

North Inch House Care Home Service

99 Hay Street
Perth
PH1 5HS

Telephone: 01738 632 233

Type of inspection:
Unannounced

Completed on:
21 August 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003009765

About the service

North Inch House is located in Perth, within easy access of local parks, the city centre and its amenities.

The care home is registered for 78 older people. The original building, North Inch House, is registered for 40 older people. The home is on one level and provides easy access to garden areas for people. Units have their own dining room, small kitchen area, and sitting room. The main dining room has an activity area, and space for events and entertainment.

The newer building, separate but within the same grounds, is called North Grove, and is registered for 38 people with a specific diagnosis of dementia. The home is on two levels and split into four separate units. Each unit has its own sitting room, dining room and small kitchen area.

About the inspection

This was an unannounced inspection which took place on 20 and 21 August 2024. The inspection was carried out by three 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 16 people using the service and 4 of their family/friends/representatives
- spoke with 8 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- We observed kind, caring interactions between people living in the home and staff.
- Staff were well recruited and trained.
- Staff were welcoming, courteous and friendly.
- Infection prevention and control (IPC) practices needed to improve.
- The provider was responsive and receptive to our feedback.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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.

We observed many respectful and warm interactions between staff and people living in the home. People appeared comfortable and relaxed in the presence of staff. We could see that most staff worked hard to meet people's care needs, and that people looked well, for example with their hair, nails and personal care. However, a few people had not been supported to shave. This meant some people appeared unkempt. Staff needed to monitor the quality of everyone's care and support more effectively. This would ensure that people's health and wellbeing needs were identified and acted on quickly.

We observed the mealtime experience for people. Plates of food were shown to enable people to choose from various menu options and alternative choices were available for those who did not wish to eat a full meal. Where people required support with meals, staff sat with them and provided this in a kind and dignified way. Comments on the quality of food varied. Some people said they enjoyed it very much, but others said the quality and presentation of food was poor.

Medication assessment and administration was carried out by senior carers who had received training. This helped to ensure that they carried out medication administration competently and safely. We sampled the service's medication system and procedures and found that there were appropriate stock levels in place and effective processes for ordering and returning medication to the pharmacist.

We could see input from health professionals if there were any concerns around someone's health and wellbeing with detailed multi-disciplinary assessments in place. District nurses visited the service daily. These helped to keep people well and ensured they received appropriate treatment at the right time.

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.

Overall, we found the standard of cleanliness in the home was insufficient to reduce the risk of infection. Some equipment including a shower seat, toilet seat and a basin were contaminated with body fluids. We found some pieces of kitchen equipment and fridges very unclean. One mattress, a wheelchair and a pressure relieving cushion needed thoroughly cleaned. Keeping a high standard of environmental cleanliness is important within the care home setting, as the people living there are more vulnerable to infections. To reduce the risk of infection, the environment and all equipment must be kept clean. An effective routine cleaning schedule should be in place in order to maintain high standards of cleanliness. Because of the concerns highlighted above we issued a serious concerns letter setting out improvements the provider and manager had to make in relation to the cleaning, giving them 24 hours to address this.

21 August 2024- Follow up visit to assess progress on requirement from serious concern letter issued on 20 August 2024.

Requirement:

By 15:00hrs on 21 August 2024 you must ensure that people are experiencing care in an environment that is safe and minimises the risk of infection. In particular you must:

- a) Ensure that the internal premises, furnishings, mattresses, and equipment are clean and safe.
- b) Ensure that processes such as enhanced cleaning schedules and robust quality assurance checks of the care home environment are in place and appropriate remedial actions taken.

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 211/210)

Action taken:

We carried out a further visit to the home on the 21 August 2024. We found significant improvements and action had been taken to address the concerns set out in the serious concerns letter dated 20 August 2024.

A thorough deep clean of equipment, mattresses and fridges had been undertaken and the home and equipment used were much cleaner. The improvements made will help to ensure that people living in the home are safer because effective infection prevention and control measures help reduce the risk of cross contamination. We will look at how well standards are being maintained at the next inspection.

The service has wide-ranging quality assurance processes in place in relation to infection prevention and control. However, these processes were not being used effectively to ensure that environmental concerns were identified and addressed to reduce the risk of harm to people, therefore this part (part b) of the requirement remains outstanding. **A requirement is made.**

Requirements

1. By 2 October 2024 you must ensure that people are experiencing care in an environment that is safe and minimises the risk of infection. In particular you must:

- ensure that processes such as enhanced cleaning schedules and robust quality assurance checks of the care home environment are in place and appropriate remedial actions taken.

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 211/210)

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)

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question, as strengths just outweighed weaknesses. While we found leadership that clearly demonstrated the principles behind the Health and Social Care Standards, improvements were needed in order to build on the strengths and address elements which were not contributing to positive outcomes for people.

The manager had a comprehensive overview of the service including accidents and incidents, complaints and people's health care needs including nutrition and wound care. Wide-ranging quality assurance processes were in place in relation to infection prevention and control. However, these processes were not being used effectively to ensure that environmental concerns were identified and addressed to reduce the risk of harm to people (see Key Question 1 "How well do we support people's wellbeing?" for details).

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

The service had an improvement plan in place which was being regularly updated and evidenced the improvements that have taken place in the home. There was also evidence of people living in the home and their families being involved in the decision making of service delivery.

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

The management team demonstrated a clear understanding about what was working well and what improvements were needed to ensure that the needs, outcomes and wishes of people living in the service were the main drivers for change.

How good is our staff team?

3 - Adequate

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

We observed interactions between staff and people to be warm and caring. People told us that the staff were "really kind." Relatives spoke positively about staff and one remarked "the staff are amazing, and we appreciate what they do" whilst another commented "they are very patient." Staff were observed treating people with dignity and respect and one staff member commented "this is their home." People benefitted from being supported compassionately by a staff team who were kind, caring and who respected that they were working in people's living environment.

All staff we spoke to told us that they worked well together as a team. They told us that they got on well with their colleagues and that everyone "mucks in together." All the staff said that they were happy in their jobs. Staff felt well supported by the management team and were confident that any issues they raised would then be dealt with appropriately. People benefitted from a warm atmosphere because of the good working relationships within the staff team.

The service used a dependency tool and professional judgement to determine correct staffing levels and skills mix.

We sampled staffing schedules which illustrated that staffing numbers matched those planned. Staffing absences were covered wherever possible by the existing staff team or staff from other care homes within the organisation. Whilst the dependency tool deemed staffing levels and skills mix to be appropriate, staff and relatives commented that there were insufficient staff. Staff said they felt rushed because of the many tasks they had to complete and described how this then impacted on their ability to spend quality time with people. Seniors did not always have time to assist with care tasks due to their additional duties. A relative commented "staff don't have the time to sit and chat to people." Although staff told us they tried hard to be available to speak to people, there was not enough time to do so, so people were not always able to have meaningful conversations when they wanted to.

Although there were mechanisms in place to ensure effective communication across the staff team such as morning flash meetings and detailed shift handovers, some staff advised that essential information was not always cascaded to the whole staff team. If this information related to people's care needs or arrangements, there was a risk that this could lead to people receiving incorrect care.

Staff had access to a variety of training online and in person, and the management team monitored any identified gaps. Direct observations of staff practice were taking place on an ad-hoc basis and resulting actions were being followed up with individual staff members, however, it was difficult to analyse the overall impact of direct observations as this had not been captured by the service. There were significant gaps in some staff supervisions and staff we spoke to were unfamiliar with how often they should be supervised. Regular supervision is crucial in supporting staff's well-being but also in ensuring that the management team has clear oversight of staff knowledge and skills to inform decisions about effective deployment of staff to best meet people's needs. **An Area for Improvement is made.**

Recruitment files sampled illustrated that the service was following safe recruitment practices. Pre-employment and, where relevant, Home Office checks were being completed and all staff who required registration with the Scottish Social Services Council (SSSC) and Protecting Vulnerable Groups (PVG) scheme, were registered. People could be confident that the service was following safe recruitment practices which protected their safety and welfare.

Areas for improvement

1. To support staff wellbeing and development, and to have assurances that staff have the appropriate skills and knowledge to carry out their duties, the provider should schedule and undertake regular supervision with all members of staff.

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' (3.14) and;

This is to ensure that practice is consistent with the Scottish Social Services Council, Codes of Practice for social service workers and employers (2016). Code of practice for social service workers section 2.2 – You will effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise.

How good is our setting?

3 - Adequate

We assessed this key question as adequate. While these strengths had a positive impact, key areas needed to improve. The focus was on the quality of the facilities.

People benefitted from a comfortable environment with easy access to fresh air, natural light and sufficient space. There was good signage throughout the home to help people find their way around.

People could access the 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.

As referenced under key question one, we found that areas of the home were not as clean as we would expect to reduce the risk of the spread of infection. These findings have impacted on the grade awarded for this key question.

How well is our care and support planned?

3 - Adequate

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

The service had an electronic care planning system in place. 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, we noted that the quality of recording outcomes for people and daily records since our last inspection had not improved. Personal plans helped to direct staff about people's support needs and their choices and wishes. There was evidence of collaborative work in some of the personal plans sampled, with people using the service and relatives involved in the production of plans and care reviews. However, we found some inconsistencies in people's plans where the information to guide staff was incorrect or lacked sufficient information on how to ensure the right support was provided.

Some of the daily notes sampled were found to be task orientated. Further consideration was needed around how these are recorded in a more personalised and outcome focussed way. This is linked to staff training on what outcomes are for people experiencing care. Regular monitoring of care plans was taking place on a monthly basis, or sooner if required.

These were completed well and offered a clear evaluation of how people had been supported. The manager agreed to address care planning and recording as part of her ongoing improvement plan. We had previously made an area for improvement which has not been met and we will follow this up at our next inspection.

Support plans clearly reflected the legal status of people and detailed who should be involved with decisions around ongoing and future care.

Future care plans were sufficiently detailed to evidence that in-depth discussions had taken place with people around their end of life care would fully reflect their wishes and preferences about events that can be reasonably foreseen, for example due to aging or changes in care needs, were in place. These were sufficiently detailed to evidence that in-depth discussions had taken place with people around their care and would fully reflect their future wishes and choices.

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

Daily recordings of care provided should be further developed to be more person-centred, detailed and evaluative.

This is to ensure 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' (HSCS 1.15); and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 14 June 2023.

Action taken since then

People should be fully involved in influencing their day-to-day care. We sampled daily records of care in both North Inch and North Grove. We found that they continued to lack the level of person-centred detail and evaluation that we would expect. Recordings continued to be mainly task orientated and lacked evidence of the person's views or information about people's experiences.

This area for improvement has not been met. We will follow this up again at our next inspection.

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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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