

Bute House Care Home Service

Barrhill Terrace
Cumnock
KA18 1PT

Telephone: 01290 426311

Type of inspection:

Unannounced

Completed on:

12 December 2018

Service provided by:

Bute House Limited

Service provider number:

SP2014012324

Service no:

CS2014327856

About the service we inspected

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. There were 35 residents living within the home during the inspection. 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".

How we inspected the service

We wrote this report following an unannounced inspection. Two inspectors carried this out on Tuesday 11 December 2018 between 13.30 and 17.30. It continued the following day, Wednesday 12 December from 08:40 until 18:15. We gave feedback to the manager and deputy manager on 12 December 2018.

The purpose of this inspection was to follow up on the action taken to meet specified areas of improvement made at the last inspection. During the inspection, we gathered evidence from various sources. We spoke with residents, staff and looked at aspects of the environment and documentation.

Taking the views of people using the service into account

For this inspection, we received the views of seven of the 35 people using the service. Overall, people told us that they were happy with their care arrangements.

Staff interactions with residents were of a mixed quality. Some staff clearly knew residents and interacted with genuine warmth and respect. However, we saw other examples of missed opportunities to engage residents in a meaningful way at mealtimes. We discussed our findings with the manager who committed to improve the mealtime experience for residents.

Taking carers' views into account

We spoke with one relative who told us that they were very happy with the quality of care arrangements at Bute House.

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

Previous requirements

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 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).

This area for improvement was made on 18 July 2018.

Action taken since then

The service had reviewed the role of keyworker within the home and involved residents in this process. Residents were able to choose their key worker and staff were actively encouraging residents with this choice. Monthly keyworker meetings were taking place to ensure that residents were receiving appropriate support with things that mattered to them. A new care planning process had been developed and was to be implemented with involvement of keyworkers in assisting residents to write their personal plans. We discussed examples of care plans which needed to be improved to ensure that they accurately reflect residents in need of nutritional support and those at risk of developing pressure sores. The manager was receptive to feedback and agreed to implement documentation to assist in the assessment of risk to a resident developing a pressure ulcer.

This area for improvement is: not met.

Previous area for improvement 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)

This area for improvement was made on 18 July 2018.

Action taken since then

There had been good progress in meeting this improvement in terms of continence and enhanced dementia training. Some staff had undertaken tissue viability training. We encouraged the manager to extend training on

tissue viability to the wider staff team in addition to skin care training. We have repeated this improvement area to monitor progress with this.

This area for improvement is: not met.

Previous area for improvement 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)

This area for improvement was made on 18 July 2018.

Action taken since then

The service had taken satisfactory action to address issues identified at the previous inspection. We encouraged the manager to consider a more person centred approach to medication arrangements within the home.

This area for improvement is: met.

Previous area for improvement 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)

This area for improvement was made on 18 July 2018.

Action taken since then

There was improved systems and processes being used to monitor the quality of the service provided. The manager had started to use the quality framework for care homes for older people for self evaluation as part of the quality assurance system. However, further work was needed to ensure that quality assurance and self evaluation was robust and effectively evaluated residents' experiences to ensure that their needs were being met. We have repeated this improvement to monitor progress in this area.

This area for improvement is: not 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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