

Balmedie House Care Home Service

Balmedie
Aberdeen
AB23 8XU

Telephone: 01358 742 244

Type of inspection:
Unannounced

Completed on:
1 July 2024

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003000265

About the service

Balmedie House care home is a care home for older people with 34 registered places. It is situated on the outskirts of Balmedie, North Aberdeenshire. The care home is a converted house, with extensive landscaped grounds and gardens. All bedrooms have en suite facilities, and there are communal rooms throughout the home for dining, relaxing, and a sensory room.

At the time of our inspection there were 30 people living in the care home.

The service is provided by Crossreach (Church of Scotland Social Care Council) and has been registered with the Care Inspectorate since 2011.

About the inspection

This was an unannounced inspection which took place on 18 and 20 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:

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

Key messages

- Most people appeared to have received the care and support to help them look their best.
- People said the staff were kind, friendly and caring.
- Staff were visible but they needed better support and oversight from leaders.
- The home was generally clean.
- People enjoyed the beautiful grounds and gardens.
- Better oversight of the maintenance checks were needed to ensure that the equipment was safe to use.
- Improvements to the availability of drinks, snacks and activity items will help enable people to make their own choices.
- The electronic care planning system was familiar to staff.
- There needs to be an improvement to the contents of care plans and supporting documents.
- Improvements are needed to the support people have, to eat well.
- Improvements are needed to the activities provision to help everyone pass their days in meaningful way.

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?	3 - Adequate
How good is our setting?	3 - Adequate
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. While the strengths had a positive impact, key areas need to improve.

Most people had been supported to look their best, with hair styled and care taken to support them with their clothing. A few men had not been supported with their shaves on day one of our inspection, and this resulted in them appearing unkempt. Shift leaders need to have ongoing assessment of the quality of everyone's care and support to ensure that any deficits are identified and then acted on.

We felt the experiences of a small group of people in the quiet lounge, lacked respect and compassion. They were reliant on staff to help them with drinks, to summon help and to attend to care needs. However, they were left unattended for long periods of time. Staff walked past this room without checking if people needed anything. We felt that better overview and direction of staff would have improved these people's outcomes. **(See requirement 1 in key question 2 'How good is our leadership?')**

The large lounge was a bright and comfortable space. People were relaxed and appeared very much at home in this room. Activities were taking place with a small group of people in this room. We felt at times that the activities provided were not appropriate for everyone. A review of the activities provision must take place to ensure that people are given opportunities to take part in activities that are reflective of their preferences.

Some people liked to read, however, did not have access to reading materials. Some staff said that these materials were provided when this was a planned activity. As a result, those people sat unoccupied for long periods of time.

Improvements must be made to ensure that people can take part in meaningful activity and occupation. Books and other items must be made available for people to access. **(See requirement 1).**

People mobilised freely around the ground floor. One person accessed the lift and independently came and went freely. Walking aids were available to help support safe mobilising. Staff were reassuring and unrushed when supporting people with moving and handling equipment. This resulted in people being relaxed.

People should be supported to eat well. People who required assistance with their meal, did not receive appropriate assistance. One staff member assisted four people at one table. Each person was given a spoonful of their meal and the staff member moved onto the next person and so on. This was not safe and dignified care and support.

There was a choice of meals, however, there was not enough of one choice and this meant that one person had a sandwich. People should be able to choose their meal from the options available.

There were no snacks available in any shared space. It is important for people to be able to access snack when they want.

Improvements must be made to how people are supported with their meals and that they receive the right care and support to eat well. **(See requirement 2.)**

Some people were at risk of injury and harm if they left the home without the care and support of staff. Although staff were aware of people this applied to, there were no Herbert Protocols in place. These protocols are important documents to be able to provide to emergency services in the event of someone going missing. Managers responded during our inspection and began to obtain these forms, however, they should have ongoing monitoring to ensure that these protocols are in place when a risk is identified.

Medication management was safe. The manager had written detailed protocols for as required medications. This helped staff make informed decisions when administering these medications. Shift leaders were counting all medications three times a day. We felt this was unnecessary and time consuming. The time this took, meant that shift leaders were tied up and not available to provide the oversight and direction of the staff. We asked the managers to review the auditing processes in place for medications to ensure they were proportionate.

Requirements

1. By 1 October 2024, you must ensure that everyone has the opportunity to take part in meaningful activity. In order to do this, you must as a minimum;

- a) ensure that a review of the activities planner takes place to ensure that activities are age appropriate
- b) ensure that there are items available for people to access to help them pass their time
- c) people's preferences and choices should be known by staff and used to inform the planned activities
- d) ensure that all staff are aware of their role and responsibility in ensuring that people's social health needs are met.

This is to comply with Regulations 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

'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).

2. By 1 October 2024, you must ensure that the dining experience improves and that people are supported to eat and drink well. In order to do this, as a minimum you must:

- a) ensure that there is effective leadership and oversight of the mealtime service
- b) ensure that there is effective oversight of staff practices and that any poor practice is corrected at the time
- c) ensure that all staff have the knowledge and skills to inform how they should be supporting people during the meal

d) complete regular audits and assessments of mealtimes services to ensure that an assessment can be made and that any deficits are identified and acted on

e) ensure that snacks are freely available that enables people to help themselves.

This is to comply with Regulations 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected (HSCS 1.34); and

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where there were some strengths, but these just outweighed weaknesses.

The service improvement plan (SIP) covered aspects of the service, for example, care planning and the environment. However, the plan lacked detail on how the actions identified were to be resolved. The plan was not being updated with time frames and completion dates. For example, risk assessments were marked as ongoing with no update or deadline. This meant there was no overview if people's risk assessments were up to date and accurate, which could lead to increased risks to health and wellbeing. **(See requirement 1.)**

There were records of audits, for example, accidents and incidents, falls and environmental these were mainly tick boxes with no analysis or actions arising from the audits. For example, staff training audit, states to ask staff how they are to undertake a specific task, there is no record of the staff member's response. There was no link from these audits to the SIP. Many of the audits were not signed, therefore no accountability was evident. This meant we could not track continuous improvement within the service. **(See requirement 1.)**

Staff meetings were held regularly and attended by staff. The minutes were available for staff to read. Areas discussed were pertinent to people's health and wellbeing, however, there was no evidence of actions being delegated or followed up at subsequent meetings. **(See requirement 1.)**

People were asked for feedback for meals, and this was recorded on a whiteboard. We could not see where this was being formally recorded and how the feedback was being used to improve outcomes for people.

Staff were receiving supervision and this was documented. Supervision lacked detail, the many of the suggested discussion points were blank, for example, professional development and practice items. We saw minutes referring to practice observations commencing, though we did not see this as part of ongoing supervision and staff development.

People using the service and relatives have joint meetings. At recent meeting, there were only relatives as people were involved in an activity, therefore we could not see how views of people using the service were being gathered. People were updated with progress within the service, for example, development of key workers. Any comments, suggestions or concerns from relatives were recorded.

Requirements

1. By 1 October 2024, you must ensure quality assurance processes are effective and reflective of the experiences of people and staff practices. In order to do this you must as a minimum;

- a) ensure that the leaders on duty provide staff with clear direction and support so that service users experience care that meets their needs
- b) put in place a robust quality assurance system to ensure that the quality of the service users' care and support is subject to ongoing assessment and when areas of improvement are identified these are acted on
- c) ensure that an appropriate action plan is put in place where an area for improvement has been identified, together with a system to ensure that the action plan is implemented
- d) provide evidence that actions taken are being monitored and have supported improved outcomes for service users.

This is in order to comply with regulations 3, 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People told us the staff were kind and caring. We observed some warm and very caring interactions between staff and people. Some people highlighted individual staff for praise and said they were 'special and went above and beyond. These positive relationships contributed to people feeling they could raise concerns with staff.

We felt that care staff were visible in the home. However, there was a lack of oversight and direction by leaders. This resulted in inconsistencies in the care and support people experienced. For example, at times, some people were not treated with respect and compassion. Three people were in the smaller lounge, and we felt the care they received was task focused and not reflective of their individual needs. We felt that the inexperience and knowledge of some staff, contributed to these poor outcomes. Improvements must be to shift leaders' knowledge and understanding of their roles and responsibilities in ensuring that the standards

of care and support people experience are consistent and of a high standard. **(See requirement 1 in key question 2 'How good is our leadership?')**

A programme of staff training was in place. However, leaders need to review the impact of these trainings into the practices of staff, in particular less experienced staff. This will ensure that the skills and knowledge gained is used to improve people's experiences and their care and support.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We found the home generally clean. However, one bedroom was very malodorous. The carpet was again deep cleaned during our inspection, however, this had little impact. We were made aware that new flooring was ordered and due to be fitted. Managers should continue to monitor the cleanliness and odours in people's rooms. **(See requirement 1 in key question 2 'How good is our leadership?')**

People had a choice of areas and rooms to spend time in. The main lounge was a large and bright space. The positioning of chairs helped some people to engage in conversations. This had a positive impact on their day.

Improvements are needed to the availability of items that people could access, to help them pass their time. Some people wanted to read; one person enjoyed puzzles, however, these were only available when it was a planned activity. The service should enable people to make their own decisions and choices by ensuring there is easy access to activity items. **(See area for improvement 1.)**

There was information available that gave information on the planned activity and the menus. However, we felt this was difficult to access and then to read. People did not know the meal choices just prior to lunchtime, and the activities planned were unknown. It is important for information to be provided in a way that enables people to be informed and helps them make their own choices. **(See area for improvement 1.)**

People were rightly proud of the gardens and said they enjoyed spending time outside. Managers had planned further changes to the spaces outside. It is important that people are involved in the discussion and decision making about changes to the facilities that they use. This will mean that changes will be accepted and will work for people.

People should be able to help themselves to drinks and snacks when they want. Juice and water was available on a kitchen trolley in the lounge, however, there were no snacks available. We felt that managers need to rethink the trolley used for drinks and ensure that snacks are available. It is important that people are supported to retain skills and to make their own choices.

Improved systems need to be in place to ensure that maintenance and safety checks are completed. In the absence of a maintenance person, the completion of a number of checks had been delegated, however, sling and wheelchair checks were not being completed. We removed one frayed sling from use. Managers responded promptly to this concern during our inspection, however, we will monitor compliance at further inspections.

Areas for improvement

1. Improvements should be made to the location and availability of activity items, drinks and snacks. Information must be provided in a format that is easy to read and in a location where it is easy to find. This is in order to help enable people to make their own decisions and choices.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9); and

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The service used an electronic care planning system. Staff appeared to have a good knowledge of the system and this meant that they could access care plans and risk assessments quickly. This should have helped them access the information needed to help deliver the care and support that was right for people.

However, improvements are needed to the care plans and supporting documents needed to help inform staff of the care and support needs of people living with dementia. Some plans lacked the details on the triggers for some people's anxiety and stress, and the coping strategies to help care and support people when they are distressed. More detailed information would ensure that staff could make the right decisions in helping reduce stress and distress. **(See area for improvement 1.)**

Care reviews took place at regular intervals. However, the completion of the care review form was not consistently completed. This meant that agreed changes to the care and support of some people, were not captured and acted upon. It is important for people to get the care and support that they want. **(See area for improvement 1.)**

Information on people's preferences and choices were inconsistently recorded in care documents. This meant that what people wanted and liked was not always used to inform decisions on home life. It is important for people to be recognised as experts and for them to be enabled to make their preferences known and acted upon.

Areas for improvement

1. The service should improve the content of care plans and supporting documents to ensure that they are accurate, detailed and can be used to inform staff knowledge of the care and support needs of people.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS1.15).

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 provider should review activity provision and choice to ensure that it meets the needs of all individuals. All staff should support people with meaningful activity, wherever possible.

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); and

'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 27 April 2022.

Action taken since then

The activities staff numbers had been increased and there was a programme of activities. However, there were concerns with the opportunities for everyone to engage in meaningful activity and to things they enjoyed. We found that some of the activities were not age appropriate and a review of the type of activities needed to take place.

Care staff knew the preferences of people and what they enjoyed doing. However, people were not supported to access these items that would help them pass their day. For example, two people liked to read but had no access to reading materials, another person liked puzzles, however, staff said puzzles were not accessible when not on the activity programme.

Improvements must be made to ensuring that everyone has the opportunity to pass their time doing something they enjoy.

This area for improvement is now a requirement (see key question 1 'How well do we support people's wellbeing?').

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?	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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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 iarrrtas.

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.