

## 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:**  
3 November 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 52 older people, over the age of 65, 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 43 people living in the home.

## About the inspection

This was an unannounced follow up inspection which took place on 31 October, 2023 between 15.30 and 21:45. The inspection was carried out by two inspectors from the Care Inspectorate. The inspection was to follow up on the requirements and areas for improvement that we made at our previous inspections that took place on 29, 30 and 31 August 2023 and 11 and 12 October 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 nine staff members and management
- observed practice and daily life
- reviewed documents.

## Key messages

People are offered a wide range of both group and individual activity.

People receive care in accordance with their preferences.

Staff are recruited safely in line with good practice and legislation.

Additional staff have been recruited to support people.

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

## 3 - Adequate

The requirements and areas for improvement that we made at our full inspection in August are now fully met.

We saw improvements in the recording of personal care for people and how they were supported with bathing and showering in line with their preferences.

The activities for people that were offered were of a personalised standard, offering both group and individual structure that people enjoyed. The activity team worked well together to ensure everyone had opportunities to participate. Records indicated the benefit to people, for example more engagement with others and improvement to low mood.

Medication records indicated improvements and regular checks were in place to ensure people received their medication at the right time.

Further information can be found at the end of the report under the heading "Outstanding requirements."

We have re-evaluated the grades for all three quality indicators from a grade of 2 to a grade of 3 due to the improvements that have been made.

## How good is our leadership?

We did not follow up on the areas for improvement we made on 11 October 2023. This was to allow the service time to address. These will be considered at a future date.

### 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 staff team?

### 3 - Adequate

The requirements and areas for improvement that we made at our full inspection in August 2023 are now fully met.

Records for newly recruited staff showed improvements with the interview process and following the safer recruitment guidelines.

Additional staff had been recruited to support residents during the day. Staff told us this had been of benefit to residents and their needs were responded to without delay. We were assured by the service that additional staff have been identified to support residents during the early evening. This will ensure residents receive the care and support they need at a time when they need it.

Further information can be found at the end of the report under the heading "Outstanding requirements."

We have re-evaluated the grades for all three quality indicators from a grade of 2 to a grade of 3 due to the improvements that have been made.

### How well is our care and support planned?

We did not follow up on the areas for improvement we made on 11 October 2023. This was to allow the service time to address. These will be considered at a future date.

#### 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**

Insufficient progress had been made to meet this requirement on 11 October, 2023. We extended the date for this to be met by 31 October 2023.

We saw records had improved since our inspection visit on 11 October 2023. There were no gaps in the recording charts for people and we were able to see what level of personal care had been provided to people each day. Care plans clearly outlined people's routines and preferences. Around half of the entries on the charts corresponded with the daily notes, the service should continue to improve on this. We noted both male and female staff to be on duty to support people.

We saw good stress and distress plans in place for people who would not accept personal care support. The staff team had worked well with people to support people in this area, for example making sure people were warm enough in the bathroom or offering nice treats and music that people liked. These interventions were working well, and we could see people being more accepting of support.

This requirement has been fully met.

**Met - outwith timescales****Requirement 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).

**This requirement was made on 5 September 2023.**

**Action taken on previous requirement**

The medication administration records evidenced people received their medication at the right time. Daily, accurate stock counts were in place that were also recorded in records. People who received "as required" medication had clear guidance in place, these were all up to date. We sampled topical medication records; these were recorded well. We could be confident that people were receiving the applications of creams they needed in accordance with instructions given. External pharmacy training was arranged for staff to support good recording of medication.

This requirement has been fully met.

**Met - outwith timescales**

## Requirement 3

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

We spoke with the activity staff team who were able to tell us of the wide range of both solo and group activity for people. The views of residents and their relatives had been sought that helped with the weekly planned activities. We observed during the inspection and on previous inspection visits, that residents were enjoying various pastimes with staff. Staff we spoke with told us they had more time to spend with residents due to an increase in staffing levels. We saw residents enjoying music and games. People who remained in their rooms had staff visits who would provide an activity of their choosing, such as reading, playing a game or having a hand massage. Records were well recorded and included the benefits to people.

The home is currently being supported by east Dunbartonshire CAPA (care about physical activity) team who are promoting active activity, thereby supporting people with their mobility and mental wellbeing. We noted more smiles and laughter during our visits and it was evident that social interaction and activity had uplifted people's mood.

**Met - within timescales**

## 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.

**This requirement was made on 11 October 2023.**

#### Action taken on previous requirement

Records evidenced references for newly appointed staff were verified in accordance with policy and procedures. This requirement has been fully met.

**Met - within timescales**

### 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 11 October 2023.**

#### Action taken on previous requirement

Mandatory training and induction records had improved for newly recruited staff. We could see clearly what training had been provided, and how their induction had been undertaken and progressed prior to undertaking any duties. The management team had increased staffing levels during the day after our inspection visit in August, and continued to meet with staff and observe practice regarding resident's ongoing care needs. As previously highlighted, staff told us they had more time to spend with people meaningfully. We did not think staffing levels in the evening were able to support people at the time the support was needed; however, we were assured by the service that additional staff had been identified to provide additional hours in the early evening.

**Met - within timescales**

## 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

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).

**This area for improvement was made on 11 October 2023.**

#### Action taken since then

We did not follow up on this area for improvement at this inspection.

#### Previous area for improvement 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).

**This area for improvement was made on 11 October 2023.**

#### Action taken since then

We did not follow up on this area for improvement at this inspection.

#### Previous area for improvement 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).

**This area for improvement was made on 11 October 2023.**

#### Action taken since then

We did not follow up on this area for improvement at this inspection.

**Previous area for improvement 4**

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).

**This area for improvement was made on 11 October 2023.**

**Action taken since then**

We did not follow up on this area for improvement at this inspection.

**Previous area for improvement 5**

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).

**This area for improvement was made on 11 October 2023.**

**Action taken since then**

We did not follow up on this area for improvement at this inspection.

**Previous area for improvement 6**

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**

New procedures were in place when new clothing was brought into the home for people to minimise risk of new items not being labelled. In discussion with laundry staff, we heard there was a reduction of clothing that was reported as going astray, and clear procedures were in place to ensure people's belongings were returned to their rooms.

This area for improvement has been met.

**Previous area for improvement 7**

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.

**This area for improvement was made on 5 September 2023.**

## Action taken since then

Interview records were of a good standard with all questions and answers fully noted. The answers provided were awarded scores based on the answer provided and people's competency. This meant we could see who had answered well during the interviews and who were appointable based on the interview framework.

This area for improvement 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
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	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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