

Monkbarns Care Home Service

14 Monkbarns Drive
Arbroath
DD11 2DS

Telephone: 01738254254

Type of inspection:
Unannounced

Completed on:
13 June 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272058

About the service

Monkbarns is operated by Balhousie Care Ltd and is registered to provide care to older people.

The service is registered to provide a care service to a maximum of 67 service users. The service is located in the Angus town of Arbroath. This service has been registered since 01 October 2010.

Accommodation is over two floors and is accessible in design. The service has a dedicated hair salon and café area. All bedrooms have ensuite facilities, most are single occupancy but the service does have provision for twin occupancy should a request be made.

The service brochure says: 'Balhousie Monkbarns offers a safe and supported continuation of the lifestyle you have been used to enjoying, and we welcome and encourage visitors'.

About the inspection

This was an unannounced inspection type which took place on 10 and 11 June 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:

- received feedback from 26 people using the service and 14 of their relatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

We have considered the feedback received from people during this inspection in our evaluations.

- There was a warm, welcoming atmosphere in the home. The home was clean and tidy.
- Staff knew people well and could describe how people should be supported.
- There had been an improvement in the range of activities available to people.
- The staff group should explore opportunities for people to be involved in their local community.
- Robust regular quality assurance processes were bringing about improvements in the home.
- The manager should continue to assess future staffing requirements prior to introducing new admissions to the home.

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.

People could be confident that their needs would be met. Staff we spoke to and observed appeared to know people well and were able to describe how they would know and when to seek to further identify changes in people's conditions and presentations. Staff had received a range of training to help enhance and improve their knowledge about people's health needs which had helped them to recognise changes in people's presentations.

People had electronic care plans that described the care and support they required and any preferences they had. Care plans were informed by a range of risk assessments that were regularly reviewed and updated. There was good information to direct care in relation to communication, stress and distress and maintaining contact with loved ones. This helped to ensure people's emotional and mental wellbeing was being supported as well as physical wellbeing.

People had access to fresh fluids throughout the day and people's nutritional needs were met. There was a varied menu of dishes available for people to choose from. The menu included a range of alternatives such as baked potatoes, sandwiches and toasties if people would prefer. We undertook an observation during a mealtime and we saw that when people requested alternatives to the menu, we saw that these were usually provided. It was also positive to see that whilst staff knew people and their preferences, choices of drinks and bread etc were still given.

People's mobility and confidence was enhanced and promoted. People were encouraged to move regularly and this promoted good physical and mental wellbeing. During our visit people told us, 'I do four laps (of the home) a day - helps to keep me going' and 'I need to keep moving, or I get stiff'. There was an added benefit that people met and chatted with more people during their day as well as keeping active and mobile.

People should be able to choose to participate in a range of recreational and social activities to help promote good wellbeing. We saw and heard that the range of activities had improved. People were also able to get outside more and further development of the gardens was planned which people were looking forward to.

People were supported to maintain contact with their family and friends. Family members told us, 'Communication is good', 'Staff keep in touch with us' and 'I have no worries now'. A 'General contact' support plan described people's wishes and that of their families. This made it clearer under what circumstances families should be contacted and reflected people's rights and choices.

Staff demonstrated a clear understanding of their responsibilities to protect people from harm and processes were in place for staff to report any concerns promptly. People could feel safe that there were measures in place to protect them.

The home was visibly clean and tidy with cleaning protocols in place and no intrusive odours. Infection prevention control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

People appeared very well cared for. We were told, 'Staff are always there for you', 'They look after you in here' and 'Anything I want, they will get it for me'. Staff knew people well and this helped people receive the care and support that helped them look and feel their best.

How good is our leadership?

4 - Good

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

People should benefit from a service that is well managed and well run. At the time of our inspection, there was a temporary manager in place. This had however brought about stability in the service with many improvements being recognised. One person told us, 'What a turnaround', 'things are getting better' and 'I think I am listened to and respected when I have a concern'.

The manager was using a suite of tools and processes to help evaluate the quality of the service on a regular basis and involving staff, residents and families in the process. Staff had opportunities to develop their skills and experience and were very much part of the improvement cycle. All staff were encouraged to participate in quality assurance activities which helped to promote accountability and responsibility.

Residents and relatives were also given opportunities to express their views about the service. We saw that there had been consultation about meals and menus and redecoration in the home. This meant that people felt involved and were able to influence improvements within the home.

Observations of staff practice were undertaken to assess learning and competence. These took the form of mealtimes audits, daily walk rounds, hand hygiene and the use of Personal Protective Equipment (PPE) observations. This helped to ensure that staff had a good knowledge of policy and procedures and were maintaining good standards.

Improvements or developments identified through audits and checks were being actioned and confirmed as completed. This meant that quality assurance processes were bringing about improvements. Some processes could be used to fuller benefit, for example, the daily walk round prompts the gathering of feedback from people. Whilst some of the records were fully completed, there were many missed opportunities to record people's views and opinions.

Staff spoke positively about the impact of the current albeit temporary management arrangements. They felt supported and valued because the manager appeared in control and relaxed providing clear information and direction to staff. People told us, 'The management are approachable' and 'The manager gives us free hand to voice opinions. Whatever you say, it will be fixed'. This resulted in a calmer atmosphere around the home.

The manager had a very clear understanding of where improvements were required and an overall service improvement plan described progress towards meeting their aims and outcomes.

A robust system was in place to monitor people's finances. Regular, financial audits were being completed and people had access to their money when required. This promoted choice and gave people reassurance that their money was safe.

Management had good oversight of staff supervisions. All staff had regular one to one supervision which supported their needs and development. Staff told us, 'I feel supervision is meaningful', 'It offers me the opportunity to voice my opinions and makes me feel like I belong' and 'Supervisions are positive'. Staff felt listened to and any identified action taken forward to support them in their role.

How good is our staff team?

4 - Good

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

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references, protection of vulnerable group checks and right to work checks. The service ensured that registration of professional bodies checks was being undertaken. This meant people could feel reassured that the service was working hard to keep people safe.

The service used a dependency tool which informed management of the required staffing to meet people's needs. Dependencies were assessed taking into consideration not only basic care needs but included emotional, psychological and social needs.

Staff were more visible and appeared more relaxed than observed during previous inspection visits. Staffing levels remained consistent despite resident vacancies across the service. The manager must ensure that there continues to be a robust assessment of staffing needs when considering new admissions (**see area for improvement 1**).

Staff arrangements should allow for more than basic care needs to be met. We saw some caring and compassionate support being provided for people where staff took time to chat and to play games. People told us, 'Staff are great' and 'Staff are always popping in'.

People benefitted from a staff team who worked well together. We were told, 'The teamwork is good, we all work together' and 'It's a nice team to work with'. People told us they were happy and said, 'Staff are wonderful' and 'They are lovely, very attentive'. As a result, people had confidence in the team who supported them with their care.

Areas for improvement

1. In order to ensure people's needs are met, the provider should ensure that staffing levels are regularly reviewed in anticipation of people being admitted into the care home. This should take into consideration the needs of people already living in the home as well as the needs of people being considered for admission.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our setting?

4 - Good

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

The home welcomed visitors and there were no restrictions in place at the time of inspection. Feedback from people who expressed difficulty accessing the home had been used to make improvements to the door entry system which had resolved this concern. People had access to the internet and telephones and there was a family members group on Facebook for people to keep in touch.

People had the opportunity to spend time with peers within the home in a range of communal areas. There were no barriers to people accessing different areas of the home. Some people also enjoyed shopping trips and meals out. We heard that the home had established links with the local primary school so people would benefit from cross generational contact and relationships.

People benefit from accessing their wider community as this can create opportunities to meet people, support people's interests and explore new ideas and activities. There was little evidence however that residents were supported to enjoy the many local community opportunities and groups that were available. We discussed how further community mapping would provide good information to plan greater access to the community for people. People did get out and told us, 'I get out now and again', 'Get out in the garden' and 'If I want, I can get out. If nice, go for a walk'. Opportunities for people to get out however was largely dependant on families taking them.

Transport was highlighted as a potential barrier for people to access the community. The manager was exploring this with the potential of making greater use of public transport (**see area for improvement 1**).

Areas for improvement

1. In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

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.

People should benefit from care plans that are reviewed and monitored regularly. We saw an improvement in the accuracy of information in care plans and supporting documentation. Care plans were informed by a range of assessment tools which helped to maintain and improve people's health and wellbeing. Appropriate support and advice was then sought from other professionals where required. This helped to ensure that people's needs were being met.

Where technology was used to help support people and keep them safe, we saw that there were risk assessments in place. We discussed the need to ensure discussion with people about any technology used for surveillance monitoring were clearly documented as we could not find evidence of this during our inspection. The manager was however already aware of this as an area that could be improved.

Where people are not able fully to express their wishes and preferences, individuals who are important to them, or have legal authority, should be involved in shaping and directing the care and support plans. We saw that supporting legal documentation was available. The general contact care plans described people's expectations in relation to contact and the sharing of information. This helped to provide clear information about how people's rights would be respected and upheld.

Daily recordings of care could be improved to ensure that they accurately described the care and support people received. We provided examples to the manager. There is also room for improvement to evidence how people are involved and the evaluation of their experiences.

People should be involved in the review of their care and support. Regulatory reviews of care plans had taken place at the required frequency. Some minutes were brief and lacked details about outcomes and it wasn't clear if the person themselves had been present or consulted. The manager should support staff to ensure minutes describe the involvement and reflect the views of the person themselves as well as relevant others.

Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. Detailed anticipatory care plans (ACP's) had been completed with people, which helped staff to identify what actions should take place when they reached the end of their lives.

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

Requirements

Requirement 1

By 30 May 2024, to ensure that people benefit from robust medication practices, the provider must ensure that;

- all staff responsible for the management of medication are aware of their roles and responsibilities to maintain accurate records in line with best practice.
- that audits are reviewed and developed further to help identify areas of concern and actions taken to address any deficit.
- all controlled drugs kept within the care home are recorded in the controlled drug register.
- there is a robust system in place to manage the ordering, receipt, storage and the disposal of controlled medicines.

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

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) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 14 February 2024.

Action taken on previous requirement

Staff had received further training, observations and support in relation to the management of medicines.

Audits had been reviewed and were happening regularly. These were being effective at identifying any errors or areas for improvement in staff practice.

All controlled drugs were stored securely, stock recorded within CD books and stock checks at each shift handover and as drugs were administered.

Managers had oversight and there was a robust system in place to manage the handling of controlled drugs.

This requirement has been met.

Met - within timescales

Requirement 2

By 30 November 2023, the provider must ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying, preventing and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) 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 that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 24 July 2023. We extended the deadline for a further three months. The extended deadline is 30 May 2024.

This requirement was made on 24 July 2023.

Action taken on previous requirement

The acting manager was able to demonstrate a consistent and robust approach to evaluating the quality of the service.

There were a number of audit activities that encompassed a range of key processes as well as peoples experiences. We saw that actions identified had been allocated to key staff and that the actions had been completed. This helped to maintain and improve performance across the service and impacted positively on outcomes for people.

The whole staff team were involved in quality assurance activities which provided opportunities for staff to increase their knowledge, develop their skills and understand the aim of quality assurance in improving people's experiences. Some activities could be improved further by ensuring that feedback is obtained from people who use the service, any visitors present as well as staff (daily walk round).

Met - within timescales

Requirement 3

The following requirement was made following a complaints investigation;

By 7 June 2024 the provider must make proper provision for the health, welfare and safety of people using the service.

In particular, the provider must:

- a) Ensure all staff receive additional training and supervision in recognising changes in residents' condition and how and when concerns should be escalated. b) Ensure adequate oversight of residents' care and support where health vulnerabilities and frailty are identified.
- c) Ensure prompt access to other healthcare professionals where concerns regarding healthcare are identified.
- d) Ensure improved communication with residents' representatives and promote transparent information sharing.
- e) Ensure the views of residents' representatives are sought, listened to and taken into account.

To be completed by: 07 June 2024 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 requirement was made on 26 April 2024.

Action taken on previous requirement

The service demonstrated evidence of staff awareness training on recognising deterioration in residents' condition. Reflective accounts showed that staff had undertaken specific training in using tools to identify changes in vital signs, recognising acute illness and their responsibility to escalate concerns.

We saw how this benefitted three residents who had recently been admitted to hospital. We saw that staff displayed early recognition of changes in the resident's health using early indicator tools. This meant that these residents had early access to other healthcare professionals, including the GP for assessment. This had resulted in hospital admission for further assessment and treatment.

The above process had been subject to oversight via the PCS system which is available to supervisors and the management team to ensure appropriate and accurate use of the tools available to staff.

We saw that a newly introduced care plan relating to "General Communication" with families and Powers of Attorney, directed staff to the circumstances under which resident's formal and informal representatives wished to be contacted. This ensured that families, loved ones and Powers of Attorney were fully apprised of events or changes in the resident's condition. This enabled representatives to be fully involved in decision making relating to the resident's health and welfare needs.

We noted that staff could make better use of this Care Plan to ensure communications and consultations with residents' representatives are recorded and stored in one location.

There was sufficient evidence to demonstrate that this requirement was met within timescales.

Met - within 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

The manager should ensure that there are a range of opportunities and activities available to people who live in the home. This should include individual activities as well as group activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; 'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)

This area for improvement was made on 24 July 2023.

Action taken since then

There was an activity timetable that was discussed with people on a weekly basis. A range of activities were described. People told us this had improved.

Activity stations had been introduced within each unit with a range of resources for people to use during the day. Staff spoke positively about this and described how these were used when spending time with people.

This area for improvement had been met.

Previous area for improvement 2

This area for improvement was made following our inspection on 24 July 2023. It was then restated following a complaints investigation on 26 April 2024.

The manager should ensure that there are sufficient staff with relevant skills to meet the needs of people living in and admitted to the care home.

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

This area for improvement was made on 24 July 2023.

Action taken since then

The home was operating under occupancy at the time of this inspection. Staffing levels were being assessed and took consideration of the layout of the building and as a result staffing levels had not reduced significantly. This resulted in a much more relaxed atmosphere within the home. Staff were mostly visible or easy to find with the exception of one brief period of the day. This was reported to the manager who took prompt action to explore reasons for this and consider how this could be prevented in future.

There were a number of resident vacancies and we discussed the need to consider any new referrals and admissions carefully taking into consideration the needs of people currently living within the home within the assessment process to help ensure staffing is sufficient and improvements can be sustained. We have made a new area for improvement under Key Question 3.

Previous area for improvement 3

The provider should ensure that people can regularly, freely, and safely access outdoor space to maintain their health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11); and 'If I live in a care home, I can use a private garden' (HSCS 5.23)

This area for improvement was made on 24 July 2023.

Action taken since then

The enclosed garden courtyard was accessible to people. There was a range of seating and a covered seating area for people to spend time if they wished.

A daily prompt had been added to planned care for everyone to ensure that staff were reminded to offer people the option of going outside.

There was also access to garden areas from the downstairs units. These areas could be more inviting with appropriate seating and garden furniture for people to use. At the time of the inspection these areas were not inviting or well furnished.

On balance however this area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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
4.3 People can be connected and involved in the wider community	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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