Buccleuch Care Centre
Care Home Service

Bright Street
Hawick
TD9 0JF

Telephone: 01450 373 984

Type of inspection:
Unannounced

Completed on:
29 June 2020

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2003047709
About the service

Buccleuch Care Centre in Hawick is registered to provide care to 53 older people. The service is operated by St Philips Care Ltd.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

Many residents were not able to tell us verbally what they thought about the service or the care they received. We spent time in the communal areas of the home observing how these residents interacted with staff and how they spent their time. We saw some very positive interactions which demonstrated that residents were treated with respect and genuine affection.

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 good is our care and support during the COVID-19 pandemic? | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.
How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Residents living in Buccleuch Care Centre were well cared for and staff were respectful and kind in their interactions with residents.

A variety of methods were used to keep families informed and involved in the care of their family member. Staff had developed new information to support both virtual and on-site visiting as we move through the phases of lockdown. This used best practice guidance helping people to connect with their families and friends.

There was good use of outdoor space which helped to support wellbeing.

The use of electronic care plans ensured that all care staff knew about residents’ needs and wishes.

People were at less risk of falling/infections/losing weight because the risks to them were properly assessed and actions taken to minimise the risks.

Residents had anticipatory care plans (ACP) that reflected their wishes and where appropriate, those of their representatives. Some were more detailed than others however all important areas were covered. Staff were familiar with people’s preferences for palliative and end of life care.

Residents were supported emotionally because staff acknowledged the potential impact of COVID-19 and used imaginative and innovative methods to minimise this. This included supporting people who were experiencing stress and distress in response to the changes in routines. Good continuity of staff supported this.

7.2 Infection prevention and control practices support a safe environment for both people experiencing care and staff

Staff have benefitted from training facilitated by both the provider and the Community Infection Control Advisory Service (CICAS). We observed staff practising adequate infection prevention and control measures to ensure people were protected.

Staff were trained to recognise and respond to suspected or confirmed cases of COVID-19. People benefited from both buildings being clean and there was good availability of personal protective equipment (PPE).

There was some inconsistency in staff understanding and application of best practice guidance and use of PPE. We informed CICAS, who made contact with the home to provide additional support.

Many “staff only” areas were cluttered and not secured. Including the staff rooms where visors should have been appropriately stored. The manager has since resolved this.

Bags of continence aids were stored on the floor in some residents’ rooms. This made cleaning more difficult and was undignified. Some bins had no lids, which we would expect. We asked that the regular checks carried out on the environment also include “staff only” areas (see area for improvement 1).

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care
Residents levels of care and support are regularly assessed. This helps to plan staffing levels. The service has considered workload through the day and since the last inspection has introduced additional care support in the evening. This had made a positive difference before lockdown, ensuring that staff could be more flexible to meet people’s needs.

Given the additional level of workload because of implementing expected practice in response to COVID-19 we were surprised to find that the hours of staffing had not further increased. Assessment hours and actual hours did not reflect current need.

Cluttered “staff only” areas suggested that care staff were rushed. Regular checks would have picked this up. We found that there was not sufficient evidence to confirm that the previous requirement regarding staffing was met. This requirement has been amended to reflect a new timescale to action (see requirement 1).

Numerous radiators were on in Buccleuch House resulting in areas feeling excessively hot. Room temperatures should be monitored to ensure people are kept comfortable (see area for improvement 1 below). This is especially important for people who are not able to communicate how they feel.

Staff were supported to keep up to date with current and changing practice. Staff who were not involved in providing direct care and support to residents understood how they contributed to the maintenance of good infection control practices and keeping people safe.

Not all staff felt confident that they could voice concerns if they were to arise. This is an area that the senior management are working to address. We will continue to monitor this over the coming months.

Requirements

1. In order to ensure that residents experience good outcomes the provider must review staffing levels, skill mix and organisation of care and support within the service. They must:

   a) ensure at all times suitably qualified and competent people are working in the care service in such numbers as are appropriate for the health, welfare and safety of residents; and
   b) provide an action plan by the 6 July 2020 indicating how they will meet this requirement.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states:

“My needs are met by the right number of people” (HSCS 3.15); and
“My care and support is consistent and stable because people work together well” (HSCS 3.19).

It is also necessary to comply with Regulation 4 (1) Welfare of Users and Regulation 15 Staffing of the Social Care and Social Work Improvement Scotland Regulations 2011.
Areas for improvement

1. Regular checks carried out on the environment should also include "staff only" areas to ensure the environment remains free from clutter.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My environment is secure and safe" (HSCS 5.17).

2. People should be able to feel comfortable, even if they are unable to express their views. Therefore, room temperatures should be monitored on a regular basis and action taken if the room is too hot or cold.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes" (HSCS 5.19).
Requirements

Requirement 1

In order to ensure that residents experience good outcomes the provider must review staffing levels, skill mix and organisation of care and support within the service. They must:

a) ensure at all times suitably qualified and competent people are working in the care service in such numbers as are appropriate for the health, welfare and safety of residents; and
b) provide an action plan by the 7 August 2019 indicating how they will meet this requirement.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state:

“My needs are met by the right number of people” (HSCS 3.15); and  
“My care and support is consistent and stable because people work together well” (HSCS 3.19)

It is also necessary to comply with Regulation 4 (1) Welfare of Users and Regulation 15 Staffing of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 18 July 2019.

Action taken on previous requirement

The service provided us with an action plan on how they were meeting this requirement. They had introduced additional care hours between 07:00 and 22:00 as staff workload at the time of the previous inspection had indicated that this had been insufficient to meet the care and support needs of the residents. They told us that they would continue to assess staffing levels on a weekly basis.

At this inspection we found that the service had continued to assess staffing levels on a weekly basis. However, this did not reflect the staffing hours provided as this did not take account of the workload created by implementing the additional practices that needed to be taken in response to COVID-19. Cluttered “staff only” areas suggested that care staff were rushed. Regular checks should also have picked this up. Therefore, at this inspection we found that there was not sufficient evidence to confirm that this requirement was met.

We have reported on this under 7.3.

Not met
Areas for improvement

Previous area for improvement 1

The service should review the management of the usage and recording of prescribed topical preparations to make sure that residents are given the correct creams and that there is sufficient guidance for staff to apply these correctly.

This is in order to ensure that 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 2019.

Action taken since then
Focused COVID-19 inspection. This area was not assessed at this inspection.
### Detailed evaluations

<table>
<thead>
<tr>
<th>How good is our care and support during the COVID-19 pandemic?</th>
<th>3 - Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 People’s health and well being are supported and safeguarded during the COVID-19 pandemic</td>
<td>4 - Good</td>
</tr>
<tr>
<td>7.2 Infection control practices support a safe environment for people experiencing care and staff</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>7.3 Staffing arrangements are responsive to the changing needs of people experiencing care</td>
<td>3 - Adequate</td>
</tr>
</tbody>
</table>
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