

Balhousie Dalnaglar Care Home Service

Comrie Road
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Type of inspection:
Unannounced

Completed on:
21 March 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272004

About the service

Balhousie Dalnaglar is a care home for older people situated in a residential area of Crieff, close to local transport links, shops and community services. The service provides nursing and residential care for up to 40 people.

The service provides accommodation over two floors in single bedrooms, each with en-suite facilities. There are two sitting rooms, two dining rooms and one conservatory. There is access to a small, secure, well-tended garden.

About the inspection

This was an unannounced inspection which took place on 18 and 19 March 2025. 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 12 people using the service and three of their families
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People were not consistently treated with dignity and respect.

We were not assured that people's basic care needs were being met.

Due to limited staff capacity, people were not always able to participate in their chosen activities or access outdoors.

Quality assurance processes were not effective at identifying and addressing issues such as medication concerns.

Staffing levels did not meet the needs of the people who lived in Balhousie Dalnaglar.

Some people told us that staff were 'friendly'.

At the time of inspection, the service was generally well maintained.

People and/or their representatives were not always involved in reviewing their care and support arrangements.

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
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?

2 - Weak

We have evaluated this key question as weak. Although we identified some important strengths, these were outweighed by weaknesses which had the potential to have a significant, negative impact on people's experiences.

People in Dalnaglar were not consistently treated with dignity and respect. We did observe some kind interactions, although a number of these were task orientated. However, we also identified a number of people whose needs and wishes were not being respected. Although these people were communicating their needs, on a number of occasions these were either missed, dismissed, or neglected by staff. This put people at risk of their basic care needs not being met. Please see requirement 1.

People's sense of self-worth, mental wellbeing and experiences were impacted on by their care and support. If people's rights are not upheld, and they are not consistently supported with dignity and respect, there is the potential for them to become dehumanised. Due to the pressure staff experienced at work, they focused on their designated tasks and had reduced capacity to respond to additional demands. Whilst we did not feel this practice was intentionally neglectful, it was unclear if staff were aware of the potential negative and harmful impact of these actions. However, there was a risk that this becomes accepted practice within the care home which could lead to a culture of disrespect.

There was a dedicated activity team employed in the service, and we observed a variety of activities taking place during our inspection. These activities included spending time with people in their home, exercise classes with support of local professionals and the once monthly bus outing, which people told us they enjoyed. We also saw and heard about local community coffee mornings and saw people attending one of these. These enhanced people's links to the wider community and minimised the risk of social isolation. Although there were activities on offer, it was difficult to understand how these were meaningful to people, on an individual basis. In a few care plans we sampled, we identified that some people liked being outside in the gardens, however we did not see this being offered during our inspection. On one occasion, we requested that staff support a person to get outside, as the person had told us 'I would like to get out, but staff don't have the time to take me out.' We discussed the importance of meaningful occupation for everyone in the service, and the importance of being able to get outside where it is safe to do so, with the leadership team during our inspection.

Mealtimes we observed in the service appeared relaxed and unhurried. Staff understood their roles and responsibilities at mealtimes. Staff told us that there were occasions where they were trying to support more than one person at a time to eat their meal as a result of low staffing levels. It is important that for people's safety and dignity, that staff are uninterrupted when supporting someone with their meal.

A member of staff we spoke to told us 'when we're short of staff you feel you're not giving them the care you'd like to give them, sometimes people are waiting longer than you'd like.' Fluid records sampled suggested that people in the service were not being offered enough to drink and during the inspection, we did become aware of a person being denied a hot drink. We were not assured that people were receiving the right support with hydration. This put people at risk of dehydration and associated health conditions. We discussed these concerns with the leadership team who assured us that they would review food and fluids for people immediately.

Medication cupboards and trolleys were stored appropriately.

Medication trolleys were clean and where appropriate, opened on and discard by dates were recorded on medication packets. Our sample of medication administration records (MARs) raised a number of concerns. Essential information such as allergies were not consistently recorded on these documents. Where people had protocols in place for as required medication, these were incomplete. It is important that if people are prescribed as required medication, staff have the appropriate information available to ensure they understand how and when to administer this medication.

There were also concerns with medication ordering processes, which meant staff were unsure of who was responsible for medication ordering out with the routine medication order. This had resulted in a person in the service not receiving their prescribed pain medication as this was out of stock. This put people's health and wellbeing at risk, as well as had the potential to impact on symptom management such as pain management. The leadership team were responsive to our findings and took immediate corrective action. Please see requirement 2.

Requirements

1. By 18 April 2025, the provider must have developed and implemented a plan of how they ensure adequate staff are on duty to care for and support people in a person-centred and responsive manner.

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

- 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 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)

2. By 06 June 2025, the provider must keep people safe from harm by managing the administration of medication safely.

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

- a) ensure that at all times, there is adequate stock of people's prescribed medications
- b) put in place and effectively implement a system to audit people's medication records to provide assurance that people are having their prescribed medication administered in accordance with their individual needs
- c) ensure that monitoring arrangements identify any errors in administration or recording of a service user's medication and appropriate actions are taken.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

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' (HSCS, 3.14) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

2 - Weak

We have evaluated this key question as weak. Whilst it is important to acknowledge there were some strengths, these were outweighed by weaknesses.

Quality assurance systems and processes were available to support management oversight and service improvement. Some of these systems were being used with beneficial effect, for example in relation to infection prevention and control practices and processes in the service, but not all of these systems led to consistent improvements. For example, we identified concerns regarding cross contamination and increased risk of infection transmission due to the laundry configuration. The leadership team had identified the same issues, however had not implemented strategies to manage and minimise these risks.

A number of quality assurance tools had only been recently implemented, and some records were inconsistently completed. It was therefore difficult to establish how effective these tools were in supporting service improvement. We found a recently completed medication audit which had not identified the concerns we raised with regards to medication administration records. Additionally, people's statutory reviews had not been completed in accordance with legislative requirements. Despite having a suite of comprehensive quality assurance tools available, we could not be assured that these were being used effectively or efficiently to identify and action issues.

Accidents and incidents were being recorded and reported appropriately. These contained relevant information and where required, witness statements were available. A complaints procedure was accessible to people and complaints we sampled, had been responded to accordingly. There were lessons learned and detailed actions of outcomes from accidents, incidents and complaints which going forward, should have a positive impact on people's experiences.

A number of specific action plans were in place, which fed into a larger overall service improvement plan. This was accessible and being updated by the leadership team on an on-going basis to track progress. A self-evaluation tool had been completed by the previous leadership team, a number of months prior to our inspection. This highlighted areas of strength and areas requiring improvement. We discussed with the leadership team that it would be beneficial to review this tool and ensure it was reflected within the service improvement plan, where appropriate.

Feedback questionnaires had been sent out to staff and some had been returned. Staff team meetings were also taking place on a regular basis, and plans were in place for on-going relative and resident meetings. It is important to ensure that any feedback gathered, whether questionnaires or in meetings, is actioned and reflected within the service improvement plan. This ensures that people feel included in overall service improvement plans.

Overall, we acknowledge that the leadership team are new into post and service changes and improvements take time to embed. At the time of inspection, we were not assured that quality assurance processes provided effective oversight of the service nor promoted positive outcomes for people living in Balhousie Dalnaglar. Please see requirement 1.

Requirements

1. By 06 June 2025, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met, and that they experience positive outcomes.

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

- a) implement audits which enable the quality of the service to be monitored, and which identify areas for improvement
- b) ensure any identified areas for improvement are addressed without delay
- c) ensure there is always appropriate and effective leadership of the service.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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)

How good is our staff team?

2 - Weak

We have evaluated this key question as weak. We did identify some important strengths during the inspection; however, these were outweighed by significant weaknesses.

Staff training records were kept up to date and the leadership team had oversight of completed training. Staff told us that they were offered a variety of training opportunities, and felt they had the right training for their roles. Competency assessments of staff practice were taking place sporadically, although when they had taken place, they did contain relevant information which provided insight into staff practice and the overall evaluation of their performance. However, despite relevant training opportunities for staff, during the inspection we observed practice which was not in keeping with care plans and risk assessments. This had the potential to put people's health and well-being at significant risk of harm. As a result of this, we submitted appropriate referrals to the relevant external agencies and the service also responded to our concerns.

One to one staff supervision meetings were not taking place. We discussed this with the leadership team and there was limited oversight of staff supervision. It is essential that the leadership team have effective processes in place, which should include one to one meetings, to oversee staff knowledge, skills, and practice. This should provide assurance that they are delivering high quality care and support to people who use the service.

Staff meetings were not being held regularly, so opportunities for whole team discussions and learning were limited. Good working relationships can be enhanced by attending staff meetings. These also provide staff with the opportunity to be involved in service development.

People spoke about staff being "helpful" and "friendly" but remarked that staff did not always have time to take them out. During the inspection, we observed several people waiting lengthy periods for staff support. People, relatives, and members of staff told us that people had to wait for their care needs to be attended to and attributed this to insufficient staffing levels and staff being rushed. One person stated, "I am not really getting the help I need" and a relative commented that their family member had to "regularly wait for over 30 minutes" to be supported to use the toilet. Staff confirmed that there were delays at times in people's care needs being met and one member of staff commented "overall we are trying our best but there is not always enough staff on." Because staffing arrangements were not right, people did not always have their basic care needs delivered timeously, and we could not be assured that people received consistently high-quality care and support that was right for them.

Some staff told us they could not effectively keep up to date with changes in people's care needs as handover information from the previous shift was not always shared with them. This had the potential for staff to deliver support which was not reflective of people's current needs and wishes.

Although dependency assessments determined the service had adequate staffing levels, this was not reflective of our findings in relation to our observations during the inspection or our discussions with people, relatives, and staff. Staffing levels within the care home remained constantly static however sampling of staff rotas and discussions with the staff team confirmed that on occasions, there were gaps in staffing provision which meant that people had to wait for their basic care needs to be met. It was unclear how the service managed people's changing care requirements as we found no evidence to support that professional judgement decisions had been made detailing how staffing levels reflected changing needs.

When matching staff to work with individuals living in the care home, limited importance was placed on staff skills and staff were allocated according to tasks needing to be completed. We discussed with the leadership team that consideration could be given to matching staff with people wherever possible to ensure people and staff have opportunities to form meaningful and positive relationships. Consistency of staff ensures that they are familiar with people's needs and can recognise changes in their presentation and be able to respond promptly.

Requirements

1. By 06 June 2025, the provider must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, and in each unit of the care home, to meet service users' health, safety, and wellbeing needs.

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

- a) gather accurate information about service users' needs and use this to inform how many staff are required on each shift and on each unit during the day and night, to ensure people's needs are met
- b) roster and deploy staff in accordance with your assessment
- c) demonstrate that you effectively anticipate and respond to changes in service users' needs or significant events in the care home and amend staff numbers accordingly when required.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS, 3.15) and 'I am confident that people respond promptly, including when I ask for help.' (HSCS, 3.17)

How good is our setting?

3 - Adequate

We have evaluated this key question as adequate. We identified some important strengths, which when taken together just outweighed weaknesses.

The service was generally well maintained at the time of inspection. Environmental audits were taking place which had led to overall improvements in the service. The laundry area had been identified as requiring improvement. During the inspection, we identified a number of concerns with the laundry area. Current configuration and laundry processes put people who lived in the service at increased risk of infection transmission. This was discussed with the leadership team at the time of inspection, who were responsive to our concerns.

People's bedrooms were personalised. We heard about recent upgrades to furnishings and decor, to ensure these were right for the people who lived in Balhousie Dalnaglar. People told us that the 'room is nice and tranquil.' At the time of inspection, some people told us that their bedrooms were cold. We reported this to the leadership team who agreed to review and monitor bedroom temperatures. Externally, there were well maintained gardens to the front and rear. As described in key question 1, the service could do more to encourage and enable people to make use of the gardens.

The service benefitted from multiple communal spaces throughout. These spaces were accessible to people who lived in the service and provided the opportunity to socialise with others and take part in organised activities when they were running. The service lacked appropriate storage space which had resulted in equipment such as hoists, being kept in hallways on both the upper and ground floor. This posed a potential falls risk to people who were mobilising in that area. For one person we spoke to, we heard how this at times, has prevented them from getting in and out of their own room. This practice limited people's ability to freely move around their home.

How well is our care and support planned?

3 - Adequate

We have evaluated this key question as adequate. We identified some strengths, which when taken together, just outweighed areas of weakness.

Care plans and risk assessments we sampled contained comprehensive, relevant information about the person and their support needs. Although these contained enough information to support the individual with activities of daily living, they lacked meaningful, personal information which gave insight into the person's current views and experiences. Care plans were being reviewed on a regular basis, generally monthly, which should ensure that the information contained in these remained up to date.

Falls prevention had been an area of focus for the service, and as a result, well-detailed falls care plans were in place. These contained information on falls risks, contributing factors, prevention strategies and any specific action that should be taken in the event of a fall. For example, if the person fell and sustained a head injury, what protocol to refer to.

Future care plans were in place for people and contained essential information on people's wishes at the end of their life, and key information about symptom management and external professional involvement at this time or if an unplanned event occurred. It would be beneficial for the service to discuss personal preferences with people and gather detail on their needs and wishes, such as what brings them comfort to ensure people are supported as well as possible at the end of their lives.

People's care and support was not being reviewed in accordance with legislative requirements. There was inconsistent evidence of review meetings taking place and when we discussed this with the leadership team, there was no oversight processes in place to ensure these were taking place. It is important that people's care and support is reviewed on a regular basis, to ensure information held remains relevant. Due to lack of reviews, it was unclear how actively involved people and/or their representatives were in directing their care and support. People should be seen as the expert of their own experiences and therefore, should be involved in their care and support planning and delivery as far as possible. Please see requirement 1.

Requirements

1. By 6 June 2025, the provider must ensure there is a robust system in place to monitor people's health and well-being.

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

- a) ensure that people's health and well-being needs are reviewed as required, at least on a six-monthly basis
- b) ensure and record that people and/or their representatives are involved in their care reviews.

This is to comply with Regulation 5(1) and 2(c) 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 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) and 'I am fully involved in developing and reviewing my personal plan which is always available to me'. (HSCS 2.17)

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

Requirements

Requirement 1

By 1 October 2024, the provider, must support people to ensure they experience safe and well-planned care and support. To do this, the provider must, at a minimum:

- a) ensure staff have the skills, knowledge and training required to carry out healthcare assessments, including falls prevention
- b) ensure the outcomes of healthcare assessments, along with the professional judgement of staff, are used to inform meaningful and person-centred care plans
- c) ensure accidents/incidents are fully documented, including witness statements when applicable, in line with the provider's policy
- d) ensure accidents/incidents are properly investigated to identify any opportunities for learning and/or improvement.

To be completed by: 01 October 2024 This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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 13 August 2024.

Action taken on previous requirement

During the inspection, we found there had been a significant amount of work done in relation to falls. Falls training had been offered to staff, care plans had been updated and contained comprehensive information in relation to falls risks and prevention, falls cross tools were being utilised and accidents and incidents were being recorded and reported appropriately. Through records sampled, we were able to confirm that the service was also considering and recording lessons learned.

This requirement has been met.

Met - within timescales

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

In order to ensure people are comfortable and have the facilities they require, the manager should improve admission and ongoing monitoring processes, to include this aspect of service delivery.

This is to ensure care and support is consistent with Health and Social Care Standard 4.7: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'.

This area for improvement was made on 13 August 2024.

Action taken since then

We saw information relating to new admissions. A new needs analysis has been introduced by the service which will assist them to assess the impact on current dependency and staffing levels when considering admission requests in the future.

The service had implemented an environmental action plan which had identified rooms within the care home requiring improvements, some of which had been achieved and others ongoing. This area for improvement has been met.

Previous area for improvement 2

In order to ensure the health, wellbeing and safety of people experiencing care, the manager should ensure that any broken or faulty equipment is either promptly repaired or replaced.

This is to ensure care and support is consistent with Health and Social Care Standard 5.16: 'The premises have been adapted, equipped and furnished to meet my needs and wishes'.

This area for improvement was made on 13 August 2024.

Action taken since then

We did not find any broken or faulty equipment during the inspection nor evidence to support actions had been taken relating to this. Therefore, this area for improvement has not been fully assessed and will remain in place.

Previous area for improvement 3

In order to support good outcomes for people experiencing care, the manager should ensure that all unexplained injuries and bruising are noted and acted upon, in line with the provider's policies and procedures.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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'.

This area for improvement was made on 13 August 2024.

Action taken since then

The service had recorded, reported, and acted upon instances of unexplained injuries and bruising however during the course of the inspection, we identified additional concerns in relation to people's care needs that had not been acted upon therefore this area for improvement has not been met and will remain in place.

Previous area for improvement 4

In order to support good outcomes for people experiencing care, the manager should ensure that all residents and their representatives are offered, and provided with, meaningful opportunities to participate in the assessment and care planning process.

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 13 August 2024.

Action taken since then

We found gaps in reviews being completed and a lack of evidence that people or their representatives were being offered meaningful opportunities to participate in the assessment and care planning process. This area for improvement has not been met and will be superseded by a requirement. Please see key question 5 'How well is our care and support planned?' for more information.

Previous area for improvement 5

In order to support people's health, wellbeing and quality of life, the manager should ensure that people's interests, choices and preferences for how they like to spend their time is properly recorded, shared with staff and planned for. People should be supported to engage in the activities and interest of their choice, both within and out with the care home.

This is to ensure care and support is consistent with Health and Social Care Standard 2.22: 'I can maintain and develop my interests, activities and what matters to me in the way that I like'.

This area for improvement was made on 13 August 2024.

Action taken since then

There was a small, dedicated activities team employed to undertake activities with people being supported and included group and one to one support. We observed and people, their families and staff told us that there were limited opportunities for people to participate in activities or access outdoors due to limited staff capacity. Please see Key Question 1 'How well do we support people's wellbeing?' for more information. This Area for Improvement has not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	2 - Weak

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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