

Balshagray House Care Home Service

42/44 Balshagray Drive
Broomhill
Glasgow
G11 7DA

Telephone: 01413 395 130

Type of inspection:
Unannounced

Completed on:
16 November 2023

Service provided by:
Enable, Glasgow Branch

Service provider number:
SP2004005393

Service no:
CS2003000838

About the service

Balshagray House is registered to provide a care service to a maximum of 13 people with a learning disability. The provider is Enable Glasgow.

The service is located within a residential area in the Broomhill area of Glasgow. It is close to local amenities including shops, cafés, and public transport.

The building comprises of two terraced houses that have been converted into one care home. There is ample space to offer a flexible approach towards care delivery. At the time of inspection, there were 13 people using the service. They were supported by a team of 18 staff.

About the inspection

This was an unannounced inspection which took place on 15 and 16 November 2023.

Two inspectors from the Care Inspectorate carried out the inspection. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

This was a pilot inspection to test a new way of confirming that better performing, low risk services are continuing to provide good quality care and support. This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, the setting, and planned care/support.

We confirmed that the previous evaluation of very good has been maintained. We know this because on this inspection we:

- spoke with seven people using the service, and five of their friends and family members
- received feedback from the service's link commissioner from Glasgow HSCP
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

Legal assurances

We found that people were safe and protected from harm because the service was operating legally and in line with their conditions of registration. This included having the appropriate insurance in place. People benefitted from a range of policies and procedures that promoted good outcomes. Many of the people supported by the service had been issued with certificates under the Adults with Incapacity (Scotland) (2000) Act and these were in their files.

Wellbeing assurances

People's health and wellbeing benefitted from safe and effective medication management practices. People were kept safe from the risk of infection as staff had the necessary skills, training, and competence in infection prevention and control. We saw that the service had good governance and quality assurance processes in place, that included the observation of staff practice. People told us they were able to stay connected with those important to them, through electronics and by attending groups, outings, and having family and friends visit. The service had recently employed a new chef who was praised by residents for the quality of food provided. Meals provided were home cooked and fresh fruit and vegetables were served daily. The service supported people to participate in physical activity by encouraging walks, providing communal exercise equipment and supporting people to attend activities, such as dancing and football. We saw that where people needed support to manage their finances there were clear procedures in place to ensure that people's money was kept safe. Every person that used the service had a personal support plan which detailed their needs and the goals they wanted to achieve. These were highly person-centred and outcome focused. People were supported to identify goals that were meaningful to them and develop effective strategies to achieve them to enhance their mental and physical wellbeing. Comprehensive risk assessments were also in place to promote life opportunities in a safe way.

Leadership assurances

We found this to be a well-run service which felt homely and welcoming. The manager operated an open-door policy and we observed that this was well used by residents and staff. Staff and residents reported that they felt that people were always put first.

We saw that the service had an improvement plan that reflected feedback from the people who used the service, their families and members of staff. Good quality assurance processes were in place to ensure that checks were regularly carried out on people's experiences, care plans, and accidents and incidents to ensure people were safe and well. Staff told us that there were regular team meetings, and that supervision was carried out regularly. Staff told us that these supported them in doing their jobs well but the open-door policy meant they could address any issues or concerns quickly. We heard that staff felt listened to and they were given clear feedback from management. This included feedback when their requests could not be met; this made staff feel valued.

Staffing assurances

People were kept safe because the service had effective recruitment practices in place with a strong emphasis on value-based recruitment. People told us they could be involved in the recruitment process if they wished. Staff told us they benefitted from an induction programme that supported them in their new

role. There was an ongoing programme of training that ensured staff had the knowledge and skills they needed to support people well. People's needs were met because a period of shadowing meant staff and the people they support got to know each other. We saw that interactions between people and the staff who supported them were warm and friendly. People told us that they liked the staff and they felt they were well looked after by them and enjoyed their company.

Setting assurances

The service was planning an extensive refurbishment. These plans were being developed along with the people who live there. This refurbishment was taking the needs and wishes of people into account. This meant that some redecoration was being delayed, though the main lounge was scheduled for redecoration. Maintenance checks were carried out regularly to ensure that the building was safe for people.

Planned care/support assurances

Care plans were outcomes focussed and person-centred. It was clear that, where they were able, people had set out their own desired outcomes and the plans showed that this was agreed with the person and the service. Plans included sufficient detail on the person's needs and wishes. Files included anticipatory care plans for people who had agreed to participate in this, which meant that the service was aware of people's wishes for end-of-life care and funeral plans. We saw that when required there was good information on how to support individuals with their communication and behavioural support needs. People's likes and dislikes were clearly recorded. It was clear from speaking to people that they knew what they would be doing each day and they understood their schedules. During the inspection, people had participated in football, dance class, library visits, and housework. We heard how much these had been enjoyed by people.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The manager and the service provider should further develop their improvement plan which formalises the systems, responsibilities and processes used to assess the quality of service. This should include how service users explicitly contribute to the process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 28 April 2022.

Action taken since then

We saw a service improvement plan that was clearly developed based on feedback from the people using the service. There were different plans for different elements of the service. We discussed that this could

be developed in to one comprehensive plan that is updated regularly. However, what was in place was satisfactory.

This area for improvement has been met.

Complaints

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

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