

Buchanan House Care Home Care Home Service

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Bearsden
Glasgow
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Type of inspection:
Unannounced

Completed on:
27 September 2021

Service provided by:
Buchanan House Care Limited

Service provider number:
SP2020013451

Service no:
CS2020378653

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

This service was first registered with the Care Inspectorate on 27 August 2020.

Buchanan House is registered to provide a care service to a maximum of 53 older people, over the age of sixty-five, who require residential or nursing care. It can also provide respite care. There were 45 residents at the time of our visit, one of whom remained in hospital.

The provider is Buchanan House Care Limited which is part of the Care Concern Group.

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

Their aim is:

'to make residents feel like Buchanan House is their home through a warm, welcoming and friendly environment'.

What people told us

The residents we met seemed in the main, happy, and relaxed. Some people told us they enjoyed their meals which they said were very good. Others told us they enjoyed taking part in activities or spending one to one time with staff.

We did not meet any relatives during our visit but managed to have telephone conversations with seven relatives. Overall, people were very happy with the care and support being provided. Two people were a bit confused as to the new more relaxed visiting regime which had recently been introduced to open up visiting after periods of lock down due to the pandemic. The service plan to write to all relatives again, to make clear the home is open to visitors, and they will no longer have to book visiting appointments.

Generally, relatives were happy with how staff communicated with them. However, one felt communication between shifts could be improved so that staff had up-to-date information about each resident, for example pre-arranged appointments made by family.

"He's very happy here and safe"

"Absolutely delighted, they couldn't be more helpful - all staff. We really picked the best place"

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?	4 - Good
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How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good
How good is our care and support during the COVID-19 pandemic?	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?

4 - Good

We found the service to be operating at a good level for this key question.

On both days of our visit, we observed that staff were very kind, patient and compassionate in how they provided care to residents.

All staff engaged well with residents including residents who wished to or had to remain in their bedrooms. We noted that ancillary staff knew everyone by their first name and engaged residents in cheery banter.

We saw several examples of staff managing residents displaying signs of stress and distress in a very compassionate way helping people calm.

The service had only recently recruited their second activity coordinator. The staff we spoke to were full of ideas and enthusiasm for how to create happy memories and activities reflecting residents' interests. The activity programme was being reviewed following consultations with residents. They were planning to introduce more physical activity using the 'Oomph' activity programme to help keep people fit and engaged. Their learning from the 'Make every Moment Count' activity programme was being introduced into daily care home life.

We heard from the CPN liaison nurse how well management and staff worked proactively to help manage peoples' mental wellbeing. The service developed their own strategies to work in partnership with mental health services. The feedback they gave about the service was very positive. We could see from peoples' care plans that staff liaised speedily with other health professionals to ensure people received the right care at the right time.

We noted the service closely monitored pressure sores to chart progress on healing.

We suggested the service review all their DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) to ensure they are up to date and completed in compliance with best practice.

We noted that until recently the service had not routinely been auditing their administration of medication.

The new manager is ensuring this is now done. Their pharmacy provider had carried out their own audit and found the service operating at a good level with advice on minor improvements which were required.

We undertook an observation of lunch service. We noted that staff engaged well with residents offering plated choices to help people living with dementia decide what they wished to have. Lunch service had a calm pleasant atmosphere and people were offered extra portions and regular refills of drinks.

We have suggested that the chefs might benefit from refresher training on nutrition for older people using the new Eat Well Age Well Care at Home: Malnutrition Screening Pack.

How good is our leadership?

4 - Good

We found the service to be operating at a good level for this key question.

The new manager had been in post only seven weeks when we visited. They had already arranged for a provider audit of key aspects of service delivery. They were using the findings from this audit to inform their service improvement plan.

Professional registration records were regularly checked to ensure that nurses and care staff continued to be registered with their respective professional bodies. Such registrations are a requirement to work in care services in Scotland.

An increased staff training programme was being formulated and SVQ training for care staff reintroduced as the pressures of the pandemic eased.

The manager had a very clear vision of what their priorities would be over the coming months. In particular, they had identified the need to strengthen the service's quality assurance systems to ensure high standards of care were being experienced by residents. We suggested they should include in future audits the dining experience. Prior to the pandemic the dining area had had table covers, napkins, menus, and condiments to provide a relaxed comfortable environment to dine. However, the pandemic had required most of this to be removed for infection control and prevention reasons. We suggested sufficient progress had been made now that everyone was vaccinated to reintroduce their normal dining experience. Staff we spoke to said they would welcome this.

We had identified various areas within the home which required upgrading and/or redecoration. The manager had arranged for a provider estates management representative to visit the home and assess what needed to be done. We have asked that we be provided with a copy of their refurbishment plan with an associated timescale for works to be complete. The manager had already ordered several items of new furniture to replace worn or broken items.

How good is our staff team?

4 - Good

The service was found to be operating at a good level for this key question.

On occasions the service is unable to cover posts of staff who phone in sick at the last minute. However, we saw that the whole staff team worked well together, and all residents' needs were met timeously and with great care.

Throughout our two day visit we saw how well staff worked effectively as a team, even when on occasions, they were a carer short. On our second day, we noted that to assist with mass testing of residents, they had obtained the services of an additional carer from their nearby sister home to assist.

The service had a Hostess who oversees breakfast and lunch services. Additionally, they oversee the visiting system, assisting where required with lateral flow tests (LFT's) and accompany relatives to and from visits. Having held other posts previously in the service the Hostess has a detailed knowledge of each resident's needs and preferences.

A number of new staff had recently started, and they were or had been given a good induction into the service. Those we met were enthusiastic about their new roles.

A revised training programme was being put in place to ensure staff had the knowledge and skills to provide high quality care.

With pandemic pressures partially easing SVQ training was being re-introduced. We suggested senior staff should be considered for SVQ4 training to reflect the lead role they play in organising the day-to-day activities of the care home. We observed one of the seniors lead their part of the care home and were very impressed by how well they led and how their staff team worked well together.

In common with other care providers, it is proving increasingly difficult to recruit new staff. The provider is therefore turning their attention to introducing measures to help retain staff which will provide greater continuity of care.

The new manager had had a clear vision of how to further develop her staff team. We assessed that the service had the makings of a strong staff team which will help the service further develop.

How good is our setting?

3 - Adequate

We found the service to be operating at an adequate level for this key question.

When first registered the provider had a condition put on their registration certificate to make improvements to their laundry facilities by end of October 2021. We saw that little progress had been made on this. We were assured by the regional manager that work would recommence on 4 October and be completed within timescale. We have asked the service to send us confirmation and evidence of when works are complete.

Overall, we found the service very clean and complying with all required infection prevention measures. However, several areas of the home required decoration refreshed and, in some areas, remedial repair work or replacement was needed. For example, the upstairs kitchen servery needed complete replacement to ensure that all areas can be properly cleaned.

They currently had no maintenance operative, but the provider had arranged for a senior estates manager to visit the home to assess the required works. The new manager was hopeful this work would be carried out as soon as possible.

The home had several comfortable lounge areas for residents to enjoy. They also had a garden area which they were encouraging residents to get involvement in further improving with planting etc. Staff frequently supported people to walk in the garden or visit their nearby park.

Once decoration has been refreshed and remedial works carried out this should provide residents with a nice, homely environment.

How well is our care and support planned?

4 - Good

The service was found to be operating at a good level for this key question.

The provider had advised us that they are working on a new care plan format so that plans will be more person centred and outcomes focused. They believe the current care plan format is not best reflecting residents care needs, preferences, and interests.

We sampled seven care plans and related medication records for people living in the home. Overall, the plans provided a fair overview of residents, with risk assessments properly carried out. There was good evidence of joint working with health professionals to address residents' needs. All the plans had been reviewed in the last six months and we could see how relatives and residents' views were considered in forward planning.

We suggested that as part of their development of new care plans, they should consider including a one-page profile of each resident. This would give bank, agency, or new workers an overall flavour of how individual residents wished to have care delivered including their likes, dislikes, and preferences.

We found staff daily recordings mostly task focused, often repetitive, and not always recording the outcomes being achieved for each resident. To be truly outcomes focused plans need to reflect the specific goals and aspirations of how people wish to live their lives. Daily recordings and minutes of review meetings should provide the evidence that progress on these goals is being achieved. Staff will need training on this new approach to care planning once the provider has confirmed the format to be used.

Food and fluid charts were not always being completed properly. Often there were no specific individual targets set, intake was not always totalled which made evaluating the benefits to the resident difficult. We suggested the charts should have a column added to document any remedial actions which staff required to take. The manager is arranging refresher training for staff on this topic.

Medication records were found to be in order but the odd photograph on the MARS sheet was missing. This was immediately addressed once we pointed this out. We found that staff were not routinely recording on the reverse of the MARS sheet the effect of giving PRN (when necessary) medication. Management agreed to have this addressed. This will assist regular review of whether PRN medications are still required, or those that are, remain effective. The new manager had already begun to introduce regular audits of medication records to ensure safe practice.

How good is our care and support during the COVID-19 pandemic?

4 - Good

We found the care home clean, free of odours, and complying with national infection control regulation and advice.

Provider infection control audits had identified areas for improvement which had been addressed. Staff had been reminded to properly bag their uniforms at the end of their shift and reminded about the proper laundering procedures.

All staff had received infection control training and personal protective equipment (PPE) was in good supply. Staff were observed to correctly don and doff protective clothing.

We found domestic and laundry staff very knowledgeable about their role in infection prevention. We observed frequently touched areas being regularly cleaned.

We observed staff assisting residents to clean their hands before and after meals and after visits to the toilet.

An outbreak protocol was in place which included plans to cohort staff and residents in the event of an outbreak.

Certain areas of the home required refurbishment and improvement to ensure that all areas of the building can be properly cleaned and kept free of infection. We have asked the provider to submit to us a refurbishment plan with an associated timescale for completion.

The service has a condition on their registration certificate requiring them to improve laundry facilities by the end of October 2021. Minimal work had started, but we were advised due to the pandemic, this had not progressed as smoothly as they had expected. We have been advised work will recommence on Monday 4 October and have asked that photographic evidence be submitted to us to confirm the condition has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing levels are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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