

Balhousie Rumbling Bridge Care Home Service

Crook of Devon
Kinross
KY13 0PX

Telephone: 01577 840478

Type of inspection: Unannounced
Inspection completed on: 14 December 2017

Service provided by:
Advanced Specialist Care Limited

Service provider number:
SP2005007542

Care service number:
CS2017358878

About the service

Rumbling Bridge is a care home owned by the Balhousie Care Group. The home is situated in a rural location in Perth and Kinross. The care home provides accommodation for a maximum of 23 older people. It can also accommodate up to 18 people with Huntington's disease and respite/short breaks are also provided.

Accommodation is provided on two floors and each bedroom has en suite facilities. There is substantial parking provision. There is a patio area for residents' use which has a view over landscaped gardens.

The manager is responsible for the supervision of staff and the day-to-day running of the home. There has been a recent change of management. A new manager and assistant manager have recently been appointed.

The service aims and objectives are to create a caring environment based on respect and dignity and provide a holistic approach to the care of residents.

This service was registered with the Care Inspectorate on 7 November 2017.

What people told us

Although some people were unable to tell us what they thought of the support they received, we observed some positive interactions between staff and people who used the service. We saw that staff appeared to know the residents well, and were able to support them appropriately. We spoke with relatives of people who used the service and they spoke highly of the quality of support provided by staff, and made comments such as "they really know my relative and are able to support them to have as good a life as possible here", "the staff appear to be really committed to their work and are really good to my relative" and "the staff are very caring and kind".

Other residents who were able to tell us of their experience of living in Rumbling Bridge said that they got on well with the staff and were able to decide what they wanted to do during the day. They said that staff were kind and helpful, and that usually there were enough staff to support them. They made comments such as "the staff are fine", "I have everything I need in my room", and "it's quiet here, but I quite like that".

Self assessment

We did not request a self assessment this year. We discussed and considered the service's own development plan as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We felt there was a calm relaxed atmosphere in both units. During our inspection there appeared to be sufficient staff to meet the needs of individual service users. For example, we observed some people got up later or earlier to suit their preference and people had a choice of areas to sit in.

Sampled care plans generally showed a good level of knowledge about specific needs of individuals. In particular the 'My Story' sections were comprehensively completed with information on the likes/dislikes/family and background as well as any health issues and how the service could support the individual. Specific risk assessments appeared to be completed appropriately and reflected issues identified - in some cases this then led to a specific care plan.

As part of the inspection we carried out a short medication audit and could see that medication was appropriately stored and recorded, with a running total of medications in stock recorded at every drug round. Where people had been prescribed 'as required' medication for pain relief we saw that pain assessments and protocols were in place, and any 'as required' medication given was recorded appropriately. We could see that nursing staff reviewed medication and worked with GPs to ensure that the most effective medication was prescribed, for example we saw a review of 'as required' medication for pain relief.

Daily recordings were made on an exceptional basis, that meant that entries were made when there was something of note to record rather than every day. We saw references to GP visits, family visits, falls, reviews, etc as well as participation in events. However we felt that some recordings could benefit from being more detailed, for example one entry recorded that antibiotics had commenced, but there was no explanation of why, either on that date or previous dates. Particularly in the upstairs unit we saw references to reviews having been carried out, but we could not always see confirmation of this in the form of minutes. Recording would also benefit from evidencing consultation with people who use the service or their families.

Where there were issues around eating and drinking, particularly downstairs, the service should ensure that there are clear guidelines in place as to any modification to diets for example, textured, calorific value, or equipment required. Records kept re. nutritional intake should be specific, particularly downstairs where at times there was no detail as to the content of the meal, and whether it was modified or not.

Where people come to the service on a respite basis the service should complete a pre-admission assessment, or in the case of an emergency respite as soon as possible, preferably within 48 hours.

In situations where individuals were displaying behaviours which may indicate anxiety or distress, the service should ensure that they have appropriate risk assessments and protocols in place to minimise risk and reduce anxiety for service users.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

The service was a pleasant environment with a variety of seating areas and outdoor spaces. At the time of inspection the outdoor access was limited by the weather, but we could see that in particular the residents from the downstairs unit made good use of an outdoor smoking area.

Records in relation to maintenance and statutory health and safety checks appeared to be in order, and the service had access to its own maintenance staff. At the time of inspection the home had noted some issues in relation to faults within the heating system and in the call system but these were in the process of being repaired or replaced. The home confirmed with us following the inspection that issues with the call system had been dealt with. The home had a plan of maintenance, repair, and redecoration for the year. Staff appeared to have a knowledge of appropriate health and safety precautions, and there were no malodours noted during the inspection.

Residents could choose to have their meals either within a variety of communal eating areas or in their own room. During the inspection we discussed the development of one combined eating/sitting area to two separate areas to give residents on the first floor a more positive experience.

The service had identified some areas that required more major action such as the underfloor heating which had caused two leaks, and the replacement of water tanks. Timescales had been identified for this. During the inspection a call point downstairs developed a fault and was sounding intermittently throughout the inspection. The service was asked to deal with this as quickly as possible and confirm with the Care Inspectorate when the fault was remedied which they did.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

During the inspection we observed staff practice and spoke both formally and informally with a range of staff. All were positive about their work and said that they had noticed an improvement recently with the introduction of a new management structure. We also spoke with regular visitors to the service who spoke highly of the skills of the staff, and who said that they could not praise them highly enough.

The service maintained a record of individual staff training and staff were able to describe training they had completed which had been helpful to their practice. This was not only 'basic' training, but also more specialised training such as dementia, Huntington's, and adult support and protection. The service generally followed appropriate recruitment procedures, and we saw that staff had access to supervision from senior staff. Regular staff meetings were held and minutes showed these to be informative and developmental.

Although the service did generally follow appropriate recruitment processes we did see examples of recruitment where references were minimal, and the service should ensure that references are in place, and satisfactory prior to commencing employment. In one instance we saw an example of the recruitment of ancillary member of staff who had previous convictions. We saw reference to a risk assessment, but could not see this document, and following a change to this persons job role any risk assessment should have been updated.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We received positive comments from staff and visitors about the quality, professionalism and approachability of the senior staff and also other staff. This appears to have had a positive effect on the quality of support provided.

There was a range of processes in place to support senior staff in identifying positive practice and areas for development. Actions were generally identified as a result of a variety of audits such as the home manager's audit, medication recording audit, domestic audit, infection control audit and meal time audit. In addition, the service had involved the providers dedicated dementia consultant in the King's Fund Assessment of the service (which looked at environment) and the production of a dementia mapping report. We could see that the service had taken on board some of these actions and had either completed them or had included them in their service improvement plan.

We saw that appropriate health and safety audits were completed and that appropriate regular maintenance checks were completed. (See also theme 2.)

There were a number of actions identified as a result of audits which could be actioned by members of the staff

team rather than by management, and the service should consider how responsibility for these actions could be cascaded across the staff team.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

This service does not have any prior inspection history or grades.

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