

Bute House Care Home Service

Barrhill Terrace
Cumnock
KA18 1PT

Telephone: 01290 426311

Type of inspection:

Unannounced

Completed on:

18 July 2018

Service provided by:

Bute House Limited

Service provider number:

SP2014012324

Service no:

CS2014327856

About the service

Bute House is registered to provide care for a maximum of 47 older people who may have dementia and/or physical disabilities, including four places for respite/short breaks. The provider is Bute House Ltd. The service registered with the Care Inspectorate on 22 May 2015.

The home is close to the town centre of Cumnock and near to local amenities including shops and bus routes. The care home is purpose built, with the accommodation provided over two floors with lift access between them. There are 45 bedrooms with en-suite facilities of which two identified bedrooms can be occupied on a shared basis. Lounge and dining facilities are located on the ground floor. The home has a small enclosed garden for people using the service.

The home aims "to offer all residents a home from home in an environment where they feel comfortable and cared for, and where their individual needs are understood and met and catered for by all staff".

At the time of inspection there were 38 people living in the service.

What people told us

Residents and relatives, we had contact with, were overall very happy with the quality of care received. They told us that they found staff very helpful and friendly. They knew the manager and found her approachable.

"I am well pleased with the care the staff provide."

"Management have created a friendly relaxed environment."

"Well cared for and looked after to a high standard."

"Staff always do their best to support me in my daily tasks."

Self assessment

We did not ask the service to complete a self-assessment this year.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

What the service does well

Residents should be cared for by staff who are competent and receive training that is relevant to their needs. This helps people feel confident in the staff that support and care for them.

We saw that staff were skilled in delivering care and showed compassion and respect in their interactions with residents and families who were welcomed into the home.

How people spend their day is important to their wellbeing and we saw that residents living in the home had some opportunities to get involved in activities and outings which were meaningful to them. For example, one person told us how they had enjoyed growing vegetables in the garden. We saw some residents involved in a group activity, and others choosing to spend time in quieter areas.

People should expect to be involved in planning and reviewing care and wider decisions about the way the service is provided. This helps people feel confident that they will receive care in the way that they need and want and trust in the organisation providing support. We saw some good examples of residents being involved and in ways that were meaningful to them such as speaking to staff on a daily basis, attending meetings and involvement of independent advocacy.

Individual health needs should be well supported. We saw that residents' health needs were reviewed on a regular basis with involvement of a range of health professionals who visited the home. The home was involved in the care about physical activity improvement programme and was able to give a range of examples of how this had benefitted people's health and wellbeing.

People should expect to enjoy meal times in a relaxed atmosphere and, if help is needed with eating and drinking, that this would be provided in a dignified way. Overall, we saw that mealtimes were well organised, with meals being served in the communal sitting/dining rooms, or in residents bedrooms according to their personal needs and preferences.

What the service could do better

Care records should give clear direction about how to deliver each person's care and support along with details of personal interests and preferences. Care documentation, that we viewed, was not reflective of the care and support experienced by residents and had the potential for needs to be overlooked. Care staff had good knowledge of the people that they supported but were not involved in care planning. There was scope to develop the keyworker role with improved understanding and involvement in care planning. See recommendation 1.

People experiencing care could be confident that staff had been well recruited. However, there should be improved organisation of documentation to more easily evidence the checks undertaken. This will ensure that people consistently benefit from the safer recruitment principles being used.

Staff confirmed that they received induction relevant to their role including shadowing opportunities with more experienced staff. The service should ensure that clear records are maintained and properly signed off to ensure that staff are clear about their role and responsibilities.

Residents and relatives, we spoke with, were positive about staff and how they responded to their needs. A training matrix was available which showed training undertaken by staff. This was supported by regular supervision and opportunities for staff to reflect on their practice. A designated training area had also been created providing staff with access to a range of resources.

However, records still showed gaps in some areas of staff training such as promoting continence, tissue viability and dementia. It was also not clear how learning needs identified through supervision were being progressed, such as palliative care.
See recommendation 2.

People should be confident that they will be given the correct medicines at the right times. This ensures that residents receive the medicines they need to improve or maintain their health. We advised how recording practices could be improved to reduce the risk of medication errors.
See recommendation 3.

People should be confident that they will benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. We saw that there were some systems in place to monitor aspects of the service provided. However, the systems and processes were not as robust as they could be. At the time of inspection, the provider had brought in additional external management support, to provide line management support to the care home manager and strengthen the quality assurance system and processes.
See recommendation 4.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The provider should continue to promote and develop the role of keyworker within this service linked to staff understanding/involvement in care planning. This is to ensure care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support because people have the necessary information and resources". (HSCS 4.27)
2. The service should continue to develop the training plan for staff. In particular, promoting continence, tissue viability and skin care, and the enhanced level of promoting excellence which is about promoting the psychological wellbeing of people with dementia. This is to ensure care and support is consistent with the Health and Social Care Standards which state "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)
3. The manager should continue to develop medication arrangements in accordance with best practice guidance. This is to ensure care and support is consistent with the Health and Social Care Standards which state that "Any treatment or intervention that I experience is safe and effective". (HSCS 2.23)
4. The provider should continue to review and develop quality assurance systems and processes. This should include compiling a service development plan which shows how everyone is involved in progressing improvements to the service. This will ensure that everyone in the service continues to work together to ensure that improvements are sustained and progressed. This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

Complaints

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

Inspection and grading history

Date	Type	Gradings
19 Jun 2017	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
7 Jul 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
5 Feb 2016	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate

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