

# Care service inspection report

## Balmanno House

### Care Home Service Adults

3 Cleveden Road

Glasgow

G12 0NT

Telephone: 0141 334 6734

Inspected by: Kathy Godfrey

Janis Toy

Type of inspection: Unannounced

Inspection completed on: 15 August 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		N/A
Quality of Environment	5	Very Good
Quality of Staffing		N/A
Quality of Management and Leadership	5	Very Good

### What the service does well

The service is clearly committed to offering high standards of care to its service users.

The service offers a full programme of activities which service users have helped choose.

The service offers plenty of opportunities for service users, relatives and staff to participate in assessing the quality of care and support.

### What the service could do better

The service may want to review how it carries out resident's laundry.

The service may want to look at how the home will continue to support service users as they become frailer and require more specialist dementia care.

### What the service has done since the last inspection

The service have new personal plans. These are person centred and detailed.

### Conclusion

Balmano House offers a high standard of care and support.

There are opportunities for service users to choose what activities are offered.

The service should review the way it carries out laundry.

## **Who did this inspection**

Kathy Godfrey

Janis Toy

# 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](http://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 - N/A**

**Quality of Environment - Grade 5 - Very Good**

**Quality of Staffing - N/A**

**Quality of Management and Leadership - Grade 5 - Very Good**

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](http://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 and Janis Toy over one day on 14th August 2012 between the hours of 8.45 and 3.45. We returned on 15th August to give feedback.

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
- Quality Assurance Audits
- Questionnaires
- Care plans of people who use this service
- Staff training records
- Staff meeting minutes
- Staff supervision notes
- Self assessment document
- Minutes of relatives meetings
- Minutes of service users meetings
- Health and safety policy and audits
- Maintenance log and paperwork
- COSHH assessments
- Records of call alarm

### **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](http://www.firelawscotland.org)

## **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**

We sent out 50 questionnaires to service users and receive 22 back.

Comments included:

"home is kept very well"

"Satisfied with all aspects of care provided by the home"

Questions asked included:

"The home is clean, hygienic and free from smells" all 22 agreed

"I feel safe and secure in the care home" 19 strongly agreed and 3 agreed

"Overall I am happy with the quality of care I receive at this home"

16 strongly agreed, 6 agreed, 3 don't know

## **Taking carers' views into account**

We sent out 30 questionnaires to relatives and carers and received 13 back.

Comments included:

"Balmanno House is staffed by a very caring management and staff. I feel very lucky

my mother is being looked after there"

"The matron administers her duties with professionalism, efficiency and humanity"

Questions asked included:

"I am confident that my relative/friend is safe and secure in the care home"

11 strongly agreed and 2 agreed

"My relative/friend is able to feed back their views about the quality of the service, and the management of the service takes these seriously"

6 strongly agree, 4 agree and 3 said not applicable

"Overall I am happy with the quality of care my relative/friend receives in this service"

10 strongly agreed and 3 agreed

## 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 - NOT ASSESSED**

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within 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 clients who use the service
- \* Spoke with staff and management
- \* Looked at questionnaires
- \* Reviewed a sample of personal plans and other records

In addition:

We looked at minutes of service users meetings. We could see clear evidence of how service users had influenced the quality of the environment. An example was service users shown a range of crockery to choose new cups and saucers.

We spoke with staff who confirmed that service users had chosen the colours and furnishings in the new extension.

The minutes of the service users meeting also showed they had discussed ways the service could improve. They discussed how the installation of a stair lift in one of the areas of the home would provide easier access to a resident's bedroom. The following meeting gave details of what had been done about this. The service had received a quote for the work to be done.

Minutes also identified that two of the service users commented they did not feel safe using the lift, on their own, during the evening. The service had responded by ensuring that the service users had an escort when using the lift.

The service users were also consulted on whether they would like to make use of recycling bins for waste paper. One resident commented that "recycling was a very good idea". The service now has three recycle bins around the home.

Each resident had a Residency Agreement. This detailed the level of service to be provided. It also detailed how new service users could personalise their own room. e.g by painting it in their chosen colour, choosing their own bed linen and curtains.

We looked at the service complaints and compliments policy. The service users we spoke with knew about their right to complain and who to complain to. One of the service users had recently completed a comment form to say that they liked the new pictures hung in one of the corridors.

The service has a small but well developed garden. Over several years it has received commendations from a "Let Glasgow Flourish" and awards from "Incorporation of Glasgow Gardeners". A member of staff recently received the award, on behalf of the home, at an award ceremony. Resident told us they liked to go out in the garden, weather permitting.

### **Areas for improvement**

The service should continue with their good work in this area and look at new ways to further involve service users.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We make sure that the environment is safe and service users are protected.

### 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 clients who use the service
- \* Spoke with staff and management
- \* Looked at questionnaires
- \* Reviewed a sample of personal plans and other records

In addition:

The home had a secure entry system. This contributed to keeping service users safe.

We looked at the Health and Safety Policy. The service contracts a local company to carry out health and safety audits of the environment. A recent report from March 2012 detailed audits carried out on the heating and ventilation systems, lighting, emergency lighting and clinical waste processes. All areas were found to be satisfactory.

We looked at a system for responding to daily maintenance tasks. There was evidence minor repairs had been dealt with quickly and efficiently. The records were signed and dated when work was completed.

The service displayed First Aid information including names of the first aiders. Hygiene notices were also displayed in relevant areas such as toilets and the kitchen. This information contributed to keeping service users safe.

We looked at evidence of Control of Substances Hazardous to Health (COSHH) assessments being carried out regularly.

We saw evidence of quarterly checks of water temperatures and water samples being sent away for analysis. This contributed to keeping service users safe.

The service had a Food Hygiene/Food Standards Inspection in March 2012. This was carried out by the Environmental Health Department. The home achieved a PASS standard.

We looked at the service Infection Control policy. This clearly encouraged good hand hygiene and use of equipment such as gloves and aprons. Staff meetings also reinforced best practice across all the teams. This ensured staff practiced best practice in Infection Control.

We looked at detailed accidents and incident reports. These were all investigated and reported appropriately. This contributes to keeping service users and staff safe.

We looked at service users bedrooms. These were all equipped with a "nurse call" button to be used in emergencies. The service had an electronic system that recorded when the "nurse call" was set off and when it was answered. We checked these records and could see that calls were routinely answered within a few minutes.

We looked at personal plans which showed evidence of mobility assessments taking place. These identified issues with uneven floor surfaces and ramps that may pose difficult for some service users. Risk assessments were then completed.

We saw that toilets and bathrooms were fitted with handrails and equipment needed to encourage independence. The toilets and bathrooms were a good size and layout and were clean and fresh.

It was noted that the home provided a high standard of general cleanliness.

The service had a comprehensive restraint policy. This clearly set out guidance for staff and service users that restraint should only be used as a last resort and after consultation with family representatives and health professionals. The guidance gave clear examples of alternatives to restraint such as understanding the service users behaviours may be due to changing health needs or lack of sleep.

### **Areas for improvement**

The service contracts an external company to undertake an annual Fixed Electrical Installation Inspection. It was noted during the inspection this should have taken place in July.

(see Requirement 1 under Quality Theme 2, standard 2)

The service has a system for labelling resident's clothing. We observed that underwear was not always labelled. After washing any items without labels were held collectively in the laundry.

We were advised by staff and a resident that items, particularly tights and pop socks, were routinely "lost". The service may want to review its laundry procedure to ensure that service users garments are clearly labelled and returned.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 1

**Number of recommendations:** 0

### **Requirements**

1. 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

**Quality Theme 3: Quality of Staffing - NOT ASSESSED**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of 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 clients who use the service
- \* Spoke with staff and management
- \* Looked at questionnaires
- \* Reviewed a sample of personal plans and other records

In addition:

The management have an ethos that "our style of management seeks to develop a constructive, open and inclusive environment where the needs of the service user comes first"

We saw that the service carried out staff surveys. These focused on asking questions such as how staff were managed and how they felt they were managed. A question asked "Are there any issues you would like to raise about Balmanno House as an employer?" This gave staff an opportunity to comment on the quality of the management.

The results of the surveys were used to identify areas of concern and an action plan was developed. Feedback was given through staff meetings.

Staff supervision sessions offered an opportunity for staff to reflect on feelings about their work with their line manager.

The service had carried out six monthly reviews that asked for the views of the family, medical personnel and social workers about the quality of service being delivered.

The service held regular service users meetings where they were encouraged to join in discussions about the service and give their opinions. Minutes showed a discussion about what type of meals service users wanted and where they wanted to go for future outings.

There were also relatives meetings. Minutes from these showed that everyone was

involved in discussions and kept up to date with any changes in the home.

We spoke with service users. One of them told us "matron is very nice, very approachable." Another said that "I would speak to her if I had a problem".

Staff we met with told us the management team were approachable and they felt supported by them.

### **Areas for improvement**

Service should continue with their good work in this area and look at new ways to further involve service users.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

### 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 clients who use the service
- \* Spoke with staff and management
- \* Looked at questionnaires
- \* Reviewed a sample of personal plans and other records

In addition:

There was strong evidence that relatives, service users and staff were all involved in the self assessment for the Care Inspectorate. The service held a pre-inspection self assessment meeting for relatives to get opinions and views about the home. There was also evidence that staff meetings had discussions around this self assessment.

The service issued questionnaires at the four week review which asked the resident:

- \* Were you given enough information about the home to help you decide to move in?
- \* Did you feel that your needs as a resident were understood when you moved in?

Another questionnaire issued at the six monthly review asked

- \* How satisfied are you with the food? How it is presented?
- \* How happy are you with the availability of the home manager to discuss any problems when you need to?
- \* Do you get things done when you ask?

Any issues raised from these are dealt with by an action plan with timescales.

The service collated information from the questionnaires and surveys on an annual basis. Any issues not already dealt with had an action plan drawn up.

The service carried out regular medication audits. These checked if all drugs were correctly labelled, MARS sheets were filled in correctly and drugs were checked on delivery to the unit. Anything that had not been carried out had an action plan.

The service also carried out monthly health audits. This included nutrition. This noted service users weight and any loses or gains. It also informed if the GP or dietician had been notified. This audit also gave information such as if the service user needed a fortified diet how to provide this.

Care Inspectorate questionnaires returned were all positive.

## Areas for improvement

The service should develop an improvement or development plan. They may want to look at how the service would continue to support service users who become frailer and need more specialist dementia care. They may want to consider how they would make the home more relevant for dementia service users such as clearer signposting of rooms through personal photographs. We have directed the service to the Dementia Environmental Standards.

A plan may also want to consider training needs of staff. Staff told us they already receive general dementia training but if service users needs change they feel they would need specialist dementia training to continue to offer a relevant meaningful service.

The service may also consider specialist dementia training for the management team to ensure that they are up to date with practices and guidance. This would give them the skills to continue to guide and support the staff team.

(see Recommendation 1, under Quality Theme 4, statement 4)

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

1. The service should develop an improvement or development plan.  
National Care Standards, Care homes for older people, Standard 5 Management and staffing

## 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

<b>Quality of Care and Support - Not Assessed</b>	
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - Not Assessed</b>	
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings	
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
28 Sep 2010	Announced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed

## Inspection report continued

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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## Translations and alternative formats

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