

North Inch House Care Home Service

99 Hay Street
Perth
PH1 5HS

Telephone: 01738 632 233

Type of inspection:
Unannounced

Completed on:
23 October 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 a follow up unannounced inspection which took place on 23 October 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. This report should be read in conjunction with the previous report dated 21 August 2024.

In making our evaluations of the service we:

- spoke with very informally with several people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were treated with kindness and respect.
- We observed kind, caring interactions between people living in the home and staff.
- The overall standard of cleanliness in the home had improved since the previous inspection.
- Management needed to make improvements to the quality of information in people's care plans.
- The service need to ensure everyone knows how to raise a complaint and how this will be dealt with.

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

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| How good is our setting? | 4 - Good |
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Further details on the particular areas inspected are provided at the end of this report.

How good is our setting?

4 - Good

This inspection focussed on improvements required from the inspection on 21 August 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 re-graded the service in recognition of the requirement met in relation to standards of cleanliness and infection prevention and control. Grades have been moved upward, as we evidenced that the previous grade of 'adequate' is now 'good'.

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

Requirements

Requirement 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)

This requirement was made on 21 August 2024.

Action taken on previous requirement

At the the previous inspection we identified the standards of cleanliness of environment, equipment and processes for monitoring these were insufficient to prevent the spread of infection.

We found the home and equipment used were much cleaner. The manager had introduced enhanced checks of the environment and equipment to see these were cleaned to a high standard. Daily audits of the environment were being carried out by the management team to ensure standards were being maintained. Mattresses were being checked routinely and, where necessary, replaced.

Staff were clear in their responsibilities and there was an attention to detail, which had been lacking on the previous visit.

Met - within timescales

Requirement 2

By 14 October 2024, the provider must demonstrate that personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. In order to do this, the provider must:

- a) ensure that care plans, risk assessments and documentations are accurate, sufficiently detailed, and reflect the care planned or provided

- b) provide training so that staff are aware of their responsibility in maintaining accurate records
- c) provide training in respect of dementia, stress, distress and behaviour that challenges
- d) demonstrate that managers are involved in monitoring and the audit of records. To be completed by: 14 October 2024.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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.'

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 requirement was made on 30 August 2024.

Action taken on previous requirement

We reviewed a sample of care documentation for people who were at risk of experiencing stress or distress.

We found little evidence of review following a recent incident, which had resulted in poor outcomes for two people. It would be important to reflect on what was happening before, during and after the incident. Staff should consider interventions that may improve outcomes for people and reduce the likelihood of a similar incident occurring.

We found some very respectful, person-centred information about people. We spoke with staff, who told us how important it was to know about people's life history and how this positively influenced their care and support.

We also found some terminology which was not as respectful. It was evident that part of the care plan had been taken from another resident's profile, as an incorrect pronoun had been used.

This requirement has not been met and will be extended to 21 November 2024.

Not met

Requirement 3

By 14 October 2024, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must:

- a) review the complaints procedure in line with best practice, ensuring that it contains appropriate information for the service, including names and contact details of the management team
- b) review the complaints procedure regularly to ensure it is current and accurate
- c) ensure that residents and their representatives are provided with a copy of the complaints procedure

d) develop staff awareness on how to recognise, investigate, and respond to complaints

e) ensure that complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken, and lessons learned to improve outcomes for people

f) ensure that the complaints policy provides contact details for the Care Inspectorate and appropriate local authorities. To be completed by: 14 October 2024.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This is in order to comply with: Regulation 18(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 30 August 2024.

Action taken on previous requirement

The manager had discussed her open door policy at recent relatives' meetings. The minutes were sent out to every relative after the meeting.

We discussed the importance of people knowing how to raise a concern, including residents, relatives, staff and stakeholders. It was positive to see the 'resident of the day' form included a section for any concerns.

The provider had a generic 'feedback and complaints' procedure, which was available at the reception areas of both buildings within the service. The procedure did not provide the name and contact details of the home manager.

The provider had provided an email address and telephone number for people to raise concerns directly with the provider. The Care Inspectorate's address was provided, but no other contact details were listed. People have different communication skills, therefore, it is important to ensure that different avenues of contact are made available.

As the complaints procedure is not within the remit of the manager to address, we will discuss this with the provider directly.

This requirement has not been met and will be extended to 21 November 2024.

Not met

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

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.

This area for improvement was made on 21 August 2024.

Action taken since then

Since the last inspection, a supervision matrix has been updated and implemented for staff. This was easy to use and provided the leadership team with oversight of planned supervision and actual supervision dates. Supervisions were scheduled on a three monthly basis, but we heard this was flexible depending on staff needs. Supervisions were well formatted and specific discussion topics were identified, depending on the staff member's role. Staff members we spoke to told us they were clear of their roles and responsibilities. These are discussed during supervision meetings, to ensure people have the opportunity to ask questions and provide feedback. Staff that we spoke to told us they feel well supported in their role.

This area for improvement has been met.

Previous area for improvement 2

In order to support good outcomes for people experiencing care, the manager should ensure that people's privacy and dignity are fully considered and planned for when circumstances change unexpectedly. Suitable alternative arrangements should be fully discussed with those concerned, and regularly reviewed for effectiveness.

This is to ensure care and support is consistent with Health and Social Care Standard 1.9: 'I am recognised as an expert in my own experiences, needs and wishes.'

This area for improvement was made on 14 August 2024.

Action taken since then

In response to concerns highlighted, resulting in this Area for Improvement, the leadership team have updated the service contingency plan.

This now contains detailed information on what action staff should take if circumstances in the service change unexpectedly, for example broken equipment or areas of the home. Contingency plans specifically refer to people's involvement where the change directly impacts upon them, and specifies the need to ensure they, those important to them and external agencies such as the Care Inspectorate, are updated.

This area for improvement has been met.

Previous area for improvement 3

In order to support good outcomes for people experiencing care, the manager should ensure that any essential repairs or maintenance is carried out promptly. Where essential equipment or facilities become unavailable for use, the manager should notify the Care Inspectorate at the earliest opportunity.

This is to ensure care and support is consistent with Health and Social Care Standard 5.2: 'I can easily access a toilet from the rooms I use and can use this when I need to.'

This area for improvement was made on 14 August 2024.

Action taken since then

In response to this Area for Improvement, as previously mentioned in Area for Improvement 2, the leadership team have updated the service contingency plans. As a result, staff now have a clear guide on action to take should there be an equipment failure or facilities become out of use. The contingency plan directs staff to notifying the Care Inspectorate.

From records we sampled and staff we spoke to, essential repairs that had the potential to impact on people's experiences were being actioned timeously. Some staff we spoke to did report that larger scale repairs and maintenance can take extensive periods of time. We discussed this with the leadership team who advised us that the senior management team were aware of this and reviewing.

This area for improvement has been met.

Previous area for improvement 4

The service should ensure that staff communicate with residents and their representatives in a clear and concise manner. The purpose of meetings should be clearly explained, and people should be given the opportunity to take a companion, where appropriate.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: '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.'

This area for improvement was made on 30 August 2024.

Action taken since then

The manager had organised regular relatives' meetings to discuss issues of shared interest. The manager felt that the meetings were going well and gave the opportunity for people to get to know each other. An agenda was sent out prior to the meeting. It would be important to include residents when planning meetings.

'Resident of the Day' gave an opportunity for people to ask questions, raise concerns or give feedback in respect of their care. The manager told us that communication had improved and staff were mindful of this when asking people to attend care reviews or other planned meetings.

This area for improvement has been met.

Complaints

There have been two upheld complains since the previous inspection. Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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| How good is our setting? | 4 - Good |
| 4.1 People experience high quality facilities | 4 - Good |

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