

Care service inspection report

Balmanno House

Care Home Service Adults

3 Cleveden Road

Glasgow

G12 0NT

Telephone: 0141 334 6734

Inspected by: Kathy Godfrey

Type of inspection: Unannounced

Inspection completed on: 21 December 2012



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Service provided by:

Balmanno House

Service provider number:

SP2003002345

Care service number:

CS2003000825

Contact details for the inspector who inspected this service:

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment		N/A
Quality of Staffing	4	Good
Quality of Management and Leadership		N/A

What the service does well

The service offers lots of opportunities for service users and relatives to give their views.

The service offers a good level of care and support.

The staff team is motivated and work well together.

What the service could do better

Personal plans would benefit from increased use of photographs and pictures. This would make them more person centred.

The provider must ensure that all staff have training to work with service users who may be vulnerable. Adult Support and Protection training should be part of induction.

The service would benefit from reviewing the paperwork being used for supervision and appraisal. This would encourage discussion and make these sessions more meaningful.

Staff should have a personal development plan. This should include refresher dates and training to be completed. This would ensure staff continue to develop in their role.

What the service has done since the last inspection

The annual electrical check had been carried out.

The service is working with an external agency to develop a template for an improvement plan.

Conclusion

The service offers a good level of care and support.

Service users and relatives are encouraged to give their views on the service.

Staff should have Adult Support and Protection training as part of induction.

Staff should have more meaningful supervision and appraisal.

Staff should have a personal development plan.

Who did this inspection

Kathy Godfrey

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made.

Requirements are legally enforceable at the discretion of the Inspectorate."

Balmanno House is a care home for older people situated in the West End of Glasgow. The service provides 24 hour support for up to 50 older people who require residential and nursing care. The home is close to local shops, a park and good transport links. Balmanno House is a traditional sandstone building with extensions and a large airy conservatory. It benefits from front and rear landscaped gardens and patios.

The rooms are over three floors. These can be reached by lifts, ramps or stairs. All rooms are en-suite.

The aims and objectives of the service state that:

"Balmanno House is structured to provide a wide3 variety of differing forms of care

and support, which are sufficiently wide ranging to recognise and cater for individual needs and tastes. Balmanno House aims to ensure that each resident enjoys our care and respect at all times as an individual, and continually experiences an atmosphere of warmth and friendship together with the opportunity of privacy which a home uniquely gives"

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Environment - N/A

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote the report following an unannounced inspection. The inspection was carried out by Kathy Godfrey over 2 days. The 18th December 9.30am-3.30pm and 21st December 10am-3pm.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- Certificate of Registration
- Accident log
- Incident log
- Complaints/suggestions log
- Medication records
- Quality Assurance Audits
- Questionnaires
- Care plans of people who use this service
- Minutes of service user meetings
- Minutes of relatives meetings
- Staff training records
- Staff meeting minutes
- Staff supervision notes
- Self assessment document
- Information pack

We spoke with the manager, deputy manager, 1 staff nurse, 4 care assistants and the activity co-ordinator.

We spoke with 6 service users while we walked around the home.

We observed lunch time and activities taking place.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

The service must undertake an annual Fixed Electrical Installation Inspection The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Welfare of users 4- (1) A provider must - (a) make proper provision for the health, welfare and safety of service users. Within 1 month of this report

What the service did to meet the requirement

We looked at the certificate of completion for this.

The requirement is: Met

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

The service should develop an improvement or development plan.

National Care Standards, Care homes for older people, Standard 5 Management and staffing

This had been partially met.

The service are working with an external agency to help them develop a template for an improvement plan.

When they have the template agreed they will discuss with service users, relatives and staff what they think could be improved

(see Recommendation 3, under Quality Theme 1, Statement1)

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

Service users we spoke with told us:

"staff are great"

"the staff are really nice"

"very helpful" and "they are cheerful"

Taking carers' views into account

We did not speak with any carers at inspection

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found that this service was performing well in the areas covered by this statement. We concluded this after we

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

The service had personal plans. These were person centred and detailed service user daily support needs. This gave staff the relevant information to work in a consistent way.

The personal plan had a detailed life history. This gave information such as where the service user had lived and what jobs they had done. This gave staff topics for conversation that would encourage service users to chat and reminisce.

The service carried out 6 monthly reviews. These reviews gave the service user opportunities to discuss their service with their key staff and other agencies involved in the support. There was an action plan for any issues raised.

There was an information booklet in each bedroom. This gave the aims and objectives of the service and the complaints procedure. It also gave useful information such as how to use the Nurse Call system to summon staff if assistance was needed.

There were lots of ways that the service gathered views:

- * Service user questionnaires with feedback given at service user meetings

- * Relatives questionnaires
- * Service user meetings
- * Relatives meetings

We saw evidence of actions being taken from suggestions at the relatives meetings. An example was a relative who thought there was a smell from the dining room carpet. Despite regular cleaning this remained. The service replaced the carpet with flooring chosen by the service users. This ensured that relatives felt their views were valued.

We observed good practice and communication between service users and staff. Staff treated service users with dignity and respect and offered choices.

Areas for improvement

The personal plans would benefit from increased use of photographs and symbols. This would make them more person centred and encourage greater service user participation. We spoke with the manager about this. She told us she would work with service users and staff to develop a more service user friendly personal plan. (see Recommendation 1 under Quality Theme 1, Standard 1)

Relatives were not given feedback from questionnaires. We spoke with the manager about this. She told us that any issues raised were dealt with immediately with an action plan. However the service would benefit from giving feedback to all relatives, whether they had filled out a questionnaire or not. This would help relatives feel involved in the service.

(see Recommendation 2, under Quality Theme 1, Standard 1)

The service should continue to develop an improvement plan. This should be done in consultation with service users, relatives and staff.

(see Recommendation 3, under Quality Theme 1, Standard 1)

The service had identified an area of improvement as the updating of their brochure. The home had benefited from refurbishment which meant that the photographs were now out of date.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. Personal plans should be more service user friendly

National Care Standards, Care homes for older people, Standard 6, Support arrangements

2. Relatives should be given feedback from the questionnaires

National Care Standards, Care homes for older people, Standard 11, Expressing your views

3. The service should continue to develop an improvement plan

National Care Standards, Care homes for older people, Standard 5, Management and staffing

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

In addition:

The personal plan had a health section. This detailed medication, mobility and nutritional needs.

There was a Nutritional Champion in the home. She had carried out further training for this role. This meant she had additional knowledge to ensure service users were having the correct balance of food and drink to keep them healthy.

The service carried out a monthly nutrition audit.

There was a consultation room for the GP who visited weekly. This gave service users an opportunity for a confidential chat with the GP without having to leave the home.

The menu was varied and offered choices at every meal. The tables were set out nicely with small tables to encourage chat among service users. We observed meal times and these were a relaxed enjoyable experience for service users. They told us "food is excellent" and "I like the food here. If I don't they will give me something else".

Service users questionnaires asked about the quality of the food. The ones we looked at were all very positive.

There was a full programme of activities that service users had chosen. This included a knitting class. This group had knitted cardigans for premature babies. The activity co-ordinator told us service users planned to present them to the local children's hospital. We spoke with service users who were part of this group. They had a great sense of pride in this achievement.

The service had recently purchased a mini-bus. This enabled service users to have more group outings.

Accidents/incidents were recorded. The home had access to the NHS Falls co-

ordinator for care homes. This meant that service users who were having mobility issues could be referred to the falls team for assessment. This contributed to keeping service users safe.

We observed that all service users were evidently well cared for in respect of personal care. This was an unannounced visit but all service users looked well presented, hair nice, clothing clean and smart.

Areas for improvement

The service should continue with the very good work in this area.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

The strengths for the service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

In addition:

There was evidence that service users had been involved in recruitment of staff. Service users met with prospective staff then were asked for their comments. This meant that service users had an opportunity to choose the staff who worked within the home.

Service user and relatives questionnaires asked about the quality of staff. The ones we looked at were all very positive.

We asked service users about the quality of the staff. They told us "there are no helpers that aren't nice" and "they are very good".

We observed a motivated, committed staff team. This clearly led to a warm and friendly environment. There were good relationships between service users and staff with lots of chat taking place.

Areas for improvement

Relatives were not given feedback from questionnaires.

(see Recommendation 2, under Quality Theme 1, Standard 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We found that this service was performing well in the areas covered by this statement. We concluded this after we

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

In addition:

Staff completed an induction programme. This included moving and assisting, food hygiene and infection control. Staff told us they felt the training was good. The training had positive outcomes for service user as we observed good practice being carried out.

The service had a training plan. This included dates for refreshers and further training. This ensured staff continued to develop with their role.

Two staff will be taking part in Leadership and Management in Dementia Care-Aspiring to Excellence training. They will then pass their knowledge on to the staff team through staff meetings and training sessions. This will ensure that staff continue to offer a service that meets the changing needs of the service users.

Staff meetings were taking place on a regular basis. Minutes showed good discussions on service users, staff issues and training. Staff we spoke with told us they felt able to contribute to these meetings and give their views.

While we acknowledge that the service carried out regular supervision sessions and annual appraisals the paperwork for these should be reviewed.

(see Area for improvement Quality Theme 3, Standard 3)

Areas for improvement

The service would benefit from improving their supervision and appraisal formats. We looked at these formats which were tick boxes with little scope to raise any issues and support effective practice. Staff we spoke with agreed.

Supervision should encourage discussions between staff and supervisor. These sessions should talk about practice, training, development, staff issues and service user issues.

Annual appraisals should reflect on the previous year, how the staff member has developed and should set targets for the coming year.
(see Recommendation 1 under Quality Theme 3, Statement 3)

A Personal Development Plan should then identify how the staff member will achieve the set targets and within what timescales.
(see Recommendation 2, under Quality Theme 3, Statement 3)

All staff had not had Adult Support and Protection training. The service users may be vulnerable due to dementia or disability. This training would give staff additional knowledge to help protect vulnerable service users.
(see Requirement 1 under Quality Theme 3, Statement 3)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that all staff have training to work with service users who may be vulnerable. Adult Support and Protection training should be part of induction.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011

Staffing 15b ensure that persons employed in the provision of the care services receive- (i) training appropriate to the work they are to perform

To be met within 4 months from receipt of this report

Recommendations

1. All staff should have meaningful supervision and appraisal

SSSC code of practice for employers 2.2

2. All staff should have a Personal Development Plan

SSSC code of practice for employers 3.1, 3.2, 3.3, 3.4

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	5 - Very Good
Quality of Environment - Not Assessed	
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings	
15 Aug 2012	Unannounced	Care and support	Not Assessed
		Environment	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	5 - Very Good
20 Feb 2012	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
25 Jul 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
27 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	3 - Adequate

Inspection report continued

28 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good Not Assessed Not Assessed
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good Not Assessed
2 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 5 - Very Good
9 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
7 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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