

# Balhousie Pitlochry Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 June 2024

**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 people/visitors, and two activity rooms. Bedrooms have ensuite bathroom facilities and a 24-hour call system.

The provider states their 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 11 and 12 June 2024. The inspection was carried out by two inspectors.

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 six people using the service and six of their family and friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

## Key messages

- A new manager had recently been appointed.
- People were treated well with dignity and respect.
- There was a welcoming atmosphere within the home.
- There were sufficient staff on duty who worked well together.
- Medication recordings 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People were supported by staff who knew them well and were familiar with their wishes, choices and preferences. Communication with relatives had improved. One relative noted, 'They let me know of any changes but that wasn't always the case.' Another told us, 'They always call me as soon as anything happens. I made it clear when Mum moved in that I wanted to be contacted at all times and there's been no issues.'

A range of activities had been developed through the process of speaking to people when they moved into the home, assessing their needs and respecting their choices. Activities included entertainment events, quizzes, bingo and visits from local children. The activity co-ordinators were enthusiastic about their role and aware of the need to tailor events to what people wanted to do. Activities were mainly within the home and we discussed how outings or trips outwith the service could improve people's links with their local community.

A newsletter and social media page were used to help families know about planned events and stay connected with daily life in the home.

A range of drinks and snacks were regularly offered throughout the day to help people keep well. The mealtimes experience was relaxed. People could choose to eat in the dining area or their own room. Observations evidenced good practice with staff promoting handwashing before the meal, offering a visual choice of what to eat, and sitting to chat to people throughout. People told us that the chef was happy to make an alternative meal if they didn't like what was on the menu. We were satisfied that people's nutritional and fluid intake were well managed.

We could see that people had access to a range of health professionals when needed, such as the dietician when there were concerns around people losing weight, or the physiotherapist if people had mobility issues. This meant people could be confident their health needs would be met.

Good links had been established with external health professionals. We spoke to a visiting District Nurse who told us that the home kept in touch with the local GP surgery and contacted them for appropriate advice or support.

Medication administration systems and processes were in place. From the medication administration records (MARs) we found some gaps, specifically in the recording of people's body maps for controlled drug patches. We couldn't be confident that staff knew where people's medication patches had been placed to ensure position of patches were rotated. It is important that people's medication patches are rotated each time a patch is applied. In order to ensure the fundamental health and wellbeing outcomes for people, we have made a requirement. **(See Requirement 1)**

### Requirements

1. By 1 July 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 ensure, at a minimum:

- a) staff follow policy and best practice about medication administration records and documentation; and
- b) suitable records are maintained which evidence the administration of medication, including topical and controlled medication.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 4 – requirement for records all service must keep-keeping.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. We identified some strengths but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

People should expect to benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes in place.

Relatives and people living in the home were generally complimentary about both the manager and staff group in general. Comments included:

"The communication is getting better."

"We are happy overall, there's definitely been improvements recently."

The manager had a comprehensive suite of quality assurance tools. Since the previous inspection and complaint investigations, the manager now routinely audited a range of areas including analysis of accidents and incidents, staff training needs, medication and reviewing care plans. This helped staff to identify trends and take prompt action to prevent reoccurrence.

Daily flash meetings were now routinely taking place in the home with all departments represented. Staff meetings were now being held regularly. This meant that communication was effective within the service and supported a more consistent care experience for people living in 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.

A new manager has very recently been recruited, he is being supported by the operations manager who has been managing the service for several months. They both acknowledged the findings from our inspection, and gave a commitment to the ongoing development and improvement of the service, ensuring that people receive a high standard of care.

## 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 should expect to have their needs met by the right number of people.

During our inspection, we were confident that there were enough staff available to support people, including at night time. Staff did not appear to be rushed and were able to spend time having meaningful conversations and interactions with people. Buzzers were responded to quickly, as were any instances of people asking for help or assistance. There was no recent use of agency staff, meaning people were supported by a consistent staff group who knew people well.

The service regularly assessed dependency levels to ensure appropriate staffing levels. We saw that staffing levels were mostly consistent with the assessed needs of the service. The managers of the service were confident that if people's needs were to change, this would be reflected in dependency tools and additional staff would be deployed. We could be confident that people were supported by the right number of people.

There were robust arrangements in place to ensure new staff felt supported, and that there was an appropriate mix of skills and experience in each unit for every shift. We heard that new staff felt supported by friendly and helpful colleagues. Staff were familiar with people and their care plans, meaning they were able to provide a consistent level of care and support. We could therefore be confident that people's care and support was consistent and stable because people worked together well.

The staff team appeared motivated, and we had some good feedback from families and people who use the service:

"The staff work really hard to get things right for everyone."

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) 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 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's experiences.

People benefitted from a warm, comfortable and 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 spoken with said they really liked their bedrooms and that the home was always clean, tidy and warm.

People could access a private garden/patio area, which we were told was very well used in the better weather. Some parts of the garden were overgrown and unwelcoming, however, the manager advised that work was planned to make the patio areas much more pleasant for people to use.

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.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had worked on people's personal plans and we noted improvements made. Everyone had an electronic personal plan which held guidance around the care and support people required. The plans were informed by a range of recognised health assessment tools such as Waterlow and MUST (Malnutrition Universal Screening Tool). Staff were able to record and document care provided at the time it was given. However, we found that daily recordings were mainly task focused and did not reflect people's views, choices or preferences.

People should expect to benefit from personal plans that are regularly reviewed, evaluated and updated, involving the person, their representatives and relevant professionals. We noted an improvement in the regular evaluation of personal plans that were taking place. Plans were monitored and reviewed regularly to ensure that they continued to meet people's assessed needs. The service used 'resident of the day' to review and audit people's care documentation and their personal environment such as room and mattress checks. 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 help people to be clear about their care and support.

We sampled a range of people's records including care plans, records relating to wound management, food and fluid monitoring and pressure care. We found that care plans were easy to read and included useful information about people's life stories, choices and preferences.

Where people had experienced wounds or pressure area care, staff had made appropriate referrals to health professionals and put in place the necessary equipment. However, we could not be confident that people were receiving the required frequency of positional changes. Some records were missed or not fully completed, and information held in the care plan was insufficient to guide staff. This could have a serious impact on people's skin integrity. **(See Area for Improvement 1)**

## Areas for improvement

1. In order to keep people safe and address any health needs they have, the provider should ensure that repositioning charts are completed accurately and monitored effectively.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).



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

### Requirements

#### Requirement 1

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).

**This requirement was made on 22 August 2023.**

#### Action taken on previous requirement

We found that this requirement had mostly been met. However, we found some issues with the level of details in people's skin integrity care plans. Please see Key Question 5 for further details.

**We have made an area for improvement.**

**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 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; and
- b) establish clear processes to record representative communications.

This 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 June 2022.**

#### Action taken since then

Relatives spoken with indicated they felt well informed, and that communication had improved over recent months. Clear protocols were in place informing staff when relatives want to be contacted.

**This area for improvement has been met.**

#### 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 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.**

#### Action taken since then

The service had reviewed and updated their admission processes and procedures. Pre- admission assessments were completed which included taking an inventory of people's belongings and a review of their medication requirements.

**This area for improvement has been met.**

### Previous area for improvement 3

To ensure positive outcomes for people who use this service, the provider should be able to demonstrate that personal care documentation and records are accurate, sufficiently detailed and reflect the care/ support planned and provided. Be able to show evidence of regular on-going monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities to meet people's personal care needs, and can demonstrate this through their practice.

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).

**This area for improvement was made on 18 March 2024.**

#### Action taken since then

Personal care documentation and recording had improved. However, we noted some anomalies and have made a requirement. Please see Key Question 5 for further details.

### Previous area for improvement 4

The service should further develop robust systems to improve the sharing of information so that people are kept informed.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

**This area for improvement was made on 18 March 2024.**

#### Action taken since then

Daily 'flash meetings' take place with heads of departments and communication is discussed at this. Part of the 'resident of the day' process ensures relatives are kept informed of everything that has been happening over the past month. Regular meetings are now taking place with minutes being recorded and shared with all parties.

**This area for improvement has been met.**

### Previous area for improvement 5

To ensure positive outcomes for people who use this service, the provider should be able to demonstrate that suitably qualified and competent persons are working in the care service, in such numbers as are appropriate to meet the health, welfare and safety of people who use this service.

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 18 March 2024.**

## Action taken since then

The service uses a dependency tool and staffing levels reflected the assessed needs of those living in the service. Staff spoken with were confident that the staffing levels were sufficient to provide more than basic care. We observed that care was generally unhurried, and staff had time to engage in meaningful conversations and small activities with people during the day.

**This area for improvement has been met.**

## Previous area for improvement 6

As an area for improvement, the manager should further develop the emergency procedure to support and guide staff practice following a 999 emergency call.

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).

**This area for improvement was made on 18 March 2024.**

## Action taken since then

The manager has introduced a system where a competent person is identified on shift to attend to all emergencies, including the nurse. A folder is now in place that has all necessary DNACPR documentation to share with the emergency services on their arrival at the service to avoid any delays.

**This area for improvement has been met.**

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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