

Balhousie Ruthven Towers Care Home Service

Abbey Road
Auchterarder
PH3 1DN

Telephone: 01764 664 192

Type of inspection:
Unannounced

Completed on:
12 December 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 follow up inspection which took place on 12 December 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, 2 October and 26 November 2024.

In making our evaluations of the service we:

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

Key messages

- The quality of meals had improved.
- Ongoing reviewing of staffing levels must continue in response to changes in people's needs, or new admissions to the service.
- Oversight of the service had improved; however, this needed to be sustained to ensure better outcomes through a culture of continuous improvement.
- There was a variety of activities available for people in the service.

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?	2 - Weak
How good is our staff team?	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

This inspection focussed on improvements required from the inspection on 26 November 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. Grades have been moved upward, as we evidenced that the previous grade of 'weak' is now 'adequate'.

How good is our leadership?

2 - Weak

This inspection focussed on improvements required from the inspection on 26 November 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 noted that the service had taken action to address the requirements that had been outstanding for a number of months and these are now met. However, we felt that further work was needed to ensure the improvements identified were sustained. A further requirement was made.

Requirements

1. By 14 February 2025, the provider must demonstrate that people living in the home are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led. To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) continue to review the service improvement plan to ensure that actions detailed are effectively sustaining improved outcomes for people living in the home.

This is to comply with Regulation 4(1)(d) 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?**3 - Adequate**

This inspection focussed on improvements required from the inspection on 26 November 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. Grades have been moved upward, as we evidenced that the previous grade of 'weak' is now 'adequate'.

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, extended to 10 December 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

The menu was provided on a four-week rotation basis with a range of options available, and people could request alternatives if they preferred.

People's views were sought about the meal after every lunch and dinner time, and shared with the kitchen team to ensure the menus were monitored and people continued to receive foods they enjoyed.

We observed two mealtimes and found these to be relaxed, well paced and well organised with the right level of support offered to people. We saw people had access to drinks throughout the day and there was use of adapted cups for people who required them.

From our observations and speaking to people, we were confident that the quality of food and nutrition within the home had sufficiently improved. However, it is vital that the positive changes made to the quality of food and people's mealtime experiences are sustained and continue to be improved. Please see requirement under key question 2.

Met - outwith timescales

Requirement 2

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)

This requirement was made on 26 June 2024.

Action taken on previous requirement

As detailed in the previous inspection report, 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. Staff said they felt well supported by the manager.

The service had addressed the requirements regarding the quality of meals provided, staffing levels and deployment of staff. This improved outcomes and people's experiences. However, we felt that further work was needed to ensure that the improvements identified were sustained and remained a focus for the service moving forwards. A further requirement was made, see Key Question 2.2 for details.

Met - outwith timescales

Requirement 3

By 19 August 2024, extended to 1 November 2024 and extended to 10 December 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

There was a recognised tool in use for the allocation of staff numbers, which was updated regularly and based on needs of people living in Balhousie Ruthven Towers. Based on this tool, the service was staffed sufficiently and, at times, overstaffed which allowed for any unforeseen increase in need to be catered for.

We observed staff spending time with people socially and carrying out activities with them. Some staff told us they were less rushed and felt they had more time to spend with people. Call bells were being answered promptly during the inspection. Feedback from people living in the service confirmed more staff were available.

There has been sufficient progress made in this area for this requirement to have been met. However, we would like to see this improvement sustained with a continued focus on effective deployment of staff across the service and will revisit at our next inspection. Please see requirement under key question 2.

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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.