

Buchanan House Care Home Care Home Service

5 Grampian Way
Bearsden
Glasgow
G61 4SP

Telephone: 01419 430 821

Type of inspection:
Unannounced

Completed on:
16 October 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 Belsize Healthcare group.

The care home is a purpose-built two storey building in a residential area off 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 44 people living in the home.

About the inspection

This was an unannounced inspection which took place on 11 and 12 October 2023 between 09:30 and 17:30. The inspection was carried out by two inspectors from the Care Inspectorate on day one and three inspectors on day two. This inspection was to evaluate key questions with regard to leadership, the environment setting and planned care and support. We also followed up on requirements made at our last inspection that took place on 29, 30 and 31 August.

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 ten people using the service and five of their (family/friends/representatives)
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The environment is fresh, clean and welcoming.
- Key quality assurance checks are undertaken to drive improvement.
- Complaints and concerns raised should be recorded and followed up timeously.
- Care planning should include end of life care.

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 leadership?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

We made two requirements at our last inspection that took place on 29, 30 and 31 August 2023 which we followed up and evaluated at this inspection. Further information can be found at the end of our report under the heading "Outstanding Requirements."

Records needed to improve on the ground floor to evidence that people received regular baths and showers in accordance with their preferences. Daily notes also needed to reflect this. We were not able to see how people were supported if they refused this level of care on a regular basis on both the upper and lower floors. We have also made mention of this under the heading "How well is our care and support planned?"

We have extended the date of the requirement to be met to 31 October 2023.

It had been reported to us that a resident had not received their medication on three occasions. This was highlighted also in the pharmacy audit. This means that part (a) of requirement 2 below has not been met. There were no concerns highlighted with regard to stock count in the audits, part (b) of the requirement below. The pharmacy audit had raised some areas for improvement and further staff training. We will re-visit the requirement on our next inspection visit.

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. 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 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).

How good is our leadership?

3 - Adequate

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

We evaluated a number of key audits undertaken by the service. Clinical audits such as nutritional and skin health were recorded well with no concerns arising from these.

General audits the service had undertaken indicated where improvement was needed. However, we did not always see responsive improvement action that had been carried out, for example within the dining audits and care plan audits. **(See Area for Improvement 1).**

The service had held meetings with both relatives and residents since the last inspection, these were informative and described to as "helpful." Going forward, the service should evidence action points and how these have been completed.

The service improvement plan was well recorded and included good detail from both the internal audit process and the Care Inspectorate regulatory activity. The improvement plan would be strengthened further by ensuring the views of relatives and residents are considered and acted upon with regard to on-going improvement. **(See Area for Improvement 2).**

Feedback from relatives and staff were considered from our last inspection in August and from this current inspection, with regard to the management team and communication. Views were mixed, with some relatives highlighting that some of their concerns raised had not been addressed. We did not see a log of the concerns that had been highlighted to us by relatives.

(See Area for Improvement 3).

We made requirement 1 under the heading "How well do we support people's wellbeing?" at our inspection that concluded 31 August 2023. No leadership overview was in place that should have highlighted weaknesses in records and the lack of evidence to support people with personal care. A number of relatives had told us concerns had been raised with regard to personal care, however, there was no complaint log of these concerns evidenced. **(See Area for Improvement 3).** This requirement was not met at this inspection and an extension to the date has been granted.

Staff views of the current inspection were positive and they told us the management team were supportive and approachable.

Observations of staff practice were undertaken, alongside out of hours checks. In some instances, we could not be assured that advice given would be practical with regard to meeting the needs of people.

The falls information was not available to us on day one of our inspection. We received most of the information we needed on day two of our inspection. We were provided with the breakdown of the times of falls after the inspection had concluded.

Some information in plans was not up-to-date. We have made further reference to this under the heading "How well is our care and support planned?"

Accidents and incidents were well recorded and these were reported to us timeously. There was a good overview of staff registration with professional bodies in place.

Areas for improvement

1. To support ongoing improvement, corrective actions identified should be time specific and where possible, the impact of outcomes shared with supported people/advocates.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8).

2. Gathering the views of people to drive improvement should be undertaken using a variety of methods if people are unable to attend meetings.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8) and "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

3. Residents and/or their representatives should have any concerns or complaints they may raise followed up with a timely response and be fully aware of the process this entails.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21) and "I know how, and can be helped, to make a complaint or raise a concern about my care and support." (HSCS 4.20).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home has pleasant lounges and dining areas for residents that are bright and welcoming.

All statutory checks for required services and equipment had been undertaken within the recommended timescales. This complied with health and safety regulations in order to keep people safe.

Residents had personalised their rooms with their personal effects such as photographs and other items that were important to them.

Regular checks were undertaken by the management team to ensure that the environment was clean and fresh as part of their quality assurance audits. We noted no concerns with regard to the cleanliness of the home and feedback from regular visitors to the home was positive in this regard.

How well is our care and support planned?

3 - Adequate

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

Reviews of care for people were detailed and carried out within the recommended timescales. This assured us that people's health needs were being monitored.

Advice was sought from professionals to support care provision. We were not able to see in some instances, advice that had been provided in the professional care plan notes, for example to support someone with their mobility after a fall or if there was a planned course of action to support rehabilitation. Not all risk assessments or current information had been updated after a fall within the sample of plans we looked at. **(See Area for Improvement 1).**

We did not see evidence of planned care for people who were resistant to acceptance of personal care, as highlighted in requirement 1 under "How well do we support people's wellbeing?" We have agreed to re-visit this area at our next inspection.

The service have demonstrated some anticipatory care plans, however the content of those that we sampled were brief. It is important that people's wishes are recorded and carried out should their health decline. **(See Area for Improvement 2).**

Areas for improvement

1. Information pertaining to risk should be updated after falls within care plans. This ensures the most up-to-date information is followed to deliver care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "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. Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people. This ensures that in the event of an unexpected decline in health, there is a plan in place to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.17).

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

Requirements

Requirement 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. 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).

This requirement was made on 5 September 2023.

Action taken on previous requirement

We noted an improvement with records on the upper floor that evidenced people received baths and showers in line with their preferences. Overviews were in place. We did not see the same level of improvement on the ground floor as there were instances where nothing had been recorded for people on the personal care charts. We did not see care plan daily notes recording the acceptance of a bath or a shower for some records we sampled. We did not see evidence of how people were supported if there was a continual reluctance to accept personal care due to cognitive decline. We did see there was mix of both men and women on duty to support personal care. We have extended the date of this requirement to be met to 31 October 2023.

Not met

Requirement 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).

This requirement was made on 5 September 2023.

Action taken on previous requirement

This requirement is due to be met 31 October 2023.

Not assessed at this inspection

Requirement 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 appears to have improved.

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).

This requirement was made on 5 September 2023.

Action taken on previous requirement

The medication audits had indicated improvements in some areas, such as the stock count. We had been notified that medication had been missed for a resident, this meant that part (a) of the above requirement had not been met. We did not assess the other areas of the requirement. We agreed to follow up all elements of the requirement at the next inspection. This requirement has been extended to 31 October 2023.

Not assessed at this inspection

Requirement 4

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).

This requirement was made on 5 September 2023.

Action taken on previous requirement

This requirement is due to be met 31 October 2023.

Not assessed at this inspection

Requirement 5

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).

This requirement was made on 5 September 2023.

Action taken on previous requirement

This requirement is due to be met 31 October 2023.

Not assessed at this inspection

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

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).

This area for improvement was made on 5 September 2023.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 2

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).

This area for improvement was made on 5 September 2023.

Action taken since then

Not assessed at this inspection.

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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