

## The Bughties Care Home Service

76 Camphill Road  
Broughty Ferry  
Dundee  
DD5 2LX

Telephone: 01382 737856

Type of inspection: Unannounced  
Inspection completed on: 18 April 2017

**Service provided by:**  
Enhance Healthcare Ltd

**Service provider number:**  
SP2012011938

**Care service number:**  
CS2012311723

## About the service

The Bughties is owned by Enhance Health Care Ltd and was registered with the Care Inspectorate on 3 June 2014. The service provides for a maximum of 28 older people including named older adults as detailed on the Certificate of Registration. The service is situated in Broughty Ferry a suburb on the eastern side of Dundee. There are shops and local facilities nearby.

The home is a Victorian building adapted to meet the needs of the residents. Extensive refurbishment work has been carried out within the home and further work is required internally including the provision of en-suite facilities for all bedrooms. There is a large landscape garden at the rear of the home which residents can access by a ramp.

The service aim is to "ensure that the home provides a high quality, safe and appropriate service for all residents."

## What people told us

Residents, relatives and carers had the opportunity to comment on their experience of the home through the Care Standard Questionnaires (CSQ's) which were returned to us prior to the inspection. Comments from relatives included:

"I think the staff are fantastic. My relative loves their room and is always happy with the staff and care workers who are always seeing to their needs. A very friendly environment."

My relative has been in their existing bedroom for a few years and around the home there seems to be refurbishing but their room is very much in need of painted and decorated."

"The staffing level has not been good for a long time. My relatives personal care is suffering."

"the home smells of urine most of the time."

"I am struck by the competence level and dedication of the professional nursing staff. The care assistants are generally happy within their workplace and make me feel my relative is valued by them."

One resident commented that:

"I feel there should be a meeting monthly / 2 monthly with management and resident as a spokesperson so that issues can be discussed from a resident's point of view."

During the inspection we spoke with five residents. They told us:

"the home has lots of entertainment and well laid out, it's easy to get to my room. The food is edible, couldn't ask for more."

"Not much on offer for activities but I like when a group plays in the lounge."

"We have good food and choice."

"I always have porridge and scrambled eggs for breakfast - but that's my choice."

We spoke with one relative during the inspection. They told us:

"I am in most days, nursing care is very good, staff will give me a phone call if all is not well."

"It was my relatives birthday the other week and they made a cake for my relative (no prompt)."

## Self assessment

The Care Inspectorate has not required service providers to submit a self assessment in this inspection year.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

We assessed the service to be performing to a weak standard in relation to the care and support offered to residents of the care home.

Most residents told us that they were happy with the service provided by the home including personal care, activities, the environment and the quality of the meals.

We observed that carers were respectful when speaking with residents, providing support and meeting their mobility needs.

The number of staff on duty matched the staffing schedule, however, we spoke with the management team regarding the need for the staff skills mix to be taken into account. This should include the use of the dependency tool and management observations to ensure effective deployment of staff due to the particular layout of the home.

Despite the number of staff on duty, we were concerned that on both days of the inspection, residents spent considerable time in the lounge or dining room waiting on meals being served. Residents expressed concerns about lengthy waits at mealtimes and some became restless. The management team agreed to review this and we will follow up at the next inspection.

The service had recently appointed an activity organiser and we were pleased to see that a new activity plan had been put in place. This allowed residents to participate in activities within the home and for others to attend activities in the community.

Most care plans provided a good range of information regarding the resident. A care plan sampled had good evidence of the involvement of the resident in planning their care. However, other plans need on-going development to ensure that these are meaningful and person centred.

Not all personal care charts and body maps were fully completed or reviewed regularly. We found limited information regarding skin care within the care plans we reviewed. Where skin care assessment tools were in place, these were not completed consistently by staff. Good record keeping is important to ensure effective monitoring of health and support needs.

During the inspection, we found residents charts in relation to skin care, toileting and bathing in various communal areas. The service should ensure confidentiality at all times by having all records kept within residents' bedrooms or secure staff areas.

There was no evidence that the home carried out six monthly reviews of care plans (see requirement 1)

We looked at medication records and storage and identified a number of concerns. These included:

- Room temperatures were not being monitored. This is important to ensure medicines are being stored safely.
- Not all medication was stored with the same security. Medicines for return to the chemist were not stored securely in cabinets.
- Medication cabinets were not always locked or secured to the wall.
- Medication audits showed on-going issues from month to month. No action plans were in place. Action plans should be implemented to help address issues timeously.
- Staff training in medication was not fully up to date.

A previous requirement regarding the administration of medication had not been met. (see requirement 2)

## Requirements

### Number of requirements: 2

1. The provider must ensure that personal plans are reviewed at least once in every six month period.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 5 (2)(ii) Personal plans and should also take account of the National Care Standards for care homes for older people , Standard 6 - Supporting arrangements

Timescale - within four weeks of receipt of this report

2. The provider must ensure all trained staff who administer medication are aware of their responsibility and accountability to administer prescribed medication and can demonstrate their understanding through practice. The service should introduce strategies which monitor and evaluate trained staff competency of the task on a regular basis. There should be evidence of a managerial oversight of all medication records.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 5 (1) Personal plans and should also take account of the National Care Standards for care homes for older people , Standard 5 Management and Staffing arrangements and Standard 6 - Supporting arrangements

Timescale - within four weeks of receipt of this report

## Recommendations

Number of recommendations: 0

Grade: 2 - weak

## Quality of environment

### Findings from the inspection

We assessed the service to be performing at an adequate level in relation to the environment of the home.

The entrance is homely and decorated to an acceptable standard, however, the reception area was cluttered with paperwork including staff memos and diaries. We spoke to the management team about making use of cordless telephones so that calls to reception could be taken in a private area. This area was tidied up during the inspection and this standard should be maintained by the service.

There were some improvements in the layout of the communal areas of the home with a range of seating available to provide choice and opportunities for social interaction. Residents bedrooms were personalised and of varying sizes with some having extensive views across the surrounding areas and coastline. We asked the provider to consult with residents about personalising bedroom doors and where requested, providing door locks.

Despite recent renovations, a number of areas of the home still required attention. The service provider had not addressed a condition placed on their certificate of registration regarding suite facilities. (see requirement 1) During both days of the inspection, we observed bedroom doors which were wedged open and did not have self closures. A fire safety audit had been carried out recently. We were satisfied that the provider had begun to address areas identified for action and remedial work would be completed that week.

Throughout the home, we found concerns regarding the environment. These included:

- A lack of radiator covers within bedrooms. This should be risk assessed to minimise risk to vulnerable people at risk of falls.
- Some equipment needed to be upgraded, such as chipped enamel baths and waste bins without lids.
- Some carpets were wrinkled posing a trip risk to people.
- At times there was a malodour in specific areas of the home.
- On the ground floor, both sluice areas were found open and unlocked on both days of the inspection.

The manager had implemented a daily check of the environment however, we did not find that this had led to improvements in the environment and did not identify the areas for improvement found during the inspection. (see requirement 1)

During the inspection, we found that day to day repairs were identified and usually dealt with by the maintenance officer. However, there was no action plan in place to develop the environment.

We asked the management team to address this as part of their service improvement plan. This should identify how residents, relatives and staff had been consulted regarding the environment. We will follow up progress at the next inspection.

As discussed at a previous inspection we asked the manager to consider the environmental assessment tool "is your care home dementia friendly?" The Kings Fund, 2014 to further develop the environment to suit residents living with dementia.

## Requirements

**Number of requirements:** 1

1. The service must make proper provision for the health, welfare and safety of service users. The service should meet the condition of registration to carry out improvements as agreed with the Care Inspectorate. The service must ensure that regular health and safety checks are carried out and recorded. Any remedial action identified should be taken to rectify repairs to the building and to equipment used by residents as soon as possible.

This is in order to comply with the Social Care and Social Work Improvement Scotland Requirements for Care Services Regulation 2011, Scottish Statutory Instrument 2011/2014 Welfare of Service Users 4(1)a - a provider must make proper provision for the health, welfare and safety of service users. and should also take account of National Care Standards for care homes for older people standard 3, Your Environment.

Timescale - to commence immediately on receipt of this report.

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

We assessed the service to be performing to an adequate level in relation to the quality of staffing.

The service had recently recruited new care assistants and senior carers. We observed new staff carrying out their role appropriately and checking with more experienced colleagues when they required support. The new activity organiser had good ideas for activities and was consulting with residents about their preferences. Staff told us that they were happy with the support provided by the service. One member of staff commented that the home was a pleasant place to work and they had an understanding manager.

Residents and relatives spoke positively about the support provided by all staff in the care home.

Some new staff had not been provided with uniforms by the service provider, however, these were ordered during the inspection. This would allow new staff to feel part of the team.

We examined recruitment records of four recently employed staff. Two of these records were incomplete. The management team should review recruitment and selection processes to show that all necessary checks have been completed as part of the recruitment process. The service had developed an induction training pack for new staff but this had not been delivered to recent recruits. To further improve practice the service should re-establish resident involvement in recruitment. . (see requirement 1)

Following an upheld complaint, we made a requirement to plan infection prevention training for all staff. This had not been fully progressed (see requirement 2)

A training plan for all staff was not available during the inspection. We found that staff supervision and annual appraisal was not happening on a regular basis. We examined the supervision policy which stated that a contract for supervision would be in place for all staff. This was not evident in the staff files we reviewed. Although the manager and the regional manager had met with staff recently, we did not see evidence of regular staff meetings or other staff consultation events. (see recommendation 1)

As the service was in the process of recruiting to the management team, we asked the service to develop an up to date staffing structure for the home.

## Requirements

### Number of requirements: 2

1. The service must review recruitment recording systems to evidence that all necessary checks have been completed as part of the recruitment process. Evidence of these checks must be kept with other recruitment records for that employee.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011/201 Regulation 15 (a) Staffing and should also take account of National Care Standards, Care Homes for Older People Standard 5, Management and Staffing Arrangements (5)

Timescale - within four weeks of receipt of this report.

2. the provider must ensure all staff are aware of infection prevention and the control measures in place to prevent cross infection and contamination and when these should be introduced to practice.

In order to achieve this the service should:

- (1) plan and confirm infection control training dates
- (2) provide evidence of how they will evaluate staff understanding of the learning and be able to demonstrate through their practice.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011/201 Regulation 4 Welfare of users, Regulation 15 Staffing

Timescale: within four weeks of receipt of this report

## Recommendations

### Number of recommendations: 1

1. A suitable staff training and development strategy to be put in place including an annual training plan, supervision and annual appraisal schedule for all staff working in the service. This should include plans to meet with and consult regularly with staff regarding the service.

This is to comply with:

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing arrangements (9)

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

We assessed the service to be performing at a weak standard in relation to the quality of management and leadership.

We were pleased to see that the manager now had an office based within the home. This gave the manager a greater presence to help monitor standards across the home. However, to accommodate this, the hairdressing salon was moved to a bathroom/hallway offering less privacy.. The manager should review the impact of this using feedback from staff, residents and relatives.

The manager had developed a system of risk assessment and risk management planning, including a review of smoking arrangements and the use of a stair gate in the hallway. We asked the manager to ensure that all risk management strategies were reviewed on an on-going basis.

We reviewed the policies and procedures of the care home and these were suitable for the service provided. The service had a child protection policy in place and the manager should ensure that this policy was implemented when children were present within the care home. The service was previously required to ensure that all information was shared and recorded in a consistent manner, particularly in relation to accident and incident reports. This requirement had not been fully met. (see requirement 1)

The manager should ensure that a schedule for team meetings was put in place to ensure regular communication and information sharing with staff, to discuss national care standards, best practice, service policies and procedures and how these would be implemented in practice.

The service had a system of management audits in relation to areas such as medication, care planning and the environment. We did not see evidence of action plans from these audits. We will look further at how management audits have improved outcomes for residents at the next inspection.

A schedule for meetings with relatives was in place for later in the year. One resident told us that they did not have the opportunity to meet with the manager. The service should review their participation strategy so that there are opportunities to meet with and consult with residents, relatives, staff and other stakeholders. This should take account of the need for the service to develop a service improvement plan over the coming months. (see recommendation 1)



## Requirements

### Number of requirements: 1

1. The service provider must ensure all information is shared and recorded in a consistent manner.

In order to achieve this the service should:

Ensure all staff are aware of the lines of communication within the service and can demonstrate their understanding through practice. This must include the use of appropriate documentation when recording, for example accident and incident reports.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4, Welfare of service users.

Timescale - within four weeks of receipt of this report

## Recommendations

### Number of recommendations: 1

1. The service should review their participation strategy to ensure that there are regular opportunities for all stakeholders to express their views regarding the service including areas for development.

National Care Standards, Care Homes for Older People, Standard 11, Expressing your Views (1) (2) (3)

**Grade:** 2 - weak

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

## Previous requirements

### Requirement 1

The provider must ensure adequate staffing levels to meet the needs and choices of residents. The provider should keep records of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This should take account of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals. This should also take account of the physical layout of the building, staff training and staff supervision needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services, Regulation 2011, Scottish Statutory Instrument 2011/2014 Welfare of Service Users 4(1)a - make proper provision for the health, welfare and safety of service users.

Timescale - to commence immediately

**This requirement was made on 23 November 2016.**

## Action taken on previous requirement

The service had met the staffing schedule although had not always met the skills mix set out in this. We will continue to monitor progress with staffing levels within this home to ensure this requirement continues to be met appropriately

**Met - within timescales**

## Requirement 2

The service must ensure that regular health and safety checks are carried out and recorded. Any remedial action identified should be taken to rectify repairs to the building and to equipment used by residents as soon as possible.

This is in order to comply with the Social Care and Social Work Improvement Scotland Requirements for Care Services Regulation 2011, Scottish Statutory Instrument 2011/2014 Welfare of Service Users 4(1)a - make proper provision for the health, welfare and safety of service users.

Timescale - to commence immediately on receipt of this report.

**This requirement was made on 23 November 2016.**

## Action taken on previous requirement

Partly met only. Although health and safety checks put in place we did not find evidence that appropriate action or action plans were put in place as a result of these checks. We have made a further requirement regarding health and safety checks within the most recent inspection report.

**Not met**

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

## Previous recommendations

### Recommendation 1

The care plan action plan should be fully implemented by the end of September 2015.  
National Care Standards, Care Homes for Older People - Standard 6 - Supporting Arrangements.

**This recommendation was made on 7 May 2015.**

**Action taken on previous recommendation**

The service had fully implemented a new care plan format.

**Recommendation 2**

The management team should make arrangements to enhance the meal time experience for all residents. National Care Standards, Care Homes for Older People, Standard 8 – Making Choices and Standard 4 – Your environment

**This recommendation was made on 7 May 2015.**

**Action taken on previous recommendation**

The lunch time experience for residents had improved. There was evidence of residents being involved in menu planning. The dining room environment had been improved. The manager had developed new menus for each table and these were in the process of being put in place.

**Recommendation 3**

Staff should engage in social activities as well as planned activities with residents to promote a meaningful and stimulating day.

National Care Standards, Care at Home for Older People, Standard 17, Daily Life.

**This recommendation was made on 7 May 2015.**

**Action taken on previous recommendation**

An activity co-ordinator had been appointed. An activity programme had been implemented. This identified group and individual activities for residents.

**Recommendation 4**

A Quality Assurance Framework should be implemented to support the use of audits

National Care Standards, Care at Home for Older People, Standard 5, Management and Staffing arrangements.

**This recommendation was made on 7 May 2015.**

**Action taken on previous recommendation**

A Quality Assurance Framework had been developed by the service and would be implemented soon. A good system of management team audits had been put in place and these were being carried out regularly

**Recommendation 5**

The service should improve the dining experience for all residents.

National Care Standards Care At Home, Standard 13 (6) You can have snacks and hot and cold drinks whenever you like: (9) You must be able to eat and enjoy your food. If you need any help to do so, staff will arrange this for you.

**This recommendation was made on 23 November 2016.**

## Action taken on previous recommendation

Some improvements have been made however a further recommendation has been made to enhance the mealtime experience around the time taken to support residents to the dining room and when they await meals within the dining room.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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 Oct 2016	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
19 Jan 2017	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
14 Apr 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
24 Sep 2015	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
7 May 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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