

Buccleuch Care Centre Care Home Service

Bright Street
Hawick
TD9 0JF

Telephone: 01450 373984

Type of inspection: Unannounced
Inspection completed on: 26 January 2018

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Care service number:
CS2003047709

About the service

Buccleuch Care Centre is owned and managed by St. Philips Care Ltd. The service is registered to accommodate up to 53 older people and inclusive in the maximum number are three places for specifically named adults. At the time of the inspection, 45 people were living in the centre.

The service was previously registered in 2003 with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The service consists of two traditional buildings; Buccleuch House can accommodate up to 21 people and St. Margaret's House 32 people. Both buildings have two floors and provide accommodation for residents in single bedrooms. There are communal sitting rooms and dining rooms in each building and gardens surround the centre.

Buccleuch Care Centre is situated in a residential area of Hawick, close to bus routes and local shopping areas.

The service's mission statement is:

To provide a quality service that meets the needs of the whole person by promoting independence and carefully monitoring a safe environment.

The service's stated objectives are:

Our Care Service is designed to achieve the following objectives:-

We need to:

- Ensure that every Service User feels supported in the home
- Value the person
- Form strong links with families and loved ones to create an atmosphere of partnership and common purpose
- Create a homely and relaxed environment
- Promote a positive approach towards a person and to value their skills and abilities
- Provide the appropriate level of care
- Make Buccleuch Care Home feel like home.

What people told us

In August and early September 2017 we received back two completed residents' care standards questionnaires and eleven completed relatives' /carers' care standards questionnaires. All indicated that overall they were satisfied with the quality of care that the service provided.

Four people disagreed that there were enough trained and skilled staff on duty at any point in time. Three people disagreed that their relative/friend had a named member of staff (usually called a key worker). Over the previous few months a significant number of staff had left, however, the service had successfully recruited a number of new and motivated staff. In order to ensure appropriate skill mix, changes had been made to the staff teams in each unit. The management team advised us that the key worker system would be reviewed and people informed of the new allocations.

Comments given included:

"I believe the staff in the home do their very best to care for the residents, however, I do not think that there are enough staff on duty to fully attend to residents' needs".

"The staff caring for my relative are absolutely amazing".

"The care home building could do with some updating, which is slowly in progress".

"Staff are extremely caring and hardworking".

At the time of our inspection there were 45 residents in the service. During our visits we met most of the residents. When chatting with us about their day-to-day lives, they indicated that they were generally satisfied with the service being provided and thought that the staff were kind and caring.

Some residents were less able to tell us what they thought about the service or the care they received. We spent time observing how these residents interacted with staff and how they spent their time. We saw that residents responded positively to support from staff.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe the experience of two residents in one of the lounge areas. We saw positive interactions between the staff and these residents.

During our inspection we spoke with five relatives/carers. All were generally satisfied with the standard of service currently provided. They all reported recent improvements in the standard of care their relative/friend received, and in communication with the present management team, who they named. Three thought that further improvements needed to be made, however, they felt reasonably confident in the new management team's ability to make these improvements. They all felt confident to raise any concerns they had with the new management team.

Self assessment

We are not requesting self assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan were considered throughout the inspection.

From 1 April 2018 the new 'Health and Social Care Standards' will replace the existing Care Standards. These standards seek to provide better outcomes for people who experience care, and services should now be familiarising themselves with these. We would encourage services to prepare for the implementation of the standards by working with staff and people experiencing care, to raise awareness and explore what they mean in their specific setting, and consider how they impact on their work.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate

Quality of care and support

Findings from the inspection

The service was performing to an adequate level in the areas covered by this quality theme.

Recent improvements to internal monitoring had resulted in the provider being aware of where the service needed to improve. Additional management support was being provided to help the service make the necessary improvements. This should lead to better consistency in practice which will enable the service to improve on this grade.

During our inspection, we saw that residents appeared well cared for and were supported in a caring and respectful manner by staff.

The feedback we received from residents and relatives/carers indicated that they were generally satisfied with the current standards of care and support provided. They felt confident that previous concerns were being addressed. They recognised that further improvement was required.

Through discussion and observation of practice we confirmed that regular staff knew the residents well. A number of new staff had been recruited and there had been changes to the staff teams to ensure an appropriate skill mix. To aid communication at staff handover we suggested that the handover sheet should record which residents were on position change charts and/or monitoring charts.

From audit findings and discussion with the management team we were able to confirm that they were aware of where the service needed to improve and were supporting the staff to make the necessary improvements. Although some aspects of recording in care records, medication administration records and topical administration records had improved over recent weeks, there were still outstanding areas that needed to be addressed **(see requirement 1 and recommendation 1)**.

Recording the effectiveness of prescribed creams as part of monthly evaluations of care would help to assess if the current frequency of application was appropriate.

Improvements were to be made to the choice offered at meal times. Residents and relative/carers were to be consulted on this.

In developing the service's activities programme and meeting individual resident's needs we directed the service to the good practice resource pack 'Care... about physical activity'. Use of this tool along with staff training will support the service to continue to make improvements in this area of care and also acknowledge what works well.

Ongoing checks should continue to ensure that recent improvements are sustained and any inconsistencies addressed.

Requirements

Number of requirements: 1

1. The provider must make proper provision for the health, welfare and safety of residents. In order to achieve this, the provider must ensure that:

- a. All care records, including risk assessments, care plans, hygiene records, position change charts, and fluid charts, are accurate and contain sufficient information to inform and direct staff practice
- b. There is a system in place to effectively audit and monitor the quality of care records to make sure that they meet the provider's own expected standards as well as those set by the National Care Standards
- c. Where deficiencies in the standard of record keeping are identified, these are addressed through training and support.

This is to comply with Social Care and Social Work Improvement Scotland, (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) proper provision for the health, welfare and safety of service users.

This also takes into account National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements, Standard 6: Support arrangements and Standard 14: Keeping well - health care.

Timescale: Within one month of receipt of this report.

Recommendations

Number of recommendations: 1

1. It is recommended that to support good communication with regard to the administration of medication that:

- a. When medication is not given as prescribed, the reason for this is clearly recorded.
- b. When there is a prescribed 'as required' medicine, a written protocol is in place to help staff decide when to use this and the outcome of its use is recorded.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing and Standard 15: Keeping well - medication.

Also see: Care Inspectorate's Guidance about medication personal plans, review, monitoring and record keeping in residential care services.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The service performed to an adequate level in the areas covered by this quality theme.

A programme of repair and refurbishment was currently underway. This included repairing the automatic sluice machine in one of the units, redecorating and replacing the external doors to bedrooms that had access to a balcony. The progress of this and actioning the recommendations and areas for development made in this quality theme will enable the service to improve on this grade.

Resident areas were generally clean with no unpleasant lingering odours. Bedrooms were personalised.

Disposable gloves and aprons were available, along with liquid soap, paper towels and waste bins.

A new labelling system was being considered for clothing. As it is often the small items of clothing that are difficult to label we suggested the use of individual small net laundry bags to ensure that these items are returned to the correct resident.

Reported repairs were promptly dealt with. This included environmental issues reported by ourselves. Staff should be reminded of the correct reporting procedure for reporting and following up required repairs **(see recommendation 1)**.

Staff should ensure that potentially hazardous areas within the home are kept secure when not in use **(see recommendation 2)**.

The expected routine maintenance checks and equipment checks were in place.

Staff were to be reminded to routinely check bedrail covers to see if they needed cleaning.

Alternative small heaters were being considered for areas of the home where additional heating was currently being provided by a heater that at times had a hot surface temperature. Risk assessments had been completed on the current heaters and staff checks established.

In making further improvements to the service we directed the service to the good practice tool 'The King's Fund Enhancing the Healing Environment Care Home Assessment tool' which helps service's to develop a more supportive environment for people with dementia. This will help to identify where improvements can be made to the signage and lighting.

There was clear recording by staff when dealing with residents' finances. Some minor suggestions to improving this further were discussed with the management team.

The service should continue to use environmental audits and checks to ensure that standards of tidiness and cleanliness are maintained and repairs promptly reported.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should ensure that all staff are aware of the correct reporting procedure for reporting and following up required repairs. This will ensure that all repairs are promptly attended to.

This takes account of National Care Standards, Care homes for older people – Standard 4: Your environment.

2. Staff should ensure that potentially hazardous areas within the home are kept secure when not in use.

This takes account of National Care Standards, Care homes for older people – Standard 4: Your environment.

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

The service performed to an adequate level in the areas covered by this quality theme.

At the time of our inspection the service was in the process of reviewing all staff files to ensure they had all the relevant checks and information to fully evidence that safe recruitment procedures had been completed. The service has confirmed to us that gaps they identified have now been followed up. We recommended that the service records decisions about staff suitability, made during the recruitment process, in order to provide a clear audit trail **(see recommendation 1)**.

Staff completed a comprehensive induction. We were informed that any agency staff now used would complete the provider's agency induction checklist.

Checks were made with the Scottish Social Services Council (SSSC) and Nursing Midwifery Council to ensure that staff were registered or registered within the required timeframe. The service should check that all staff are registered at the correct level for the role they undertake **(see recommendation 2)**.

The management team had a clear overview of staff training requirements and had a plan in place to ensure these would be met. Completion of medication competencies, updates on practical moving and handling, practical fire safety and providing care for people with dementia was scheduled to be completed by the end of March 2018.

A new system of formal staff supervision had commenced. This is important in supporting staff with development, training and opportunities to discuss work practice.

Staff were polite, friendly and approachable. Through observation and discussion with staff, residents and relatives confirmed that the regular staff were knowledgeable about residents' care and support needs. The service had employed a number of new and motivated staff. Being new they will need further time and support to consolidate their skills.

The management team were providing good day-to-day observation of staff practice and supported staff.

The service's key worker system was to be reviewed to reflect changes in staff.

The service should continue to effectively assess the dependency of residents to ensure that they can continue to provide sufficient staff with the right skills to meet their care and support needs.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. It is recommended that where decisions about staff suitability have been made during the recruitment process that this information is clearly documented. This will provide a clear audit trail and evidence decisions made.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.

See also: SSSC Codes of Practice for Social Service Workers and Employers.

2. The provider should check that staff register at the correct level, according to their role in the service, with the Scottish Social Services Council (SSSC) within the required timeframe.

This takes account to National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The service performed to an adequate level in the areas covered by this quality theme.

There was now improved monitoring of the service although there remained a number of areas where practice was inconsistent. Ensuring there is sufficient management time to enable ongoing checks and to provide support for staff should enable improvement of this grade.

Over the last few months the service had experienced a change in both the management team and in a number of staff leaving and new staff starting. This has been an unsettling and stressful time. However the residents and relatives/carers we spoke with told us that they felt that the standards of care and support had improved and they felt that they could speak to the current management team, who they named, if they had any concerns.

The management team had an up-to-date overview of key health indicators, accidents and incidents. This supported the service in ensuring that appropriate actions were taken in response to any concerns and helped identify any patterns or issues. This was an improvement when compared to the older care records, audits and reports when this information was not always fully recorded.

Daily flash meetings were held with staff representatives from each area of the service. This helped support effective communication and was developing a team approach to the daily running of the service.

The management team were responsive to the areas of improvement highlighted during our inspection and from their own findings. They and the staff had worked very hard to develop new systems and review documentation that was needed to support improvement. Whilst acknowledging this, it is important that the service retains strong leadership to continue to make the necessary improvements.

The service's newsletter was to restart which will help to keep people informed about events and the standards of care and support they can expect to receive.

During the time that the inspection took place we saw improvements along with increasing confidence amongst the staff, residents and relatives/carers in the current management team's ability to improve the service. However, they also appreciated that there was still further work to be done.

Promoting management and leadership at all levels, from resident involvement to senior management support will help to provide continued improvement.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

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	
8 Feb 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
13 Sep 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Sep 2015	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	3 - Adequate

Date	Type	Gradings	
11 Feb 2015	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
14 May 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Dec 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	1 - Unsatisfactory
19 Sep 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	1 - Unsatisfactory
3 May 2013	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Oct 2012	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	2 - Weak
30 May 2012	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
6 Dec 2011	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
15 Sep 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Nov 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
4 Aug 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Jun 2010	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
11 Dec 2009	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
5 May 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
20 Oct 2008	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
13 May 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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