

Balhousie Ruthven Towers Care Home Service

Abbey Road
Auchterarder
PH3 1DN

Telephone: 01764 664 192

Type of inspection:
Unannounced

Completed on:
26 November 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 25 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.

This report should be read in conjunction with the previous reports dated 26 June, 26 August and 2 October 2024.

In making our evaluations of the service we:

- spoke with 11 people using the service
- spoke with 10 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.
- The quality and choices of food on offer needed to be improved.
- Quality assurance processes needed to be improved.
- Medication processes had improved since the previous inspection.
- The provision of activities available for people in the service had improved since the previous inspection.
- People told us generally staff were kind, and we saw some nice interactions between staff and the people living in the home.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

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.

Due to concerns identified during the inspection, this quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection' for more information.

How good is our leadership?

2 - Weak

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.

Due to concerns identified during the inspection, this quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection' for more information.

Requirements

1. By 19 August 2024, extended to 1 November 2024 and extended to 10 December 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 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?**2 - Weak**

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.

Due to concerns identified during the inspection, this quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection' for more information.

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

Requirements

Requirement 1

By 19 August 2024, extended to 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 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

As detailed in previous reports, people had told us that the quality of food was inconsistent. People had previously commented: "the food is awful", "we get too much rice and pasta", "the food is dreadful" and "I'd prefer plainer food like mince and tatties". We observed the dining experience and spoke to people to gather their views again.

We found that insufficient improvements had been made. People told us:

"the food is too salty"

"the food is still not good enough, I never get fresh vegetables"

"the food is okay, I can eat it as there's nothing else on offer"

"there's not big enough portions."

People should expect to be able to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables. We found that there was a lack of fresh fruit and vegetables available for people. There were no sides of salad or vegetables offered at mealtimes and no bowls of fruit in the lounge areas. This meant that people's nutritional needs were not being fully met. The service had very recently implemented feedback meetings with residents to gather their views on the quality of food being served. We suggested that a review of the dining experience audit tool may offer more meaningful quality assurance to support improvement.

This requirement has not been met and is extended until 10 December 2024.

Not met

Requirement 2

By 10 July 2024, extended to 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)

This requirement was made on 26 June 2024.

Action taken on previous requirement

During the inspection we sampled medication records for people who live in Balhousie Ruthven Towers. People who had specific times indicated for their medications to be administered were being consistently given their medication at those times. Recording of the specific times medication had been given assured us that people living in Balhousie Ruthven Towers had received their medication as prescribed. We were confident that sufficient improvement had been made with time critical medication administration to support people's health, safety and wellbeing.

This requirement has been met.

Met - outwith timescales

Requirement 3

By 19 August 2024, extended to 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)

This requirement was made on 26 June 2024.

Action taken on previous requirement

At the time of inspection, there were several quality assurance systems in place to support a culture of continuous improvement. We heard from members of the team about flash meetings, medication audits and mealtime experience audits. We heard that all of these were in place to try and promote communication, information sharing and oversight of the service. The manager held regular surgeries for relatives and people living in the service to speak with her.

The service had addressed the requirement regarding people receiving their time critical medications (see requirement 2), therefore this element of the requirement has been met. However, as detailed under requirements 1 and 4, we continued to identify there were still issues with the quality of the food and the deployment of staff that had not been identified as part of the quality assurance processes that are in place.

Overall, we were not assured that quality assurance systems were identifying areas for improvement consistently, or that these were being actioned to promote positive experiences for people.

We have amended the requirement to reflect what remains outstanding and extended until 10 December 2024.

Not met

Requirement 4

By 19 August 2024, extended to 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)

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 that included staff breaks to inform staff deployment throughout the home. Feedback from some of the staff spoken with indicated they felt less rushed and had more time to spend with people. However, other staff said they did not have sufficient time to get through all their tasks in a timely manner and they had no time to spend with people outwith attending to their personal care needs. People spoken with said they could wait lengthy periods of time for support with their basic needs and getting their buzzers answered. We spent time in one unit where four people were in their rooms, no staff were available in this unit should someone call for assistance. These concerns raised specifically focussed on two units within the care home. The manager had already identified this as a potential area that required continued focus and improvement to ensure staff time was being used effectively.

Overall, we were not assured that staffing numbers and deployment are reflective of the needs of the people who live in Balhousie Ruthven Towers. This has the potential to have a significant negative impact on people's experiences.

This requirement has not been met and has been extended until 10 December 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

The provider should ensure that complaints raised by people experiencing care, or their representatives, are fully investigated and responded to, in line with their complaints procedure.

This is to ensure care and support is consistent with Health and Social Care Standard 4.4: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.'

This area for improvement was made on 29 August 2024.

Action taken since then

The service had a concerns and complaints folder to ensure information was stored securely. Information contained within the folder was relevant and, from those we sampled, information on the investigations were clear and the overall outcomes were stated. Staff we spoke to knew how to access these folders and the complaints procedure, should they need to.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

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