

## Buchanan House Care Home Service

5 Grampian Way  
Bearsden  
Glasgow  
G61 4SP

Telephone: 0141 943 0821

**Type of inspection:**

Unannounced

**Completed on:**

10 May 2019

**Service provided by:**

Tamhealth Limited, a member of the  
Four Seasons Health Care Group

**Service provider number:**

SP2007009156

**Service no:**

CS2003000790

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

Buchanan House is registered to provide a care service to a maximum of 53 older people who require residential or nursing care. The provider is Tamhealth Limited, a member of the Four Seasons Healthcare Group.

The care home is a purpose-built two storey building in a residential area of Bearsden. There are shops and local amenities nearby. There is parking available at the care home and gardens around the home.

The service aims include 'respect the rights, dignity, individuality and lifestyle of the resident.'

## What people told us

Before and during our visit, we received 2 completed care standards questionnaires from residents, 4 from relatives and 5 from staff.

There were 52 residents living in the home at the time of our inspection. During our visit, we spoke with 8 residents, 9 relatives and 4 visiting professionals. We spoke with staff throughout our inspection and as part of our general observations. We also carried out a SOFI 2\* observation involving residents with limited communication abilities.

Residents, relatives and staff gave us a variety of feedback about the standard of care at Buchanan House. Although most of the feedback we received was positive, some people felt unhappy about elements of the service. When areas for improvement were identified we explored these further and communicated them anonymously, or with people's consent, to the manager and with a view to supporting improvement if needed. Comments included:

- 'I think the care is very good and staff are very good.'
- 'Mostly positive. The unit needs high staffing levels. There isn't enough staff.'
- 'Staff are welcoming.'
- 'The care my husband received at Buchanan House was exemplary.'
- 'Increasing staffing would make a big difference.'
- 'It's a wonderful place.'
- 'I can see staff being rushed when asked to do things. They look after [my relative] but they are inconsistent.'
- 'Overall the level of care is good.'
- 'I can walk happily within the care area and there is always staff to help, if needed.'

\*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**3 - Adequate**

We observed that staff interactions with residents were respectful, warm and nurturing. Feedback we received from residents and relatives about the quality of care was mostly positive. A resident told us: 'Overall quality of care and support is good and the staff do their best'. Staff appeared to know the residents well and we observed good examples of staff supporting individual abilities and preferences.

Although we saw positive relationships between staff and residents, our observations also showed that some staff had a tendency to focus on tasks. This meant that staff at times missed opportunities to engage with residents. We discussed this with managers and advised them on how the service could improve this (please refer to the section 'How good is our staff team' in this report).

The service respected peoples' rights and minimised any restrictions. This included up to date and complete legal documentation where required. It meant that peoples' independence, choice and dignity were respected. People told us that they could attend regular meetings which gave them opportunities to get meaningfully involved in the service. Examples included menu planning and discussing activity options. A relative told us: 'I regularly attend the relative meetings and they are useful'.

At the time of our inspection the service had only one activity coordinator, whilst a second one was being recruited. However, we saw some good examples of meaningful and enjoyable activities. A relative said: 'They do a lot, especially in the home. There is a lot on. For example entertainers and music. I've also seen an improvement of people going on outings'. We also found evidence of how individual outings were used to

maintain interests or experience things that were important to people. For example a trip to the airport for a plane enthusiast.

We spoke to several visiting health professionals who gave us overall positive feedback on how the service supported peoples' healthcare. However, we found that the service needed to make several significant improvements in the areas of nursing care and medication management. A previous recommendation regarding the effective recording of medication and monitoring of the effectiveness of medication was not fully met. This meant that the medication management was not sufficiently robust and did not always reflect best practice guidance well enough. We advised managers on how they could improve this important area of practice and made a requirement to that effect (see Requirement 1).

We found that the regular competency assessments for staff managing and administering medication did not yet contain an element of observed practice. We discussed this with managers and explained that observations of practice are important to help practitioners to reflect on their practice and maintain their competency. To further support improvement of medication management and to ensure that good practice is maintained we identified this as an area for improvement (see Area for Improvement 1).

## Requirements

1. In order to ensure that prescribed medication is managed safely and in line with best practice guidance, the provider must put in place safe and effective medicines management systems by 1 November 2019. This includes, but is not limited to::

- 'as required' medication protocols which contain detailed instructions for when the medication should be administered
- the correct use of appropriate, evidence-based assessment tools for evaluating the effectiveness of 'as required' medication, like pain medication or psychoactive medication
- the correct completion and maintenance of medication administration records.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and in order to comply with Regulation 4(1)(a) - Welfare of users, of the Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011.

## Areas for improvement

1. The provider should ensure that the competency of all staff involved in the administration of medication is regularly assessed and confirmed. This should involve, but not be limited to:

- regular competency assessments including an element of observed practice, carried out by a competent observer
- an element of reflective practice, where indicated.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: '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).

**How good is our leadership?****3 - Adequate**

People told us that they found managers were hard-working and listened to any concerns. A relative said: 'The manager is accessible. I talk to her often. Some things take a while, but any urgent issues are acted on quickly'.

We found that managers developed a very detailed and comprehensive ongoing improvement plan for the service. The improvement plan was based on current guidance and included points that were based on feedback received by the service. However, it did not contain sufficient detail for how managers would monitor and measure progress for individual action points. This meant that it was difficult for managers to produce evidence for the effectiveness of their improvement actions. We advised managers on how they could improve this process.

The ongoing improvement plan did not include enough detail about feedback and improvement recommendations contained in our previous inspection report. Progress in some important areas, like medication management or the environment, was therefore slow or ineffective. This led to some previously identified areas for improvement and requirements not being fully met.

We looked at various examples of audits and other quality assurance tools that managers used to monitor the performance of the service. We found that the service had quality assurance tools, processes and policies in place for all key areas of the service. However, the audit tools and processes were not always flexible and responsive enough to effectively drive progress and to address current problems. Robust and transparent quality assurance processes are essential for a culture of continuous improvement. We discussed with managers how they could make their audit tools and processes more effective and identified this as an area for improvement (see Area for Improvement 1).

Our observations showed that although staff were kind, helpful and attentive, they at times lacked sufficient leadership, feedback and direction. As a result staff resources were not always used effectively. We asked managers to work with staff on increasing their awareness of their role and responsibilities, for example through increasing observations of practice. To ensure that leaders at all levels of the service have a robust and clear understanding of their responsibilities, we identified this as an area for improvement (see Area for Improvement 2).

**Areas for improvement**

1. The service should ensure that good practice is supported and driven by effective quality assurance processes. This should include, but not be limited to:

- ensuring that audit tools and processes are flexible and responsive enough in order to be adapted to current improvement needs in the service
- ensuring that quality assurance measurements are used by managers to regularly track on-going progress of improvement work
- ensuring that research and best practice documents are used to benchmark measurable outcomes
- ensuring that implementation of actions contained in the service improvement plan is tracked by using appropriate quality assurance processes
- ensuring that quality assurance processes and outcomes are transparent.

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).

2. The service should ensure that leaders at all levels of the service have a robust and clear understanding of their role in directing and supporting care and improvement activities. This should include, but not be limited to:

- Leaders at all levels being aware of and involved in implementing all relevant areas of the service improvement plan.
- Leaders at all levels acting pro-actively and responsibly to ensure good practice is implemented, including by appropriately supervising and deploying staff.
- The use of observations of practice, reflective practice and experiential learning to increase staff awareness and leadership capabilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

## How good is our staff team?

## 3 - Adequate

We found that the service had not yet made sufficient progress with meeting a previous recommendation about staffing levels. Managers had reviewed their staffing arrangements and shift patterns and decided to increase staffing levels at night by introducing a 'twilight shift'. This would increase staffing levels from early evening to late at night to ensure that residents' needs can be met during this busy period. Staff we spoke to during nightshift stated that the new shift would make a significant positive difference. However, although recruitment had started, we decided to continue the existing area for improvement (please refer to the 'previous recommendations' section of the report) and follow this up at our next inspection. Managers assured us that staffing levels at night will remain increased until a twilight shift is fully implemented.

The service used a dependency tool to help managers determine the required staffing levels. Managers told us that they also took factors, like the size and layout of the building into account. However, we asked managers to clearly define which factors are taken into account when setting safe staffing levels. We stressed our expectation that these factors should include feedback from service users, families and staff as well as relevant quality assurance data. We also asked managers to ensure that this process will be as transparent as possible. This means that the service should explore how information about staffing levels could be shared with residents, families and staff in the most accessible way.

Feedback from residents and relatives showed that they were overall happy with the quality and conduct of staff. People appreciated that staff were friendly, welcoming and helpful. We spoke to a number of visiting health professionals who told us that they felt staff were competent and communicated well with them. Since our last inspection the service had reviewed their training and induction processes and had made several positive changes. This included a new 'experiential' training course which aimed to support learning about the needs of people with complex conditions, like dementia. Staff we spoke to during our inspection and those who completed questionnaires, were overall happy with their employment and their learning opportunities.

## How good is our setting?

## 4 - Good

The purpose-built setting was well maintained, clean and tidy. The units on each floor were not subdivided and residents could use a lift to move between the two floors. This meant that residents benefitted from minimum restrictions and could freely access most of the building. A resident told us: 'I can walk happily within the care area and there is always staff to help, if needed'.

The home offered people possibilities to keep connected through the use of technology. This included wifi and tablet computers. To support people staying connected with their families the provider offered the use of a specially developed application called 'magic moments app'.

Residents had access to a garden space. However, we found that residents could not go into the garden independently and required a member of staff to unlock the door for them. At the time of our inspection the garden was also not safely enclosed which meant that a high degree of supervision was required. Managers were aware of this and work on improving the garden space had started during our inspection. However, to ensure that people can benefit from accessing a useful and safe garden space as independently as possible, we identified this as an area for improvement (see Area for Improvement 1).

The environment was friendly and bright. There were good amount of natural light in the lounges and good lighting in the corridors. Together with the minimal restrictions, this helped to encourage people to retain their physical abilities by moving around as much as possible. However, we found that some features did not reflect current good practice guidance for people living with dementia or vision problems. In particular the use of contrasting colours, for example for making handrails easier to see, and the appropriate use of signage were areas that needed improvement. A relative told us: 'I just wish some of the environmental improvements would be a bit quicker'. Because some of these issues had already been discussed at a previous inspection, we included this in our identified area for improvement (see Area for Improvement 1).

Residents were able and encouraged to personalise their own space and to bring some of their own furniture. There was evidence of people being involved in making choices about planned refurbishment. We encouraged managers to review how involvement in decisions about the environment could be further increased. As an example we recommended involving people meaningfully in environmental assessments, like the King's Fund assessment tool for dementia friendly environments (see Area for Improvement 1).

### Areas for improvement

1. The provider should ensure that the premises have been adapted, equipped and furnished to meet the needs and wishes of service users living with dementia. This should include, but not be limited to:

- The completion of the King's Fund assessment tool for dementia care services as a participatory exercise, including service users, relatives and staff.
- Including any agreed actions in the ongoing service development plan to allow regular tracking of progress.
- Ensuring that the action plan includes as independent as possible access to a safe, well-maintained and useful garden space.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16) and 'If I live in

a care home, I can use a private garden' (HSCS 5.23) and 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

## How well is our care and support planned?

4 - Good

We sampled a number of care and support plans and found that they were up to date and completed with good detail. Risk assessments were regularly reviewed and amended as required. This was supported by regular audits carried out by managers. External health professional who attended the home on a regular basis told us that staff were good at completing the records they required, such as monitoring and observation charts. Care plans were regularly reviewed and evaluated. People confirmed to us that they were regularly invited to participate in a review of their own or their relative's care plans. A relative told us: 'I have regular 6 monthly reviews'. This meant that people could contribute to their care plans and feel confident that their assessments and care plans were well maintained.

Each person's care and support plan contained details of their choices and preferences. This included relevant parts of the person's life story. Managers worked with staff on further improving the quality and detail of the care plans. Recent good examples included care plans for people with complex conditions, for example people with dementia who experience stress and distress. This demonstrated that staff were aware of good practice guidelines and how to implement them into the care plans.

We found that not all care plans contained clearly formulated personal outcomes. Well formulated personal outcomes help to ensure that assessments and plans are focussed on people's abilities and preferences. We discussed this with managers and encouraged them to include this in their service development plan.

We found that any required supporting legal documentation was in place. This ensured that people's rights were protected and that significant others were involved in making decisions and choices where necessary.

It is important that people are helped to live well right to the end of life by ensuring that care plans include what is important for them and their wishes for the future. The care plans contained some elements of including people's wishes about their future care. However, we found that the documentation of advanced care plans could be improved and encouraged managers to include this in the service development plan.

## 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 service provider should ensure that medication administration recording charts and additional recording charts such as those used for topical or patch application have consistent recording patterns. The exact detail of the application given to the person should be recorded on the additional recording charts to ensure the medication given to the person is accurately recorded to help monitor the effects of the medication on the person. When administering as required medication, the service should ensure that comments regarding the



effectiveness of a medicine is recorded to improve knowledge of how effective the medication is to the resident and to comply with good practice in medication recording.

National Care Standards, Care Homes for Older people, Standard 15, Keeping Well- Medication.

**This area for improvement was made on 1 August 2017.**

## Action taken since then

The service did not make sufficient progress with meeting this outstanding recommendation, in particular in regards to medication recording, implementation of 'as required' medication protocols and evaluation of medication effectiveness.

We therefore made a requirement for this area of practice and this recommendation will not continue.

## Previous area for improvement 2

The provider should continue to review residents' needs and ensure that staffing levels are sufficient to meet the assessed needs of residents.

This is to ensure care and support is consistent with the principles of the Health and Social Care Standards which state: "My health and social needs are assessed and reviewed to ensure that I receive the right support and care at the right time." The Health and Social Care Standards which state: "My needs are met by the right number of people" (HSCS 3.15).

**This area for improvement was made on 1 November 2018.**

## Action taken since then

The provider started to review and increase staffing levels, in particular during night-time hours. This included the introduction of a twilight shift. However, at the time of our inspection the twilight shift had not been fully implemented yet and the service was still recruiting staff to fill the required shift patterns. Managers were aware of the need for higher staffing resources at night and agreed to keep staffing levels at night increased until sufficient staff have been recruited to implement a daily twilight shift.

This area for improvement had not been fully implemented and will continue.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
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1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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