

Balhousie Luncarty Care Home Care Home Service

Scarth Road
Luncarty
Perth
PH1 3HE

Telephone: 01738 828163

Type of inspection:

Unannounced

Completed on:

13 July 2018

Service provided by:

Balhousie Care Limited

Service provider number:

SP2010011109

Service no:

CS2010272017

About the service

Balhousie Luncarty Care Home is part of the Balhousie Care Group. The manager of the service is responsible for the daily operations of the service and the supervision of staff.

Accommodation is provided for 32 older people with places for eight service users within a specialist dementia unit.

The accommodation comprises of ten bedrooms on the ground floor, seven of which are within the dementia unit. Five bedrooms are situated on level one and the remaining bedrooms are located on the second floor. A passenger lift is installed and provides access to the upper floor and the basement.

The general unit has access to a large garden and the dementia unit has ramped access to a small garden..

This service has been registered since October 2010.

What people told us

During the inspection we spoke with people who lived in the home and their relatives. We also received feedback through Care Standards Questionnaires (CSQs). Overall the residents expressed positive views. People told us that they had opportunities to express their views about the service and that staff knew their care needs well.

Some of the comments we received were:

'Can't really fault them at all.'

'We looked at a couple of places but we felt reassured with Luncarty. The manager really sold the place to us and never regretted it.'

'The food here is excellent.'

'Staff are excellent and very good to Mum.'

'I like living here.'

'There's good entertainment and things going on.'

'Mum came in for respite as she was falling at home but settled really well and decided to stay. She hasn't had a fall since.'

'They're braw lassies who look after me great.'

'When I visit, I always get offered a cup of tea and can come and go as I please.'

'Mum has settled really well and we visit every day. Sometimes there's not a lot of activities.'

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Staff were visible and communal areas were well supervised. People we spoke with commented positively about the staff and we saw that residents were approached by staff in a caring, gentle manner. Residents appeared comfortable in the company of staff and there was a relaxed atmosphere in the communal areas.

We saw that staff were open and friendly in their approach to residents and we found staff were aware of individual residents and their families needs. This promoted an appropriate and consistent level of care. We thought that communication between the care staff and manager was good. Relatives also spoke of being kept up to date on their relatives care needs and felt confident that they would be informed of any changes in their relatives care.

We carried out a SOFI (Short Observational Framework for Inspection) and saw examples of good interaction between staff and residents. Staff demonstrated warmth and respect towards residents and they seemed to make the most of every opportunity to spend time with them.

We looked at a sample of medication administration records (MAR), nutrition and dietary information, skin care files and records of contact with health professionals to see how well the home met residents general health and care needs. We spoke with a visiting District Nurse who told us that staff communicate appropriately, ask questions and are prompt to raise concerns. This means that residents can be confident that their health needs will be met.

We looked at a sample of support plans. We found that mostly these provided a good range of information about how to support people, however, some fell short of the service's expected standard. We agreed with the manager that staff development was needed to guide staff about how to write the plans and understand what outcomes means for people. This will help support staff to deliver care that people need.

We sampled fluid intake charts and found these to be fully completed and the content evaluated to inform practice. We saw that they were completed consistently and accurately. Staff we spoke to had a good understanding of how to evaluate the charts and the action required to plan care accordingly.

During our medication audit, we found that the room temperature in the storage areas exceeded the safe guideline of 25 degrees Celsius. The manager immediately installed a temporary air conditioning unit to remedy the situation.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

We thought the care home was pleasant, clean and in a good state of repair. A system was in place for staff to report faults and we found evidence of maintenance and repairs being addressed promptly throughout the home.

The manager had used the Kings Fund environmental audit tool to help identify how well the service was meeting the needs of residents with a diagnosis of dementia. We saw that lighting throughout the building had improved and that dementia-friendly signage was in place.

The manager told us that the refurbishment programme is ongoing. Communal areas and some bedrooms had been redecorated and a dedicated hairdressing room had been installed.

There was a secure entry system in place to access and leave the home. This meant that people could not leave the building without staff's knowledge. Relatives told us that they never had to wait long to enter or leave the building as there was always staff around.

The manager told us there were plans to make improvements to the outdoor areas of the home. This is to ensure that people will have access to a safe and secure area and be able to use the outdoor space more often. We saw residents enjoy the good weather in the garden gazebo but staff were always present as the area was not secure.

At our last inspection, we carried out an infection control assessment and found that the laundry area did not meet good practice in relation to preventing infection. We asked the provider to undertake a review of infection control procedures to ensure that work practices reflect best practice guidance for the prevention of infection in the laundry. During this inspection we saw that no action had been taken by the home in relation to this and we have advised that this work must be carried out as a priority. **(See requirement 1.)**

Requirements

Number of requirements: 1

1. In order to ensure that the laundry area meets good practice in relation to preventing infection, the provider must undertake a review of the infection control procedures to ensure that the work practices reflect best practice guidance for the prevention of infection in the laundry.

The provider must ensure that staff are provided with the necessary guidance and equipment to allow them to safely undertake their responsibilities in the control of infection.

By 31/12/18.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.". It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 210 / Regulation 4(1)(d)

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We received many positive comments from residents and relatives regarding the quality of staff employed within the care home. We found them to be polite, courteous and welcoming. Relatives told us that they are always offered a cup of tea as soon as they arrive and are made to feel welcome.

Staff training was up-to-date with refresher training planned within expected timescales and we were pleased to see that staff were trained to the skilled level of the Promoting Excellence Framework for dementia. Staff confirmed that they had the necessary training to do their job. This means that residents can be reassured that staff are well trained and knowledgeable to support them. We discussed with the manager competency assessments to ensure that staff fully understand the e-learning they have completed. It is important that the manager is assured of the staff's knowledge and competency in an ongoing basis. The manager has recently introduced competency assessments and we will follow this up at our next inspection.

There were regular opportunities for staff to share information and give their views on how to improve the service. This included supervision, appraisals and team meetings. These gave staff and management an opportunity to discuss the areas of the service that were working well and what could be improved on. We could see that all staff had been supervised by their line manager within the past three months. A new supervision template had been recently introduced which encouraged greater participation from staff. We could see that issues staff had raised were acknowledged and acted upon by management.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

There is evidence that quality assurance systems support services to improve their practice which can result in improved outcomes for residents, relatives and the staff team. A range of audits were carried out within the home. The aim of the audits was to ensure that standards were maintained with any areas for improvement identified quickly and acted upon. We looked at some of the quality assurance audits carried out including medication audits, falls audits, environmental audits and 'resident of the day' audits which ensured that each resident's personal paperwork, such as support plans, were scrutinised regularly by the management team.

We saw that action plans were developed and introduced where required although the systems are still being embedded by the manager and her team. For example, we saw that some risk assessments and paperwork relating to falls were not being carried out correctly.

The manager's 'open-door' approach and relationships within the home enabled residents and their visitors to share their opinions and feel able to comment on the quality of the service being provided, confident that they would be responded to promptly.

The manager has put in place meetings with residents, relatives and staff that were held regularly to ensure participation and involvement with the service. Residents told us their opinions were sought regarding issues such as menu choice, outings venues, activities, décor and on general improvements within the home.

In order to further improve quality outcomes for residents, and ongoing development of the service, the manager and her team must improve the standard of record keeping and take forward the improvements they have already made.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The service provider must satisfy themselves that staff who complete fluid balance charts do so consistently and accurately and evaluate the content of the charts and plan care accordingly.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - a requirement that providers shall make proper provision for the health and welfare of residents; and Regulation 15(b)(i) - staffing.

Timescale: to be consistently completed by 8 January 2018.

This requirement was made on 5 December 2017.

Action taken on previous requirement

We sampled fluid intake charts and found these to be fully completed and the content evaluated to inform practice. We saw that they were completed consistently and accurately. Staff we spoke to had a good understanding of how to evaluate the charts and action required to plan care accordingly.

Met - within timescales**Requirement 2**

The provider must undertake a review of the infection control procedures to ensure that work practices reflect best practice guidance for the prevention of infection in the laundry.

The provider must ensure that staff are provided with the necessary guidance and equipment to allow them to safely undertake their responsibilities in the control of infection.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 210 / Regulation 4(1)(d)

Timescale: staff should receive guidance by 31 December 2017, with any building work completed by 31 May 2018.

Practice Guidance : Building better care homes for adults. Design, planning and construction considerations for new or converted care homes for adults. Care Inspectorate March 2014. Publication code : OPS-1213-257 Part 4.16

This requirement was made on 5 December 2017.

Action taken on previous requirement

The provider advised that they are in the process of undertaking building work to install a new laundry facility. They were unable to tell us when this work will be completed. We will follow this up at our next inspection.

Not met

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

Previous recommendations**Recommendation 1**

It is recommended that residents do not sit for prolonged periods of time with no postural support. Due consideration must be given to this aspect of care. Residents' health and welfare should benefit through consistent and improved practice in the recording of and updating of assessments and plans of care in the personal plan documentation.

National Care Standards Care Homes for Older People – Standard 6: Support Arrangements

This recommendation was made on 27 June 2017.

Action taken on previous recommendation

This is discussed in 'Quality of care and support' in the report, and we felt that this was generally met but remains an area for improvement.

Recommendation 2

It is recommended that the management team refers to the Preventing Infection in Care resource and makes relevant improvements to infection prevention and control measures. This should include the management of laundry.

National Care Standards Care Homes for Older People - Standard 4: Your Environment: Your environment will enhance your quality of life and be a pleasant place to live

You can expect that the premises are kept clean, hygienic and free from offensive smells and intrusive sounds throughout. There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance.

This recommendation was made on 27 June 2017.

Action taken on previous recommendation

We have discussed this in 'Quality of environment' in the report, and feel that this recommendation is generally met. However we have made a requirement in relation to laundry facilities.

Recommendation 3

The management team should progress with the development plan of the service which should include the actions and improvements of their quality assurance and feedback gained from relatives, staff, residents and professionals involved with the service.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements

This recommendation was made on 27 June 2017.

Action taken on previous recommendation

This recommendation has been met.

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings
13 Nov 2017	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate
12 Jun 2017	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate
24 Feb 2017	Re-grade	Care and support 2 - Weak Environment Not assessed Staffing Not assessed Management and leadership 2 - Weak
23 Jun 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
21 Jul 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
9 Jun 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
16 Dec 2013	Unannounced	Care and support 3 - Adequate Environment 4 - Good

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 3 - Adequate
27 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 4 - Good Not assessed 4 - Good
19 Apr 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
2 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
24 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good Not assessed Not assessed
11 Mar 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good Not assessed 4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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