

Mr. Gordon Phillips

Ballater House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ballater House is a care home for people who require nursing or personal care. The service accommodates up to 16 people who have a learning disability, such as autism or epilepsy or behaviour that may challenge. At the time of our inspection, 14 people were living at the service.

People's experience of using this service:

We found the service was not always meeting the characteristics of a good service. Although the service was working towards the principles that underpin the Registering the Right Support and other best practice guidance, there was further work to do to ensure people could live fulfilling lives with full autonomy. The values of Registering the Right Support include choice, promotion of independence and inclusion, ensuring people with learning disabilities and autism can live as ordinary a life as any citizen. For more details and a copy of the full report, please see the full report which is on CQC website at www.cqc.org.uk

Medicines management processes were not robust and although people had access to sufficient food and drink, staff did not always adhere to people's individual dietary wishes.

People told us they felt safe living at Ballater House and that there were enough staff. People's consent to their care and any restrictions placed upon them was authorised by the relevant authorities.

People told us they liked living at Ballater House and staff were kind. However, we found incidents when staff were not as respectful towards people as they could be. We also found that people were not always given the opportunity to participate in individualised, meaningful activities.

Individual staff did demonstrate kind attention towards people and it was clear from speaking to staff that they knew people well. There was good guidance in people's care plans for staff to follow and people told us they could make their own decisions.

People had access to healthcare involvement when needed and they could make their wishes known through regular meetings. Staff told us they felt well trained and that they supported each other. They also had the opportunity to meet regularly.

Staff worked with other professionals to help to improve the service for people and they monitored the level of the service that was being provided.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around medicines. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: We last inspected this service in August 2016 when we awarded it a Good rating overall. The report was published on 2 September 2016.

Why we inspected: This inspection was carried out in line with our inspection methodology in that we scheduled the inspection based on our previous rating.

Follow up: We will continue to carry out ongoing monitoring on this service and we will ask them to provide us with an action plan to demonstrate to us how and when they will address the shortfalls we have identified at this inspection. A further inspection will be carried out within a 12 month period to check that appropriate action has been taken to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Ballater House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by three inspectors.

Service and service type:

Ballater House is a care home for people who require nursing and personal care. The service was divided into three units. Two of which were in the main building and the other was in an adjoining part of the building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give any notice for this fully comprehensive inspection.

What we did:

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with four people and six staff. We also spoke with the registered manager and deputy manager.

We reviewed a range of documents about people's care and how the service was managed. We looked at seven care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our previous inspection we rated the service as Good. However, we found at this inspection this rating had not been sustained as some aspects of the service were not always safe.

Using medicines safely

- The recording of medicines people received required improvement as we found information was not always recorded in line with good practice and NICE guidance.
- One person required insulin three times a day and their blood sugar levels checked. However, we found that the time of the administration of their medicine was not recorded accurately. For example, the person's Medicine Administration Record (MAR) was signed by staff each morning at 08:00, however a staff member told us, "He rarely has it at 08:00 as he often refuses until later on in the morning."
- Another person was on timed medicines (medicines that need to be given at specific times), however staff were not recording the exact time they administered the medicine to the person. These were signed for against the pre-printed time on the MAR, rather than the actual time being inserted on to the MAR.
- MARs were difficult to understand. In one person's MAR the medicines were recorded as given but this had been crossed through which meant it was unclear whether the medicines had been administered or not.
- Staff were not recording whether people had been offered any 'as and when' (PRN) medicines correctly. Although one person who had been given their PRN medicine had this written on the back of their MAR, it was not signed for in the corresponding day and time on the front.
- Staff were not writing the opening dates on the bottles of liquid medicines. This was confirmed to us by a member of staff.

The lack of appropriately recording medicines information was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people had been identified and recorded, such as when they were at risk due to their mobility. A staff member told us, "They (people) are safe and comfortable here. We make them feel safe." One person told us, "I like it here. I feel safe as I have staff support."
- Where people smoked there were clear risk assessments completed and there was a dedicated smoking area which people used.
- One person could remove their clothing when in public and their risk assessment gave good guidance in relation to this and reminded staff to always take a blanket when going out with the person.
- A staff member discreetly informed us of one person's behaviours whilst we were talking to the person to help ensure we did not feel uncomfortable.
- Although accidents and incidents were recorded, the registered manager did not carry out regular analysis to look for trends or themes. Following our inspection, the registered manager told us they would introduce more robust analysis practices.

Systems and processes to safeguard people from the risk of abuse

- Where staff suspected abuse may have taken place they made appropriate referrals to the local authority safeguarding agency.
- Staff were able to describe to us the types of incidents which may constitute abuse. One staff member told us, "If I had any concerns I would blow the whistle."
- A social care professional told us, "I feel our client is safe. We are notified of incidents where our client is involved."

Staffing and recruitment

- Many people living at the service required one to one support in order to keep them safe and we found there were sufficient staff available to meet this. We checked the rotas for the previous month and found that staffing levels were in line with what we had been told. One person told us, "Yes, I think there are enough staff." A staff member said, "There are always enough staff." Another told us, "We have a good mix of permanent and agency staff. We all rotate so we can get to know all the clients and develop our relationship with them."
- We did not review staff recruitment files during this inspection as we had no concerns regarding the recruitment process at our last inspection.

Preventing and controlling infection

- We observed staff using gloves and aprons appropriately and found the service was clean.
- We checked the laundry area and found it was generally clean and tidy. Red bags were available for soiled items and staff knew that these needed to be washed separately on a hot wash.
- A professional had left a recent compliment stating, 'very beautiful home, very clean, smells fresh and good'.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support achieved good outcomes for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's consent was sought in line with legal requirements. Although we did not find decision-specific mental capacity assessments for people, apart from when people did not have capacity to manage their finances, the registered manager had submitted DoLS applications which included best interests information. These had been approved by the relevant authority, therefore confirming that the local authority had checked people lacked capacity in relation to those specific decisions .
- People had approved DoLS for living at Ballater House, the locked door and restrictions such as one to one or two to one care when both inside and outside of the service.

Adapting service, design, decoration to meet people's needs

- The registered manager told us that some redecoration had taken place within the service, however we received mixed feedback about the environment and observed some areas that needed to be addressed. One person told us, "The room is alright, but it's not very homely." A social care professional told us that when a relative of one person visited they commented that the communal areas were, "Shabby."
- One person's shower and tap water was lukewarm. The person told us, "I have mentioned that several times (to staff)." We also found two other people's rooms the taps were loose.
- We also found a television in the service that was behind a Perspex casing, despite staff telling us that there was no one in that particular unit who was known to destroy property. A staff member told us, "It's always been that way."

We recommend the registered provider ensures the environment in which people live is suitable for their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Although people were provided with sufficient food, one person told us, "I don't like the food. It's not diabetic friendly and it's the same stuff every single day." Following our inspection, the registered provider showed us evidence that this person's dietary needs had been discussed with a healthcare professional.
- Where people had particular dietary requirements, these were not always adhered to by staff. One person who was lactose free was given quiche for lunch. We spoke with the staff member who had prepared their lunch and they told us this was a mistake.
- There was fruit available to people in the main kitchen and those living in the separate unit had a delivery of fruit three times a week.

Staff support: induction, training, skills and experience

- The service was staffed by both registered general nurses and mental health nurses. We asked them if they had clinical supervisions. One told us, "[Deputy manager] does clinical supervisions."
- A staff member told us they had completed training and had then done shadowing saying, "I did four days in total. Two days reading policies and two on the floor shadowing and getting to know the clients." We also observed a new staff member undergoing their induction on the day of our inspection. Another staff member told us the training was, "Quite appropriate for the role." A social care professional told us, "Staff are competent."

Staff working with other agencies to provide consistent, effective, timely care

- We had been told prior to our inspection that the service was working with one person's care manager to find them a suitable placement in a town of their preference. We spoke with the person who confirmed this was the case.
- We also heard from the deputy manager that since our last inspection some people had moved out to supported living environments as they were more independent.
- Staff told us they worked well together. A staff member told us, "We work across all three units. It's decided at the allocation meeting in the morning. We get to know all the clients living here." A second staff member said, "I receive support from members of staff."

Supporting people to live healthier lives, access healthcare services and support

- There was evidence that people were supported to access healthcare input when required.
- We read that people had seen the GP, district nurse, dentist and optician. One person had been referred to an occupational therapist for their mobility.
- People's weights were monitored and we observed that people maintained a healthy weight.
- Hospital passports and health reviews were present in people's care plans. These recorded health appointments and information should a person have to spend time in hospital.
- One person was being supported by staff to lose weight and we read that they had discussed healthy meals and reduced portions with staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People told us they felt cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness. One person said, "I like [staff member]. He always explains things to me." Another person told us, "I like it here."
- However, we found some incidents where staff could have been more caring and respectful to people. One person who had full capacity had cartoon pictures in their care plan which were meant to depict part of their character. However, there was no evidence that the person had been involved in choosing these pictures, which were disrespectful to the person. People were referred to as 'patients' by some staff and the service as a 'ward'. On one occasion one person went to look out of the window, expressing their wish to go out, however a staff member asked them to, "Sit back down." Following our inspection, the registered provider told us this was an agency member of staff who was no longer going to be working at the service.

We recommend the registered provider ensures people are always shown the respect they deserve by staff.

- We did observe individual staff demonstrate a kind, attentive approach to people. One staff member had a lovely attitude towards people, joking with one person and chatting to them over lunch telling them, "If you don't like it I'll get you something else, but I'd like you to try it." The person did try their lunch and found they liked it. The staff member gave them a lot of encouragement, kneeling beside them and giving them a spoon which helped them to eat independently.
- On another occasion we saw a staff member engaging with one person and it was clear they understood the person's individual form of communication. As they spoke, the staff member adjusted the person's collar to help ensure they were looking smart.
- We observed one person being supported to make their own cereal in the morning and it was clear this was a daily routine.
- We heard staff enquiring how people were and sitting with them briefly to do some colouring. A staff member was playing pool with one person and we heard them give the person a lot of encouragement.
- One person told us they liked living at Ballater House saying, "They look after me." A staff member told us, "The best thing is the interaction and going out with them (people). They are fun to be with. I really care about them and want to give the best to them."

Supporting people to express their views and be involved in making decisions about their care

- People's care plans stated people had been involved in them. For example, one person's care plan stated they had agreed by noting, 'Yes, when the care plan was explained to him'.
- A staff member told us, "I will give choices even from the clothes they wear. I will open the wardrobe and ask them to choose."

- One person told us, "I can make my own decisions." They told us they knew they had a care plan and had been involved in it.
- Structure was important to one person and we read that they were able to practise their faith in their preferred place of worship, go to a local club and have a meal out each week. We also saw another person listening to music on their computer tablet. They told us music made them happy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met by responsive care from staff, however access to activities for people could be improved.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life support

- Although people did have the opportunity to participate in activities, we found that improvement could be made to help ensure these were person centred, individualised and meaningful to people.
- We received mixed feedback about activities and how people were helped to stay stimulated. A staff member told us, "80% of the activities are meaningful to people." A social care professional told us that when the relatives of one person visited they had questioned why their family member, 'Does not have very much time engaging in meaningful activities'.
- One person told us they enjoyed speaking to staff, but sometimes they were, "Bored." A staff member told us, "We have talked (between us staff) and said they should be going out more. Most of the games here they are used to and they can get bored."
- We also heard there were times when people could not go out due to the staffing levels. One person told us, "When they are short staffed we don't get the care we should. Sometimes we don't get to go out as there are not enough carers." A staff member told us, "Sometimes lack of staff for outings but not often."
- We did however see pictures of people attending various activities and celebrations within and outside of the service and staff were trying to arrange voluntary work for one person at a local supermarket.

We recommend the registered provider ensures that people have access to regular individualised, meaningful activities.

- Care plans for people contained sufficient information for people, and people were given the opportunity to record their end of life wishes.
- Where people had diabetes, there was clear guidance for staff on how best to delivery care to the person.
- One person was registered blind and their care plan reminded staff to ensure that all of their personal items were within reach and we saw that they were. Another person was distracted and re-directed using methods in line with their behaviour care plan.
- There was a good communication passport in one person's care plan which described how staff would recognise if the person was happy, upset, angry or tired. There was also information on how to approach the person and areas of interest to them that staff could talk to them about.
- A social care professional fed back to us, "I am satisfied clients are well cared for and clients receive individualised care." A second social care professional told us, "Over the past few months my client has had serious physical health issues. He is unable to express himself but the staff at Ballater have been able to recognise his discomfort and act appropriately. As far as my client is concerned the staff appear to know him well and he is well looked after."
- A staff member was able to give us a good description of one person's background, the things they liked

and their daily routines. They knew the person well and smiled when speaking about them.

- People's likes and dislikes were recorded and we found that these were in line with what we observed on the day. For example, one person liked artwork and we saw paintings of their displayed in the service. Another person liked flavoured water and liked to keep stocks of this in their room. We saw they had this.

Improving care quality in response to complaints or concerns

- There was a complaints policy available for people and relatives in the event they were unhappy about the service.
- We asked the registered manager for a copy of any complaints that had been received since our last inspection and they told us there had been one which was resolved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We received mixed feedback in relation to the management of the service. One staff member told us, "[Name] is the manager. He is a good manager. Seems quite caring." Yet, other staff told us they did not feel the registered manager was hands on with one saying, "Although he listens, action does not happen quickly enough. He comes to work every day but he isn't hands on. You need to be involved more (when managing a service)."
- The registered manager told us they felt supported by the provider. They said there was an on-call system which worked well. They told us, "There are challenges, but the support is there." They added they had a good staff team who, "Work well together."
- A social care professional told us, "This service is well managed as all staff are aware of their roles and whom to go to as the senior person on shift."
- During our inspection we found shortfalls in the medicines management system and as such we are unable to award the service a Good rating in Well-Led.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Regular health and safety checks and audits of the service were carried out. Checks included the electrics, fire alarm system, first aid box audit, environment and legionella water check.
- Medicines competencies checks were completed with staff and we read that where there were shortfalls these were addressed. For example, it was noted one staff member needed to work with the deputy manager to get further training on ordering and receipt of medicines.
- The registered manager had notified CQC of significant events in line with their requirements of registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Monthly meetings were held with people. We noted that people had asked for more indoor games, a projector and music box as well as a new basketball net. We heard from staff that these had been arranged.
- Staff had the opportunity to meet regularly. Topics included how to support people, planning holidays for people and other general aspects of the service. A staff member told us, "We de-brief at staff meetings and consider whether we need to change things."
- The registered manager told us they were planning a sensory room at the service and work would commence in two months. A staff member said, "My knowledge keeps improving every day."

Working in partnership with others

- The registered manager told us they worked closely with the local authority, the community disability team and the positive behaviour support team.
- We received feedback from three professionals who worked with the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider had failed to ensure proper medicines recording and the monitoring of accidents and incidents.