

Balhousie Luncarty Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272017

About the service

Balhousesie Luncarty Care Home is part of the Balhousesie Care Group and is registered to provide a care service for 32 older people.

The accommodation is a Victorian era building that retains many period features. There are ten bedrooms on the ground floor, five bedrooms are situated on level one and the remaining bedrooms are located on the second floor. Some bedrooms have en-suite facilities.

The ground floor has two lounges and dining room as well as access to a large enclosed garden. A passenger lift provides access to the upper floors and the basement. The home has access to a range of local amenities.

The Balhousesie Luncarty brochure states, 'the prime focus for our entire team is creating a caring environment based on respect and dignity and providing a holistic approach to the care of residents.'

This service has been registered with the Care Inspectorate since 1 October 2010.

About the inspection

This was an unannounced which took place on 6, 7 and 12 October 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 6 people using the service and 4 of their family/friends/representatives
- spoke with 7 staff and management
- observed practice and daily life
- reviewed documents
- reviewed surveys completed by family members, staff members and visiting professionals.

Key messages

- People appeared relaxed in their home and staff appeared to know people well.
- Improvements were needed to ensure the safe administration and management of medication.
- People would like opportunities to be outside and enjoy the garden more.
- Staff appeared to work well together.
- The service must ensure that people are meaningfully involved in their care plan reviews take place a minimum of every six months.

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 needed to improve.

People health and well being should benefit from their care and support. It was positive to see that people appeared to be relaxed in their home. Staff appeared to know people well and we observed compassionate and reassuring interactions with people.

People's health and well being was being monitored, this included nutritional intake and weights. Referrals were being made to relevant health care professionals so that people were supported with their health care needs.

We identified a number of concerns regarding the safe management and administration of medication. There was the potential for out of date medication to be administered and a number of people's stock counts were inaccurate. There was a risk that they were not receiving their medication as prescribed. This had the potential to effect people's physical and emotional well being. We have made a requirement.

There was a relaxed unhurried atmosphere at lunch and people could socialise with their friends. We had some mixed feedback about menu choices and meals, 'one person said the food is okay' another said, 'the soup is usually good.' We encouraged the service to consider how people could be more involved in menu planning and mealtimes to ensure meals reflected people's dietary needs and preferences..

A range of group activities were available in the home and there was a connection with the local nursery which people enjoyed. We heard that some people wanted to get outside for walks but it had not been possible to facilitate this due to staffing levels.

Feedback from people evidenced a lack of tailored activities and opportunities to go outside in the garden for fresh air. For example, 'There are less staff on duty these days, more recently I've noticed fewer. The one thing my mum complains about is she doesn't get out into the garden.' Another person said, 'I don't feel everyone is treated as an individual, there's a broad brush approach to it We heard about the positive impact of music, 'My mums into music so she engages in this. She likes the garden but I've never seen her in the garden. Another person said, 'That's one issue I have, she seems to sleep a lot. If people are in she'll be more upbeat and isn't sleeping. They could do with a wee bit more activities.'

We made an area for improvement so that the service further develops their wellbeing activities to ensure that all people living in the service have the opportunity to participate in something that matters to them and also have the opportunity to move regularly and remain active including using outdoor space.

Requirements

1. By 31 January 2025 the provider must ensure that service users are safe from harm by administering medication safely.

In particular, the provider must:

- a) Ensure that medication administration records are completed accurately.
- b) Ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication.
- c) Ensure that all medication is in date and stored appropriately

This is in order to comply with Regulation 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

Areas for improvement

1. To improve people's physical and mental wellbeing, the provider should review the way in which activities are organised to ensure that people have opportunities to participate in activities that are meaningful to them, are supported to participate in a range of physical activities, including being able to go outside.

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

How good is our leadership?

3 - Adequate

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

People should expect to benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes in place. The provider had a comprehensive range of quality assurance tools in place. It was positive that a variety of staff were involved in quality assurance process which helped promote responsibility and accountability. However, we had concerns that quality assurance processes in relation to the management of medication did not appear to be effective at identifying the issues with the environment and the recording and management of medication that were found during the inspection. We have therefore extended the timescales for the outstanding requirement in relation to quality assurance.

Daily flash meetings were routinely taking place with all departments represented. This meant that communication was effective within the service and supported a more consistent care experience for people living in the service.

People who use the service should expect to have regular opportunities to express their views about their care and support and the home in general. This helps to ensure that people's outcomes are being met and that they have a say on how the service develops and improves. It was positive that the manager had meetings with both residents and relatives, however these should be developed to ensure that people's experiences were being regularly evaluated and feedback acted upon, to enable people to contribute to the development and implementation of the service plan.

Although a service improvement plan was in place, it did not reflect a range of improvements that we were advised were being worked towards by the service. For example, there was no mention of the plans for the environment and the garden.

It was clear that the manager had spent time getting to know people and encouraged ongoing communication and feedback. When asked about the level of communication with the home, some people had a positive experience and told us: "The staff are all really good at letting me know", "We're very happy with Mum's care" and "They let me know of any problems quite promptly, but I pop into the office on my way in and can ask any questions".

How good is our staff team?

3 - Adequate

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

There was a warm and comfortable atmosphere within the home. Staff working appeared relaxed and generally unhurried throughout their shift. There was good communication between the staff team and staff we spoke to, spoke highly of their colleagues and working environment. Positive relationships between staff promoted a relaxed atmosphere for the people who lived in Balhousie Luncarty.

Staffing requirements within the service were assessed using a formal dependency tool. This tool contained factual information but not contain areas for professional judgement. We discussed with the leadership team that it may be of benefit to allow for some professional judgement within this tool, to ensure staffing levels are fully reflective of the human needs of the service.

At the time of inspection, staffing arrangements within the service were reflective of the indicated assessed need, however in previous recent months, staffing levels had been lower than this. We discussed this with the leadership team who informed us that there had been staffing challenges recently, however with on-going recruitment and new staff now employed, these issues were resolving. However, despite increased staffing numbers currently on shift, people we spoke to told us of staffing issues. Some people felt that an impact of staffing levels was that their loved one could not get out into the garden.

In relation to staff skills and development we noted that some training had lapsed and we were advised that this was planned. We identified a need for further education in relation to Adult Support and Protection to ensure that all staff had a good understanding of their roles and responsibilities in relation to keeping people safe from harm.

During our inspection, at times, there appeared to be a lack of activities and, at times, engagement from staff members. We did not see evidence of a staff deployment tool that ensured staff were deployed based on their knowledge, skills and experience. If in place, this may support with staff organisation, activities and engagement. This would promote social opportunities and inclusion for people who use the service.

How good is our setting?

3 - Adequate

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

The service operates within a Victorian building, which is not purpose-built. Whilst the service retains character and elements of this feel comfortable, generally speaking the space feels functional rather than homely.

People told us that the service is, 'dark and depressing inside', with others saying it 'needs revamping'. We found some areas of the home to be poorly lit and difficult to navigate. This increased people's risk of falls. This could also be seen as disabling, as it impacted on peoples' ability to navigate around the building safely, on their own. Environmental audits for these areas had not been completed, therefore our findings had not been identified by the service. We referred the leadership team to some tools which might be helpful to use, to identify areas for improvement with the environment to support people to be more independent.

Access to the garden was an issue for a number of people we spoke to during the inspection. Whilst we acknowledge that earlier in the year, some work was completed on the grounds to make some of these more accessible, more work is required to make the garden inviting and a 'destination' for people to enjoy. As also mentioned under other Key Questions of this report, staffing numbers also had a negative impact on people's ability to access the outdoors and enjoy all areas of the service.

How well is our care and support planned?

3 - Adequate

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

People's care and support should be actively informed by up to date, comprehensive care plans and risk assessments. We found care plans in the service contained enough information to support people with their basic needs. For some people, the information contained was particularly personalised and contained high detail. However, this was not consistent for everybody who lived in Balhousie Luncarty. Specific areas of care plans which lacked information included supporting people to get the most out of life, for example details about meaningful activity and what is important to that person.

There were some variations and inconsistency in relation to future care planning. Where namaste information had been collated, these were well formatted and could be used to effectively direct care and support. Unfortunately, this was not the case for everyone and some end of life care plans lacked the detail of people's individual choices, needs and wishes. This put people at risk of not being fully involved in decisions about their current and future health support needs.

Reviews should be completed at a minimum, on a six-monthly basis, or more often where required. There was a lack of evidence to support that reviews taking place in line with legislative timescales. It was also difficult to establish how, if at all, people and/or their representatives were being supported to meaningfully participate in their reviews. People are experts in their own experiences and therefore should be provided with the opportunity to direct their care and support. In order to do this, there should be a range of methods to enable people to participate meaningfully in their reviews. If formal reviews and care plan reviews, are not taking place on a routine basis, or when circumstances change, there is an overall risk that the care and support being delivered is not reflective of their needs, wishes or choices. We have made a requirement.

Requirements

1. By 28 February 2025, the provider, must promote the health, welfare, and safety of those who use the service by ensuring that all care plans and risk assessments:

- a) accurately reflect the current health and care needs of the person and accurately describe the support required to meet those needs;
- b) accurately identify any risks to the person's health, and include an assessment of those risks and the

steps that are to be taken to reduce or mitigate them;
and
c) are reviewed every six months or more often if required, with the person and/or their representative.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 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 Health and Social Care Standards (HSCS) which state: '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)

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

Requirements

Requirement 1

By 21 April 2023, the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection.

In particular, you must:

- a) ensure that the internal premises, furnishings and equipment are safe, clean and fit for purpose;
- b) ensure that processes such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place;
- c) ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland;
- d) ensure that all personal continence products are returned to people's bedrooms after use; and
- e) ensure that all pullcords are replaced and cleanable.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 5 April 2023.

Action taken on previous requirement

This requirement was made at our last inspection as we had concerns regarding safe infection prevention and control practices.

We found that internal premises, furnishings and equipment were safe, clean and fit for purpose. The home environment appeared clean and quality assurance processes were in place to check cleanliness.

Clinical waste was disposed of appropriately and personal care products were not left in communal bathrooms. Pullcords were all found to be cleanable.

Met - outwith timescales

Requirement 2

By 16 June 2023, the provider 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.

To do this, the provider must, at a minimum:

- a) ensure there is a quality assurance system in place to support a culture of continuous improvement;
- b) ensure effective action planning takes place within reasonable timescales which addresses identified areas for improvement; and
- c) ensure the quality assurance systems and processes in relation to maintenance checks are carried out routinely.

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 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 5 April 2023.

Action taken on previous requirement

This requirement was made as at a previous inspection as we found that audits were incomplete and some routine checks were not being carried out.

We found that the provider's quality assurance was fully implemented in the service and it was positive to see that a range of staff were involved in quality assurance processes. We did have concerns however that the issues we identified in relation to the environment and the safe management and administration of medication had not been identified or addressed by the quality assurance processes in place. We have extended the timescale for this requirement to 28 February 2025.

Not met

Requirement 3

By 24 October 2022, the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

Ensure cleaning of all equipment is undertaken throughout the home with specific focus on shower chairs and toilet risers. You must also ensure that any rusty equipment is replaced, all pullcords are replaced and cleanable, and the microwave is subject to routine cleaning.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 5 October 2022

This requirement was made on 5 October 2022.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because the standards of cleanliness of environment, equipment and processes for monitoring these were insufficient to prevent the spread of infection.

We found that equipment appeared clean and that the cleanliness of equipment was checked as part of quality assurance processes.

Met - outwith timescales

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
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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