

The Bughties Care Home Service

76 Camphill Road
Broughty Ferry
Dundee
DD5 2LX

Telephone: 01382 737856

Type of inspection: Unannounced
Inspection completed on: 21 November 2017

Service provided by:
Enhance Healthcare Ltd

Service provider number:
SP2012011938

Care service number:
CS2012311723

About the service we inspected

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 aims are to "ensure that the home provides a high quality, safe and appropriate service for all residents".

How we inspected the service

We wrote this report following an unannounced inspection. This was carried out on 21 November 2017.

This was a follow-up inspection and focussed on the progress made by the service regarding the requirements and recommendations made as a result of the last inspection in April 2017. This report should be read in conjunction with the report from the previous inspection.

During the inspection we spoke with:

- residents
- the manager
- registered nurses, care staff, administration staff and maintenance staff.

We looked at:

- the action plan developed following the last inspection
- residents personal plans and review documentation
- the environment
- medication storage
- staff training plans
- participation strategy
- communication records.

Taking the views of people using the service into account

Residents had the opportunity to comment on their experience of the home through the Care Standards Questionnaires which were returned to us prior to the inspection. All residents agreed that they were happy with the service received. Comments included:

"I like the new conservatory decoration and the "Dandy" memory lane."

"I can move around well."

"I have lived here for six years, I am happy at the Bughties"

"Lots of new staff, nice atmosphere."

"All the staff are very nice."

"The staff are very friendly and go above and beyond."

"My husband visits every day as he lives near by."

We spoke with two residents during the inspection. They told us that they were happy living at the Bughties, and with the staff and management arrangements in place.

Taking carers' views into account

Relatives and carers had the opportunity to comment on their experience of the home through the Care Standards Questionnaires which were returned to us prior to the inspection. All relatives agreed that they were happy with the quality of the care provided.

Comments included:

"My relative consistently reports that they are very content with the standard of care received, the quality of the personal attention administered and the friendliness of all involved. Their nutritional needs are routinely met and they are fundamentally comfortable."

We did not speak to any family carers during this inspection

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

Previous requirements

Requirement 1

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 had been 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.

November 2017 - We were satisfied that regular health and safety checks were carried out by the management team. A maintenance office was on hand to carry out any repairs/remedial action required to maintain the safety of the home. The manager had identified an environment action plan which addressed issues identified at the last inspection. This plan included the upgrade of areas of the home including the conservatory area.

The reception area had been improved by being de-cluttered to provide a warm, comfortable and welcoming area for visitors to arrive and meet up with their relatives and staff.

The maintenance officer told us "what a difference the new manager has made, the girls are happy, we know what we are doing now".

Met - outwith timescales

Requirement 2

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.

This requirement was made on 6 June 2017.

Action taken on previous requirement

A schedule for six-monthly reviews has been implemented. We found good evidence that reviews were taking place and that care plans were being updated following the review. The service should ensure that reviews happen on a regular basis and that the date of the next review is agreed as part of the review process.

Met - within timescales

Requirement 3

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.

This requirement was made on 6 June 2017.

Action taken on previous requirement

Training for all staff who administer medication had been completed. This included training by the pharmacist, refresher training and management audits of medication administration. Management audits were not found to be up to date. Area for improvement was that the manager should ensure that audits are carried out and recorded on a regular basis.

Met – outwith timescales

Requirement 4

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.

This requirement was made on 6 June 2017.

Action taken on previous requirement

This requirement is not fully met. The service should meet the condition of registration to carry out improvements as agreed with the Care Inspectorate.

Requirement 1 identifies that regular health and safety checks are now carried out and recorded with remedial action being identified and taken to rectify repairs to the building and to equipment used by residents as soon as possible.

Not met

Requirement 5

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

Timescale - within four weeks of receipt of this report.

This requirement was made on 6 June 2017.

Action taken on previous requirement

We reviewed the recruitment paperwork regarding newly recruited staff. All necessary recruitment, selection and checks were in place. The service also had an induction pack in place for new staff.

Met - within timescales

Requirement 6

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.

This requirement was made on 6 June 2017.

Action taken on previous requirement

This requirement had been met. The service had arranged training with the peripatetic nurse and through an e-learning infection control pack. The manager should ensure that through observation of practice that this training is fully implemented within the service.

Met - outwith timescales

Requirement 7

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.

This requirement was made on 6 June 2017.

Action taken on previous requirement

This requirement is met. The manager had introduced a number of ways to ensure good communication between staff members and to ensure consistency of recording.

These included:

- staff meetings
- individual meetings with staff
- communication notice board.

Met - within timescales

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 and (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.

Recommendation 6

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.

National Care Standards Care Homes for Older People – Standard 5: Management and Staffing Arrangements (9)

This recommendation was made on 6 June 2017.

Action taken on previous recommendation

This recommendation is ongoing.

The service had identified a schedule for staff supervision and arranged meetings with staff. Some supervisions had taken place. A staff training and development plan, including mandatory, core and vocational training had not yet been developed. Progress with this recommendation will be considered at the next inspection.

Recommendation 7

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)

This recommendation was made on 6 June 2017.

Action taken on previous recommendation

The service had made good progress with this recommendation. A new participation strategy had been developed which focussed on the need to involve everyone in changes within the service. The service planned to send out regular questionnaires to residents, relatives and staff to get their views of the service. Monthly meetings would be held with all staff, residents and significant others. The management team will identify action and action plans from these meetings. The manager would also hold a monthly 'manager's surgery' in the evening, to allow relatives who work to come to the home to meet with her.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
29 Nov 2017	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
18 Apr 2017	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

Date	Type	Gradings	
13 Oct 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed 3 - Adequate
19 Jan 2017	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 2 - Weak
14 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
5 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
24 Sep 2015	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 2 - Weak
7 May 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
24 Oct 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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