

Buckreddan Care Centre Care Home Service

Irvine Road
Kilwinning
KA13 7PF

Telephone: 01294 542 700

Type of inspection:
Unannounced

Completed on:
24 August 2023

Service provided by:
Buckreddan Partnership

Service provider number:
SP2003002258

Service no:
CS2003010255

About the service

Buckreddan Care Centre is a care home for older people situated in a residential area of Kilwinning, close to local transport links, shops, and community services.

The service provides nursing and residential care for up to 114 people in two buildings. Sixty seven residents can be accommodated in Eglinton Unit and forty seven in Garnock Unit.

There were 106 people living in the home at the time of inspection.

Buckreddan Care Centre was registered with the Care Inspectorate on 1 April 2002. The provider is Buckreddan Partnership.

Residents have single rooms, most of which have en-suite facilities, with many incorporating a sitting area. Each building has its own kitchen and laundry service areas. Residents have access to a number of lounges, dining areas and an on-site hairdresser. The home further benefits from secure outdoor spaces. Parking space for visitors is available within the grounds of the home.

About the inspection

This was an unannounced inspection which took place on 21 August 2023 between 09.30 and 16.30 and on 22 August 2023 between 07:00 and 15.45.

The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 22 people using the service and 16 of their family members
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

People commented positively about the friendliness of staff .

The provider needs to improve the management of risk to ensure that people living in the service are safeguarded.

The records detailing the planning of care and support must be improved to guide staff and ensure that people receive consistent and agreed care.

Quality assurance systems need to be improved and used to inform a service improvement plan.

Systems in place to carry out health and safety checks need to be improved to ensure safety of the home and the equipment used to support residents.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People commented that staff were friendly. We saw some kind engagement with people offered choice and treated with care.

We made an early morning visit and saw that staff were promoting sleep and supporting people's choice about when they wanted to get up.

People were generally well presented and enjoyed going to the in-house hairdresser, this helped to maintain people's dignity.

We noted that staff did not always engage well with people and at times people were being rushed. Staff approach was task driven and not as person centred as it could be.

We saw that there was one activity worker for the home. At the time of the inspection there were 106 people living in the home. The activity coordinator was working hard but was not able to reach many people in a meaningful way. Care staff were busy, but they missed opportunities to engage meaningfully with people. It was not evident that staff understood the importance of meaningful activity to support people's wellbeing. We saw on a number of occasions people sitting for extended lengths of time in small sitting rooms with no engagement from staff. This could make people feel isolated and lonely. Feedback from people who live in the home and their families was that there was a lack of activities that were meaningful to them or that took account of their abilities. People told us that they were 'fed up' and 'bored'.

Staff would benefit from the 'Promoting Excellence programme for dementia learning and development.' This would help staff develop the skills and knowledge to deliver responsive, person-centred care.

See requirement 1

Nursing and senior care staff were aware of the healthcare professionals they could call on for support and advice. There were records of the outcome of visits and appointments. Changes in treatments and medication were generally included in health care notes. However, we saw some information in wound care treatment plans that did not reflect changes in wound dressing products or frequency of dressings. This does not ensure that changes are effectively communicated, and could impact negatively on wound care.

The service used an electronic care record system which contained documents detailing people's healthcare needs. These documents were supported by risk assessments and care charts. However, there were minimal details of the strategies in place to manage people's healthcare needs. The information was held over a range of charts and documents. There was a lack of clarity about the plans of care in place to minimise individuals risks and manage their healthcare needs. There were no meaningful evaluations in place to evidence that the plan in place was effectively meeting and managing healthcare needs. This does not support a consistent approach to the management of care needs and could impact negatively on outcomes for people.

Information about wound care was not always up to date. There were some dressing changes that had not been recorded fully, some missing information about wound assessments and some inaccurate information about the status of pressure areas. This made it difficult to determine the progress with wound healing.

The information regarding the support for people who may experience distress lacked details. This would not ensure a consistent approach to supporting people when they were distressed.

The electronic care record system included care charts to evidence personal care, food and fluid intake and positional changes. These charts were not always being completed and there were gaps in the information. We had concern that we could not fully determine the care and support people were receiving.

There had been an audit tool developed to assess the quality of the care plan information but the use of this was in its infancy and had only been used twice.

We have concern that the care record system does not evidence how individuals' healthcare needs or risks were being managed. This could result in people's healthcare being compromised and them not being protected from harm.

This was the subject of a requirement at the last inspection and will continue with an extended timescale.
See requirement 2.

Risk assessment tools were up to date, but the outcomes of the assessments were not being used to inform care plans. There was poor detail in care records about the strategies to minimise clinical risk for individuals. The meetings to discuss risk management were infrequent and lacked detail.

We have concerns that the lack of an effective approach to the management of clinical risk does not safeguard people, and could compromise their health.

See requirement 3.

We spent time observing mealtimes in both units of the home. We saw that staff were well deployed and that they knew individuals' dietary needs. Choices were being offered and menus were available for people to look at. There were variations in the management of mealtimes. At times we saw pleasant engagement between people and staff who were supporting them. However, this was not consistent, and we also saw some people being rushed with their meals and staff who took a task-based approach to mealtimes.

There was a need to develop an enjoyable mealtime experience for people throughout the home to support people's nutritional needs.

See area for improvement 1.

The service was using an electronic system to manage medication. The staff we spoke with who administer medication demonstrated that they were aware of how the system works. The system ensures that medication is given on time and as guided by prescribers' direction. This helps to support people's healthcare needs.

Requirements

1. **By 30 October 2023** the provider must improve the provision of meaningful activities and staff skill regarding dementia care.

To do this, the provider must, at a minimum:

- a) commence Promoting Excellence Framework for dementia care training for all staff;
- b) regularly monitor staff competence through direct observation of their practice; and
- c) improve access to meaningful activities which are linked to individuals' preferences and abilities.

This is 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 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors' (HSCS 1.25).

2. By 1 October 2023, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met.

To do this, the provider must, at a minimum:

- a) ensure outcomes of risk assessments are used to inform plans of care to manage risks effectively;
- b) ensure personal plans and care records are accurate, sufficiently detailed and reflect the care planned and provided;
- c) develop detailed plans to direct staff regarding the management of pain, and stress and distress for individuals;
- d) ensure personal plans fully reflect that advice from healthcare professionals has been followed;
- e) ensure evaluations are outcome focussed and reflective of how effective the planned care had been in promoting positive choices; and
- f) ensure that systems are implemented to monitor the accuracy and quality of information in personal plans.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS1.15).

3. **By 1 October 2023** the service provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met.

To do this, the provider must, at a minimum ensure that:

- a) the outcomes of risk assessments are used to inform an overview of risk for individuals;
- b) the outcomes of risks are discussed regularly with the clinical and care team to inform effective care planning; and
- c) where there are indications of poor care provision, action is taken promptly to address this, and a record is maintained of all improvements made.

This is 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 (SSI 2011/210).

and,

To ensure care and support is consistent with the Health and Social Care Standards which state -

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (3.21 HSCS).

Areas for improvement

1. To support people's nutrition and hydration needs effectively the provider should review and develop the management of mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible ". (HSCS 1.35)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

It is important to ensure that the quality-of-service provision and safety of the environment of the home meets acceptable standards and that a culture of continuous improvement is embedded in the service. To achieve these providers should use effective quality assurance systems to evaluate quality and performance based on evidence such as regular audits.

There were some audits in place however they were not all being completed regularly, and action plans developed from audits showed outstanding issues. It was difficult to determine that issues identified had been actioned and had resulted in improvement of outcomes for people as actions had not been verified.

Our findings highlighted the need for a more organised approach to quality assurance. We had concerns that the issues we identified during the inspection had not been picked up through quality audits. This included the lack of an effective overview of clinical risk, poor oversight of health and safety checks, lack of improvement of the environment of the home and the need to improve infection prevention and control measures. The systems to assess and monitor the quality and safety of service provision were not effective. Audits and checks sat in isolation and did not feed into a central service improvement plan.

An important part of assessing the quality-of-service provision is by using the views of people who live, visit and work in the service to inform service improvement. There was minimal evidence to show how the views and comments of people had influenced service improvement.

There was an environmental improvement plan in place, but this had been informed by the findings of a previous Care Inspectorate inspection. This approach does not reflect an understanding of self-evaluation or a focus on using quality assurance systems to effectively drive improvement of outcomes for people.

This was the subject of an outstanding requirement and will continue with an extended timescale.
See requirement 1.

Requirements

1. **By 30 October 2023**, the provider must demonstrate that service users are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

To do this, the provider must ensure, at a minimum:

- a) the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service;
- b) the range of quality audit tools include, but not be restricted to, environmental, IPC and medication management;
- c) that the outcomes of quality audits inform action plans to address issues identified;
- d) that actions taken are reviewed to ensure that they effectively improve outcomes for service users; and
- e) the feedback from people living in the home and their families is used to inform service development.

This is to comply with Regulation 4(1) (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People we spoke with commented positively about staff. They said that staff were friendly and worked hard.

People should have confidence that they are supported by staff who are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff had access to regular one-to-one supervision meetings with a senior member of staff. This allows staff to discuss their training and development needs, reflect on their practice and helps promote good practice.

There was a training plan in place which recorded training that staff had completed. This was a new document and had only been created in the past couple of weeks. The compliance levels for completion of some training were low, including core training. There was a need to ensure that training was up to date and that staff had the skills and knowledge relevant to their role. There was difficulty determining the source of some training as it was not clearly recorded. There was a need to expand and improve the content of the training plan and training records to capture full information about the training staff had completed and any updates needed.

It is important not only to deliver training but to ensure that training positively impacts on staff learning and practice. We saw variations in staff practice there were differences between the approach of staff. To be assured of consistency of practice the service needs to implement systems to assess staff practice and competence.

See requirement 1.

Requirements

1. By 30 October 2023, the provider must ensure that staff have access to training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people being supported.

To do this, the provider must, at a minimum:

- a) implement a detailed training plan that identifies priorities for clinical care, safeguarding people and core training;
- b) ensure that the training plan records are complete and includes all training courses completed and scheduled; and
- c) implement systems to regularly monitor staff competence through direct observation of their practice.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

It is important that people experience an environment that is well looked after, well maintained and free from intrusive smells.

We saw that there was a need for redecoration and replacement of some carpets in the home. There was a smell of urine in the home. Comments from people we spoke to during the inspection echoed our concerns about the quality of the environment. Some people also commented that the décor of their bedrooms could be improved. The lighting in the corridors of the Eglington unit was poor and cast shadows which could pose a trip hazard for people with poor vision or living with dementia. There was an environmental plan in place. However, there was a significant number of outstanding actions noted. The provider needs to review this plan to include issues we have highlighted and take measures to improve the quality of the environment of the home.

There was minimal PPE available at point of need in the Eglington unit. Some of the containers to store PPE needed cleaned. There were a number of clinical bins and general waste bins without lids, and some were overflowing. This does not indicate that strong infection prevention and control (IPC) measures were fully established to safeguard people or the staff supporting them.

In Key Question 2 of this report, we have detailed concerns about the effectiveness of the systems in place to monitor and assess the quality-of-service provision. This includes the lack of progress to improve the environment and the need to protect people from harm.

We had concerns that the systems in place to record that health and safety checks were being carried out were not effective and did not cover all aspects of health and safety. This included poor compliance with fire checks and the storage of substances hazardous to health. There was a lack of organisation of the records of safety checks. There was a need to ensure that people involved in monitoring health and safety had appropriate training and fully understood their role and responsibilities.

We have concerns that the lack of a systematic approach to health and safety does not safeguard people living, visiting and working in the service.

See requirement 1.

Requirements

1. By 11 September 2023 the provider must ensure that the environment of the home is safe and protects people who live, visit and work in the service from harm.

To do this, the provider must, at a minimum ensure that:

a) there are effective systems in place to assess and monitor the health and safety of the home and equipment used by service users;

- b) guidance from external stakeholders such as the Scottish Fire and Rescue Service and the Health and Safety Executive are adhered to;
- c) staff assigned health and safety responsibilities must have appropriate training for the role, including fire safety and COSHH;
- d) arrangements are made to ensure that appropriately trained personnel are available to cover absence of the staff assigned health and safety roles; and
- e) there is a system to verify that health and safety checks have been carried out and action taken to address identified issues.

This is to comply with Regulation 4(1) (a) (Welfare of users) and Regulation 10(2)(b) and (d) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulations 2011 (SSI 2011/210).

And;

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

'My environment is secure and safe.' (HSCS 5.17)

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach.

In Key Question 1 of this report, we made a requirement about the need to improve the quality of personal plan content.

The personal plans should be more reflective of individuals preferences and wishes and what's important to them. This would help guide staff to respect people's choices and wishes. We could not be assured that information in personal plans would effectively guide staff to provide the right care and support to meet people's needs and ensure good outcomes.

There was minimal information in the plans to detail the choices and wishes of people regarding their end-of-life care. This would not direct staff to respect people's choices at this time.

See area for improvement 1.

Areas for improvement

1. The provider should ensure that personal plans are developed in consultation with the individual and their representative(s) to reflect a responsive, person centred approach taking account of choices and preferences. This should include detailed anticipatory care plans to support peoples end of life decisions.

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

By 30 April 2023, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met. To do this, the provider must, at a minimum:

- a) ensure outcomes of risk assessments are used to inform plans of care to manage risks effectively;
- b) ensure personal plans and care records are accurate, sufficiently detailed and reflect the care planned and provided;
- c) develop detailed plans to direct staff regarding the management of pain, and stress and distress for individuals;
- d) ensure personal plans fully reflect that advice from healthcare professionals has been followed;
- e) ensure evaluations are outcome focussed and reflective of how effective the planned care had been in promoting positive choices; and
- f) ensure that systems are implemented to monitor the accuracy and quality of information in personal plans.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS1.15).

This requirement was made on 10 October 2022.

Action taken on previous requirement

We have concern that the care record system does not evidence how individuals' healthcare needs or risks were being managed. This could result in people's healthcare being compromised and not being protected from harm.

Further information about this is detailed under Key Question 1 of this report.

This requirement will continue with an extended timescale of 30 October 2023 .

Not met

Requirement 2

By 30 April 2023, the provider must demonstrate that service users are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led. To do this, the provider must ensure, at a minimum:

- a) the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service;
- b) the range of quality audit tools include, but not be restricted to, environmental, IPC and medication management;
- c) that the outcomes of quality audits inform action plans to address issues identified;
- d) that actions taken are reviewed to ensure that they effectively improve outcomes for service users; and
- e) the feedback from people living in the home and their families is used to inform service development.

This is to comply with Regulation 4(1) (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 requirement was made on 10 October 2022.

Action taken on previous requirement

We had concerns that the lack of an effective approach to quality assurance did not drive continuous service improvement and ensure better outcomes for people.

Further information about this is detailed under Key Question 2 of this report .

This requirement will continue with an extended timescale of 30 October 2023.

Not met

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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