

Balhousie Ruthven Towers Care Home Service

Abbey Road
Auchterarder
PH3 1DN

Telephone: 01764 664 192

Type of inspection:
Unannounced

Completed on:
26 August 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272073

About the service

Balhousie Ruthven Towers nursing home is centrally located in the town of Auchterarder, Perthshire. The service is owned by Balhousie Care Group and it provides residential and nursing care on both a permanent and short term respite basis.

The home is registered to provide care for 51 people. The service is based over five floors in a substantial Victorian mansion house, which has been extended and adapted to provide accommodation for people requiring nursing and residential care. The building is located in its own grounds and is well maintained and accessible.

The home is close to the town centre and is near to local shops and bus routes. The service brochure states: "We understand that each individual is unique, with personal likes, dislikes, needs and wants. We therefore tailor our approach and service based entirely on each individual".

About the inspection

This was an unannounced inspection which took place on 16 August 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. This report should be read in conjunction with the previous report dated 26 June 2024.

In making our evaluations of the service we:

- spoke with four people using the service and six of their family/friends/representatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service needs to address the deployment of staff to ensure people's needs are being met.
- Medication management needed to be improved.
- Quality assurance processes needed to be improved.

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

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

This inspection focussed on improvements required from the inspection on 26 June 2024. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

We have extended the timescales for the requirements to enable the provider to further progress necessary improvements.

Requirements

1. By 1 November 2024, you must ensure that service users are provided with nutritious meals, snacks and drinks in accordance with their nutritional preferences.

This is in order to comply with Regulation 4(1)(a) 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 can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetable, and participate in menu planning.' (HSCS 1.33)

2. By 1 November 2024, the provider must ensure that service users are safe from harm by administering medication safely and effectively. To do this, the provider must, at a minimum:

a) ensure that people receive their time critical medications, at the prescribed time

b) ensure that medication administration records are completed accurately.

This is 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 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)

How good is our leadership?

3 - Adequate

This inspection focussed on improvements required from the inspection on 26 June 2024. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

We have extended the timescales for the requirement to enable the provider to further progress necessary improvements.

Requirements

1. By 1 November 2024, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include but is not limited to ensuring that:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) ensure the quality assurance systems and processes in relation to medication management are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.
- d) ensure that people's choices are accessed, the quality of food being served is acceptable and mealtime experience audits are carried out.

This is in order to comply with regulations 3 and 4(1)(a) 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 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

This inspection focussed on improvements required from the inspection on 26 June 2024. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

We have extended the timescales for the requirement to enable the provider to further progress necessary improvements.

Requirements

1. By 1 November 2024 the provider must have developed and implemented a plan of how they ensure adequate staff are on duty to care and support residents in a person-centred and responsive manner. In particular you must ensure that:

- a) there are sufficient staff on every shift to ensure that people's basic health, safety and wellbeing needs are met
- b) staff are deployed appropriately to ensure that service users receive assistance with their care needs at the time they need it.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure 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 '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)

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

Requirements

Requirement 1

By 19 August 2024, you must ensure that service users are provided with nutritious meals, snacks and drinks in accordance with their nutritional preferences.

This is in order to comply with Regulation 4(1)(a) 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 can choose to suitably presented and healthy meals and snacks, including fresh fruit and vegetable, and participate in menu planning.' (HSCS 1.33)

This requirement was made on 26 June 2024.

Action taken on previous requirement

People should expect to be able to choose from suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

The service had introduced feedback questionnaires and discussions with people about the quality of the food. We carried out an observation over lunchtime and found that the experience had improved. Staff were chatting to people throughout the meal which was served and nicely presented by the chef.

There had been personnel changes within the kitchen staff and a temporary chef was in post at the time of our inspection. We sampled the food and thought it was of an adequate standard. People told us that the standard of food continued to vary from day to day.

We raised this with the management team who acknowledged that work was ongoing. We have therefore extended this requirement to 1 November 2024.

Not met

Requirement 2

By 10 July 2024, the provider must ensure that service users are safe from harm by administering medication safely and effectively. To do this, the provider must, at a minimum:

a) ensure that people receive their time critical medications, at the prescribed time

b) ensure that medication administration records are completed accurately.

This is 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 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 requirement was made on 26 June 2024.

Action taken on previous requirement

We looked specifically at people who had been prescribed time-critical medication. We noted that there continued to be occasions where people had not received their medication at the correct time. This had the potential to impact on people's health and wellbeing.

The management team had put a recording system in place for one person, but this had not been replicated with other people who were affected. We could not be confident that people were getting their medication at the right time and have extended this requirement to 1 November 2024.

Not met

Requirement 3

By 19 August 2024, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include but is not limited to ensuring that:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) ensure the quality assurance systems and processes in relation to medication management are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.
- d) ensure that people's choices are accessed, the quality of food being served is acceptable and mealtime experience audits are carried out.

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This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 26 June 2024.

Action taken on previous requirement

As detailed under requirements 1 and 2, we identified there were still issues with the quality of the food and the management of medication that had not been identified as part of the quality assurance processes that are in place.

It is hoped the feedback that is being accessed following the introduction of a new menu will help improve people's enjoyment of their meals.

The management team acknowledged that improvements were needed to ensure that quality assurance processes informed favourable change. We have extended this requirement to 1 November 2024.

Not met

Requirement 4

By 19 August 2024 the provider must have developed and implemented a plan of how they ensure adequate staff are on duty to care and support residents in a person-centred and responsive manner. In particular you must ensure that:

- a) there are sufficient staff on every shift to ensure that people's basic health, safety and wellbeing needs are met
- b) staff are deployed appropriately to ensure that service users receive assistance with their care needs at the time they need it.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure 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 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

This requirement was made on 26 June 2024.

Action taken on previous requirement

As detailed in the previous report, staffing numbers were informed by a recognised dependency tool and the number of people living on each floor. The service had introduced allocation sheets to inform staff deployment throughout the home. However, we spoke with several people and their relatives and were told staff were not always available on the floor to respond to people's needs as they were busy supporting people in other rooms. A few people said they could sit for very long periods of time and never see a member of staff. This left some people requiring assistance unattended. Delays to support can have a negative impact on people's welfare and experiences.

The management team acknowledged they needed to take action to address the issues with staff deployment and availability to ensure people were supported in a timely manner. We have extended this requirement to 1 November 2024.

Not 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?	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

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