

Balmedie House Care Home Service

Balmedie
Aberdeen
AB23 8XU

Telephone: 01358 742 244

Type of inspection:
Unannounced

Completed on:
4 November 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 follow up inspection which took place on 4 November 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People appeared content and well cared for.
- There was better maintenance of the gardens and people were very happy about this.
- Improvements had been made to the activities on offer and people now had access to books and other activity items.
- Improvements had been made to the dining experience. However, the quality of the meals provided needs to be of a consistent standard.
- Managers needed to further develop the quality assurance systems to ensure that their completion informed effective change or improvement.
- The content of care plans had improved, and this was more reflective of people's preferences and choices.

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

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 made an evaluation of adequate for this key question at our last inspection; this grade will remain unchanged at this follow up inspection. While the strengths had a positive impact, key areas need to improve.

The activities provision had improved. People said that there was an improvement to the variety of the activities on offer. We felt that staff responsible for supporting, people with social activity and engagement, demonstrated a determination in the ongoing development of the activity provision.

The activity programme was varied and reflective of people's hobbies and interests. There was improved access to books and puzzles and this ensured that people could make their own choices about how they wanted to pass their day. The service should continue to monitor the availability of activity items to ensure they are suitably located.

Managers need to ensure that there is ongoing monitoring of the activities provision to ensure that these improvements have been sustained and further developed.

The service had made the necessary improvements to the activity provision (see outstanding requirements).

The dining experience had improved. Mealtime was sociable and relaxed. Staff were visible and people were supported to eat at their own pace. The service had made the necessary improvements to the activity provision (see outstanding requirements).

People told us that there was inconsistency with the quality of food. They said the differing standards was noticeable and impacted in how much they ate. Staff had obtained feedback from people regarding the quality of meals and managers were aware that this feedback varied from good to bad. Improvements are needed to ensure that people experience consistency in the quality of their meals (see area for improvement 1).

Areas for improvement

1. Managers need to ensure that they implement changes to ensure that people experience consistency in the taste, presentation and quality of their meals.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

How good is our leadership?**3 - Adequate**

We made an evaluation of adequate for this key question at our last inspection; this grade will remain unchanged at this follow up inspection. While the strengths had a positive impact, key areas need to improve.

The service had implemented an action plan to help them work towards making the necessary changes and improvements following our last inspection. This helped direct managers and staff to developing the service.

The programme of audits informed managers of the timescale for completion of the audits; however, the quality of the completion of some of these audits impacted on the effectiveness of them. We appreciate that managers had worked hard to introduce the new audit programme. However, further work was needed to ensure that when completed they were effective (see outstanding requirements).

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

Requirements

Requirement 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).

This requirement was made on 19 August 2024.

Action taken on previous requirement

One person co-ordinated activities and they worked hard to include people in deciding what activities were planned. This meant that people could enjoy carrying on with hobbies or taking part in events that they enjoyed.

The activity planner was accessible and staff need to ensure that it is updated promptly. If people know where to find the activity information and it has not been updated, this may lead to frustration and confusion.

There was a choice of areas for people to spend their time in. Staff were mindful that people who chose to spend time in the smaller lounge, had the same interaction and support with activities as others who had chosen to be in the large lounge. This meant that everyone had the same opportunities.

People had formed friendships and there were many examples of lovely interactions between people. These friendships had enriched people's lives.

The service had made the necessary improvements to the activities provision.

Met - outwith timescales

Requirement 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).

This requirement was made on 19 August 2024.

Action taken on previous requirement

Improvements had been made to ensure that people had access to snacks and drinks. Staff were aware of dietary requirements and made sure that these needs were catered for with the selection of snacks available. People were aware that they could help themselves and we observed a couple of people access these. It was positive that the same attention had been taken to ensure that snacks and drinks available in both main social spaces.

Lunchtime service was much improved, tables were set appropriately with condiments and juice available. This enabled people to help themselves. One person offering a drink to their co-diners and then pouring out for them.

Menus were on the table and we could see people read these and the information was then discussed with co-diners.

The bain-marie was now in the dining room during the mealtime. This enabled better visibility of staff and ensured that the cook was overseeing the serving of meals. We felt this contributed to people receiving meals promptly and were supported to eat at their own pace.

People praised the quality of the food on the day of our inspection. However, they spoke about inconsistencies in the quality of the meals. We raised these concerns with the managers. They stated that feedback about meals had been obtained and it was clear that there were issues with the consistency in the quality of meals (see area for improvement, key question 1).

We felt that the necessary improvements had been made to the dining experience.

Met - outwith timescales

Requirement 3

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).

This requirement was made on 19 August 2024.

Action taken on previous requirement

Managers had a programme of audits in place and this helped ensure that audits were completed within the expected timeframe. However, managers should ensure there is flexible approach to ensure that if a deficit in the care provision is identified, that their oversight is reflective of the need and not the timescale.

Walk around audits were completed. We felt some examples had limited content and lacked evidence that people had been included in the process. This was a missed opportunity to assess the quality of care and support provided and to speak with people to get their feedback on their experiences. This audit needs to be developed to ensure that the outcomes people experience are captured and then acted upon.

The plan for the auditing of care notes was in place. The plan was to complete an audit of three to four people's care notes a month. Managers need to have oversight of this audit to ensure that it is sufficient to meet the needs of the service.

Senior carers audit all daily notes. These have been recorded by the care staff. We were concerned about how time consuming this was and asked managers to review other methods of assessment of the quality of the daily entries. Where there is a training or additional support need identified for staff and record keeping, this needs to be acted upon. It is important for the development of staff and to establish consistency, that training needs are acted upon.

There was an introduction of a sling check sheet; however, this lacked the slings serial number. This meant that it was impossible to know which check applied to which sling. We saw that one sling had been deemed unsafe; however, the audit was unclear if this sling was disposed of. For a period of three weeks, there was a repeat of one sling being unsafe. Managers need to revisit the sling audit and review other maintenance audits to ensure that their purpose is clear, what is recorded is appropriate and clear, and that the frequency of completion is appropriate.

SIP improved content and could track the outcomes from events and audits being used to feed into the SIP. There was some evidence of people's experiences informing the SIP; however, this needs to be expanded.

When changes or improvements have been made, managers should consider assessing the impact this has on the service and the quality of people's experiences. This will help managers assess the effectiveness of their development of the service.

This requirement is unmet and the timeframe for meeting will be extended to 28 February 2025.

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

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).

This area for improvement was made on 19 August 2024.

Action taken since then

Shelving had been added to the lounge and staff had put some books, puzzles and games on these. This improved access to activity items. Some people said that they had helped themselves to a book. Staff should continue to develop the type, number and location of the activity items available. This will give people a bigger choice.

This area for improvement has been met.

Previous area for improvement 2

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' (HSCS 1.15).

This area for improvement was made on 19 August 2024.

Action taken since then

A check of some care notes demonstrated an improvement in the content of care plans and assessments.

Senior carers checked completed monthly reviews of plans. This helped ensure that what was documented was reflective of the person's current care and support needs. This ensured that the care staff's care and support for people was what they needed and wanted. Daily entries were submitted and this gave a summary of people's days. Managers should revisit how the quality of this recorded is audited to ensure that it is effective at informing improvement to the quality of the daily recording.

This area for improvement has been 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

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