

Buchanan House Care Home Care Home Service

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Bearsden
Glasgow
G61 4SP

Telephone: 01419 430 821

Type of inspection:
Unannounced

Completed on:
5 September 2023

Service provided by:
Buchanan House Care Limited

Service provider number:
SP2020013451

Service no:
CS2020378653

About the service

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.

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, east Dunbartonshire. There are shops and local amenities nearby. There is parking available at the care home and gardens around the home.

At the time of our inspection, there were 48 people living in the home.

We concentrated on key questions 1 and 3 for this inspection. The remaining key questions will be evaluated at a future date.

About the inspection

This was an unannounced inspection which took place on 29, 30 and 31 August 2023 between 08:30 and 17:30. The inspection was carried out by two inspectors with a third inspector joining the inspection on 31 August 2023. 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 8 people using the service and 3 visiting relatives
- Considered returned questionnaires from sixteen relatives/representatives
- Spoke with fifteen staff members including management
- Observed practice and daily life
- Reviewed documents
- Spoke with 2 external health professionals.

Key messages

Staff were observed to be kind and attentive during support provided.

All residents should be offered opportunities to participate in a social activity of their preference on a daily basis.

People are supported and referred to external health professionals.

The provider should evidence there is enough staff to attend to people's needs in accordance with their wishes and routines.

Induction and recruitment processes for new staff needs to improve.

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 staff team?	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 evaluated this area as weak as we found significant weaknesses in the service that adversely affected people's experiences and outweighed the strengths in this area.

People should experience compassion, dignity and respect. Staff interacted with residents in a kind, warm and respectful manner. All relatives agreed their family members were treated with kindness and respect.

Approximately half of family members/representatives we spoke with raised concerns regarding a lack of personal care being provided to their relative. The concerns raised were poor nail care; lack of showering; lack of hygiene; lack of assistance with continence or being supported to go to the bathroom; family members wearing unclean clothes or clothes belonging to others. This compromised people's dignity.

There was a lack of evidence recorded in personal care records to demonstrate that people received regular showering or bathing in accordance with their preferences. Some staff members told us showering or bathing could only take place in the afternoons or evenings, this further reduced choice for people. Three family members told us that at times there were only male staff available to support intimate personal care for their relative when this was not their preference. **(See requirement 1).**

We interviewed a high number of staff. A common theme we heard was that residents did not always decide on their own routines regarding going to bed or getting up in the morning. People should be able to determine their own daily routine. **(See requirement 1).**

People should get the most out of life. We heard mixed views from relatives about how people spent their day. Some comments we received were:

"She often features in photos & video clips in group activities. My permission was asked for her to appear in photos."

"Definitely understaffed in this department. More stimulation is definitely needed through numbers."

"My father enjoys all activities within the home and is encouraged to join in."

"I am concerned that there are less and less daily activities and now that their mobility has become poorer opportunities for outings have diminished due to staffing and appropriate transport."

We observed practice and daily life over the course of our inspection. We saw an organised group celebratory activity taking place for part of a day. Residents who attended enjoyed this. We noted that some residents were able to attend outings however, the transport for this was very limited. Many of our observations throughout our inspection showed that residents were in lounges napping and without staff presence. It was not clearly evidenced how people in their rooms were supported with social interaction, or for those who did not participate in group activity. It had been recorded in relative meetings lack of activity had been discussed. Currently there is not a full-time activity staff member in place, other roles for staff to provide activity was not clear. Care staff we spoke with told us they were unable to find time to provide activity for people. **(See requirement 2).**

People's finances and property should be kept safe and secure. A robust system was in place to support people with their finances where this was needed. We were told by several relatives that they had continually reported missing/ruined clothing or missing glasses/hearing aids. Some family members told us that there was a continual lack of under garments in their relatives' cupboards. **(See area for improvement 1).**

People's health and wellbeing should benefit from their care and support. We noted in care plans people were referred to external health professionals where required, and most advice was followed regarding care provision. We heard that professionals had a good relationship with staff. Staff interactions were described as warm and kind. Chart recording for stress and distress and food and fluid intake could improve to help inform key professionals. Recording and responsiveness for wound care was of a good standard.

Mealtimes were calm with people receiving a choice of main meal, and those who required a specific diet were also accommodated. Staff provided support discreetly, respectfully and chatted and interacted with residents fondly. Non care staff who supported mealtimes were absent on one of the days of the inspection, leaving less staff to support residents.

We found that on more than one occasion, people did not get their prescribed medication. Stock counts were not always accurate, this meant that medication could possibly run out. Prescribed creams for people were not recorded well, it was therefore unclear if people had been given this. People who needed "as required" medication did not always have information in place to guide staff, risking errors being made. **(See requirement 3).**

We observed on more than one occasion, residents required staff support to attend to their needs. We could not find available care staff to respond. We found in one unit in particular, many residents remained in their rooms; some staff members we spoke with in this unit told us it could take most of the morning to attend to their care needs and mobilise people resulting in late breakfasts. We have referred to staffing numbers later in our report under "How good is our staff team?"

Concerns had been raised with us by staff members who advised not all required staff attended shift handover discussions. This increased the risk of care provision being missed, or where there were follow up actions to be undertaken to support people. We did not see how these discussions were recorded or if lack of attendance had been escalated to management team.

Requirements

1. Starting immediately and by 11 October 2023, to support the health, wellbeing and dignity of people regular personal care tasks must be evidenced in accordance with their wishes and preferences. In order to do this, the provider must:

- (a) Ensure records are completed accurately and are cross referenced with daily notes.
- (b) There is an overview in place of personal care records to identify any concerns or lapses in practice.
- (c) That methods to support people who are not accepting personal care are explored fully to support health and dignity.
- (d) Both male and female staff should be available to provide personal care support in accordance with people's wishes.

(e) Daily records should evidence people's routines/choices have been respected regarding retiring in the evening and rising in the morning.

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

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15).

2. By 31 October 2023, to promote positive mental wellbeing, the provider must ensure that people have daily opportunities to participate in both group and solo activity in accordance with their interests/ preferences. The provision of activities must be clearly recorded within the personal plan or activity planner.

This is in order to comply with Principle 3 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 can maintain and develop my interests, activities and what matters to me in the way that I would like." (HSCS 2.22).

3. By 11 October 2023 to support the health and well-being of residents, medication must be managed in accordance with guidance. In order to achieve this the provider must:

- a) Ensure people receive their prescribed medication at the right time.
- b) Ensure Stock counts are accurate.
- c) Ensure protocols for as required medication are in place for residents who receive this type of medicine.
- d) Ensure Topical creams prescribed are clearly recorded and in accordance with prescriber's instructions.

This is to comply with Regulation 4(1)(a) and (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 "My care and support meets my needs and is right for me" (HSCS 1.19).

Areas for improvement

1. People should have their property and clothing kept securely. Missing items should be recorded, and action taken to find or replace.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "I have an accessible, secure place to keep my belongings." (HSCS 5.4).

How good is our staff team?

2 - Weak

We evaluated this area as weak as we found significant weaknesses in the service that adversely affected people's experiences and outweighed the strengths in this area.

Staff should be recruited well. We sampled staff recruitment files, and found references had not always been sufficiently verified. We found that some previous employment references were generated from non-organisational or work-based email accounts. This meant reference information was not always verified. Therefore, we could not be satisfied that some supplied references were from a previous employer. **(See requirement 1).**

An effective competency-based interview framework has been designed by the provider. We found this to be an effective system that promotes the expectations of safer staffing guidance. However, this framework was not consistently used when interviewing potential staff members. Some of the interview notes were missing, and there were no scores recorded for answers that would inform if a candidate were appointable. We were unable to see if people had the abilities/competence required to undertake the position they were interviewed for regarding effective communication. Therefore, we could not be satisfied that the provider was always following the organisations interview processes. **(See area for improvement one).**

Staff should have the right knowledge, competence and development to care for and support people. Staff should be inducted sufficiently so people receive safe and effective care. From our sample of records for newly appointed staff, some records were incomplete. We therefore could not be assured that they had completed their inductions or had their practical competence signed off by leaders. **(See requirement 1).** Mandatory training records were up to date for long term staff.

Some relatives told us their family member were provided with a high level of care by kind, caring and competent staff.

Some relatives told us they did not find all staff to have the skills, knowledge or level of communication skills to support their family member, and could only be assured of diligent care when particular named staff were on duty.

Staffing arrangements should be right with people working well together. We have previously highlighted availability of staff to respond to care needs and preferred gender under "How well do we support people's wellbeing?" of this report. A high number of relatives we spoke with raised concerns about the lack of staff within the home. Some relatives told us when visiting, they saw people waiting for prolonged periods of time to be assisted to the bathroom or other help that had been requested. Furthermore, relatives told us they found it difficult to locate staff who were available.

We noted from analysing the rotas, many new staff and agency staff were on duty at the same time. This meant we could not be assured that the staff were able to respond to people's needs, and if their induction was incomplete or if agency staff needed direction or support. Some permanent staff told us they had to double check instructions had been followed or tasks had been undertaken by either new or agency staff. During our discussions with staff, it was clear that the majority felt overwhelmed. All staff told us they did not think there was enough staff on duty to meet the resident's needs or preferences. **(See requirement 2).**

Requirements

1. By 31 October 2023 the provider must demonstrate safer staff recruitment and selection procedures to safeguard people who use the service and meet legal requirements. In order to do this, you must:

a) Implement a clear policy and procedures that ensures recruiting staff consistently verify all supplied references.

b) Ensure that information obtained in references are sufficiently verified.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: 6(1) & regulation 7(1) & regulation 9(1) and regulation 9(2)(a) - fitness of provider, manager and employees.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

2. By 31 October 2023 the provider must demonstrate that the level of skills and staffing is adequate to provide the required level of support to service users at all times. In order to achieve this, the provider must:

a) Ensure staff receive initial mandatory training that focuses on care related to people's key needs and that inductions are reviewed with competencies verified.

b) Undertake consultation with all staff with regard to their duties, meaningful activity opportunities and non direct care tasks that will support a review of current staffing levels.

c) Undertake a review of staffing levels after b) has been carried out.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a) staffing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs are met by the right number of people." (HSCS 3.15).

Areas for improvement

1. To ensure people are recruited safely, the provider should ensure the competency-based interview framework is consistently used during recruitment.

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

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 should ensure that there are processes in place to monitor that no aspects of care are missed. This should include, but not be limited to supporting charts, changes to medications, short term health monitoring.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 22 March 2023.

Action taken since then

We have made reference to the lack of evidence with regard to personal care recording. We heard that charts for visiting professionals could improve. This area for improvement is replaced by requirement 1 under the heading "How well do we support people's wellbeing?"

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

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

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