their fluid and nutritional needs were met.

Copies of legal documents were held within people's care plans such as power of attorney and guardianships. Where appropriate, adults with incapacity (AWI) certificates were also in place.

Daily recordings of care and support were mostly task orientated and did not reflect people's views or feedback. The manager was aware that this was an area that still needed to improve.

People should benefit from personal plans that are regularly reviewed, evaluated and updated, involving the person, their family if appropriate and relevant professionals. We saw an improvement in the frequency of formal review meetings. Plans were reviewed in a meaningful way which involved people receiving care and their representatives. The manager had a plan in place to ensure care plans were monitored and reviewed regularly, or as required in consultation with people and their representatives. This meant people could be confident that their care met their needs.

Whilst we saw improvement within people's personal plans, we discussed with the manager the need for staff to continue to develop plans to take account of people's needs, abilities, wishes and preferences.

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

Requirements

Requirement 1

By 25 August 2023, you must ensure that service users experience care in an environment that is safe, and minimises the risk of infection.

In particular, you must:

- a) ensure that processes such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place
- b) ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

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

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 16 August 2023.

Action taken on previous requirement

At the the previous inspection we identified the standards of cleanliness of environment, equipment and processes for monitoring these were insufficient to prevent the spread of infection.

We found the home and equipment used were much cleaner. The manager had introduced enhanced checks of the environment and equipment to see these were cleaned to a high standard. Daily audits of the environment were being carried out by the manager to ensure standards were being maintained. Clinical waste was seen to be stored and disposed of safely and in line with the latest guidance from Health Protection Scotland.

We will continue to monitor this at future inspections.

Met - within timescales

Requirement 2

By 25 August 2023, the provider must ensure that service users experience care in an environment that is safe.

In particular, you must:

a) ensure all harmful chemicals are stored securely.

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

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

'My environment is safe and secure' (HSCS 5.17).

This requirement was made on 16 August 2023.

Action taken on previous requirement

At the previous inspection we found a number of potentially harmful chemicals were not being stored securely.

Staff said the manager had spoken with them about the importance of ensuring they lock harmful chemicals away after use and that the storage room containing these is always locked. The manager checks this on a daily basis. At this inspection we found all harmful chemicals were being stored safely and the storage rooms containing chemicals were locked.

Met - within timescales

Requirement 3

By 12 January 2024, the provider must ensure they have effective assessment and care planning processes in place to support good outcomes for people experiencing care.

To do this the provider must, at a minimum:

a) ensure healthcare assessments are carried out by staff who are suitably qualified and competent to do so

b) ensure care plans are developed by staff by who are suitably qualified and competent to do so, in consultation with people experiencing care, and their family/representatives when appropriate

c) ensure the effectiveness of care interventions are regularly evaluated by staff who are suitably qualified and competent to do so.

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'.

This requirement was made on 27 September 2023.

Action taken on previous requirement

The manager and deputy have carried out shadowing and mentoring sessions with team leaders to ensure they are competent in carrying out healthcare assessments. The service has a robust pre-admission assessment process in place to guide staff. Staff spoken with said they felt confident using the assessment. Management routinely monitors and audits staff practice to ensure standards of care and care planning is sufficient to meet the needs of people using the service.

The management team have carried out care plan training with team leaders and senior care staff to ensure the quality of the information they record is sufficient to inform and guide staff practice.

Met - outwith timescales

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 support good health and wellbeing outcomes for people experiencing care, the manager should ensure all staff understand their role and responsibility in escalating any potential health concerns to the right person at the right time.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: 'I am assessed by a qualified person, who involves other people and professionals as required'.

This area for improvement was made on 27 September 2023.

Action taken since then

All staff spoken with described how they would deal with any identified healthcare concerns and the process they would use to ensure any concerns were escalated timeously to the appropriate professional.

This area for improvement has been met.

Previous area for improvement 2

In order to support good outcomes for people experiencing care, the manager should review the strategies in place to support people's privacy. Different options should be explored to ensure people know what is available to them.

This is to ensure care and support is consistent with Health and Social Care Standard 1.2: 'My human rights are protected and promoted and I experience no discrimination'.

This area for improvement was made on 27 September 2023.

Action taken since then

We saw that people's privacy was being respected; staff knocked on people's doors before entering and people could have a key for their door.

This area for improvement has been 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.