

# Inspection report

## Buchanan Lodge (Calderbank House) Care Home Service

2 Fernhill Road  
Rutherglen  
Glasgow G73 4BF

**Inspected by:** Joy Fleming  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 2 March 2007

**Service Number**

CS2003000938

**Service name**

Buchanan Lodge (Calderbank House)

**Service address**2 Fernhill Road  
Rutherglen  
Glasgow G73 4BF**Provider Number**

SP2003000185

**Provider Name**

The Talbot Association

**Inspected By**Joy Fleming  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

2 March 2007

**Period since last inspection****Local Office Address**Central West Region  
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## **Introduction**

Buchanan Lodge offers care and accommodation for up to forty older men, who have alcohol related problems. The service is owned and operated by the Talbot Association. The Home is a very large detached building within large grounds. Each service user has his own room and there are several sitting areas and a large games room. The building is very large and the service could ultimately be improved by having smaller, more homely units within it. The service promotes the health and well-being of service users, with an emphasis on a safe level of alcohol consumption.

## **Basis of Report**

This service was inspected after receiving a Regulation Support Assessment (RSA) to determine what level of support was necessary. The RSA is an assessment undertaken by Care Commission Officers which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirements etc.

This service was required to have a medium level of support that resulted in an inspection based on the national inspection themes, any outstanding core standards for the inspecting year and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

This report is based on an announced inspection visit carried out by one Care Commission Officer on  
2nd March 2007.

During the visit discussion was held with the care home manager, the depute manager, the administrator and 3 care staff members. Discussion was held with a number of service users and one visitor throughout the visit.

A range of documentation was accessed including a sample of care plans, staff rotas, accident and incident reports, minutes from meetings, the contract, a range of financial records, staff training records and a range of policies and procedures.

Throughout the visit observation was made of service user experience, staff practice and the environment throughout the care home.

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards - care homes for people with alcohol and drug misuse problems.

Standard 3 - Your Environment

Standard 4 - Management and Staffing.

Standard 5 - Support Arrangements

Standard 6 - Making choices

The following themes were also part of this inspection:

Office of Fair Trading - Contract, Inspection and Complaints information

Office of Fair Trading - Safekeeping of money and valuables

### **Action taken on requirements in last Inspection Report**

1. The fire and evacuation policies need to be developed to ensure that they are detailed and specific to both the premises and the service provision at Buchanan Lodge.

The system(s) for recording when building checks have been carried out need to be developed to ensure that clear and accountable records are in place. Specifically adequate records are needed in relation to specific checks carried out , any findings, any action needed and also a record that action has been completed.

The care home manager advised that they had taken a range of action in relation to fire safety and that they were engaged in ongoing liaison with the local fire service.

At the time of the inspection it was noted that some work was needed to replace some fire safety signs and replace or repair one fire door.

Please see Recommendation 7.

### **Comments on Self-Evaluation**

This was completed prior to inspection.

### **View of Service Users**

Service users gave very positive feedback in relation to the care and support offered by service users including the following comments -

' they look after you'

'food great'

One service expressed some dissatisfaction commenting that

'they don't bother with me'.

### **View of Carers**

One carer was visiting at the time of the inspection and gave very positive feedback about the staff and service provision at the care home.

## **Regulations / Principles**

### **Regulation :**

#### **Strengths**

#### **Areas for Development**

## **National Care Standards**

### **National Care Standard Number 1: Office of Fair Trading - Contract Arrangements, Inspection and Complaints Information**

#### **Strengths**

There was a residency/ contract agreement in place and there were copies in personal plans which had been signed by each service user.

The care home manager advised that this was being revised in consultation with service users.

There was a range of information available on a noticeboard within the hall area.

A range of written information had been produced for service users and at the time of this inspection visit the brochure was being revised in consultation with service users.

The service provider had developed a complaints procedure for service users and there was a suggestions box in the main hallway.

#### **Areas for Development**

A range of information produced by the provider made reference to the Care Commission however there was some inconsistency across documents in relation to how to access the Care Commission complaints process.

Please see Recommendation 1.

The contract in place did not contain details of the care and support offered at the service not any information on charges in place for specific services available.

Please see Recommendation 2.

### **National Care Standard Number 2: Office of Fair Trading - Safekeeping of Money and Valuables**

#### **Strengths**

In discussion the administrator displayed a very committed and positive approach to supporting service users to manage their money.

There were very clear and comprehensive systems and records in place to indicate that efficient and accountable practices were consistently maintained for all service users.

There were a range of documents within personal plans which related to individual support in

place to help service users manager their money. Service users had signed to indicate their agreement to plans in place.

It was evident from a number of records that care staff were proactive in supporting service users.

Overall there was a very impressive range of systems in place which indicated a person centred approach to support service users.

There were a range of systems and facilities in place to ensure security of money and valuables given for safekeeping.

### **Areas for Development**

None identified on this visit.

## **National Care Standard Number 3: Care Homes for People with Drug and Alcohol Misuse Problems - Your Environment**

### **Strengths**

There are a range of communal rooms which service users can access.

It was evident that work had been carried out to make the environment appear more homely for example new net curtains and the small satellite kitchens had new

At the time of the visit maintenance work was being carried out on the extensive garden areas.

Fire Alarm additional supports were being installed in a service user's room at the time of this visit including a flashing beacon to alert the service user in the event of the fire alarm being set off.

Service users have a key to their own room.

Service users can control the heat from the radiators in their rooms.

### **Areas for Development**

At the time of the previous inspection in September 2006 the Care Commission Officer was advised that architect plans had been developed in relation to a major refurbishment of the entire building.

On this visit the Officer was advised that this discussion was still underway and there were no written plans available. The discussion now included the possibility of a newbuild. It is evident that given the age and layout of the building that it needs to be upgraded.

Please see Recommendation 3.

It was noted that some furniture throughout the care home particularly the seating in the communal areas needed to be replaced . A carpet in an upstairs corridor was badly marked and needed replaced. Some ceiling lights were out of order in the upstairs corridors.

In the one bedroom viewed it was noted that it needed to be redecorated. Repairs and redecoration is noted as one of the services available as noted in the service user's handbook.

Please see Recommendation 4.

Throughout the care home it was noted that there was no soap or paper towels in a number toilets and bathrooms. Appropriate dispensers and paper towels need fitted. Pedal bins are also needed in these areas.

Please see Recommendation 5.

It was noted at the time of the inspection that the call alarm system was not working and pagers for staff were not available. The emergency alarm/ personal alarm system is noted as one of the services available as listed in the service user's handbook .

It was therefore not possible to evidence how service users were able to summon help if necessary.

It would be appropriate to include the installation of a new system as part of the upgrading of the care home.

Please see Recommendation 6.

Some fire exit signs needed replaced and a downstairs fire exit needed repaired or replaced.

Please see Recommendation 7.

It was observed that the front door was not locked and that it was possible to enter the care home freely as a visitor. Concern was therefore raised about security.

Please see Recommendation 8.

#### **National Care Standard Number 4: Care Homes for People with Drug and Alcohol Misuse Problems - Management and staffing arrangements (for services in a care home)**

##### **Strengths**

There was a comprehensive range of policies and procedures available within the care home and a large number of these had recently been revised by the care home manager.

The care home manager advised that more than 50 % of care home staff had achieved SVQ 3.

There was a training plan in place for 2007 which the care home manager was continuing to develop.

The accident and incident recording formats had been reviewed.

In discussion staff displayed a committed and positive approach to supporting service users and were knowledgeable about individual needs and wishes of individual service users.

##### **Areas for Development**

A consistent approach needs to be developed across the staff team in relation to recording within the accident and incident forms.

The policy on restraint should be reviewed in the light of best practice guidance.

Please see Recommendation 9.

#### **National Care Standard Number 5: Care Homes for People with Drug and Alcohol Misuse Problems - Support arrangements**

##### **Strengths**

Within personal plans sampled there was a range of very comprehensive recording which reflected that a wide range of care and supports were in place for individual service users according to their assessed needs.

It was evident that a wide range of external healthcare professionals visited the care home regularly to provide specialist support as appropriate  
Service users signatures were noted on a range of documents evidencing their involvement in the writing of same.

### **Areas for Development**

It was noted that there were some gaps and inconsistencies across records. It was also noted that there was some duplication of recording,  
It would be helpful to review the documentation in place to ensure that it meets the needs of the service.

All records need to be up to date including risk assessments, care plans and those relating to reviews.

Please see Recommendation 10.

It was noted that two service users were being supported in relation to issues of weight and records indicated that there were difficulties in obtaining an accurate weight due to the type of scales available. Consideration should be given to acquiring appropriate scales.

### **National Care Standard Number 6: Care Homes for People with Drug and Alcohol Misuse Problems - Making Choices**

#### **Strengths**

It was evident via a range of documentation that service users were given a range of information about the choices available to them

Minutes were available of Resident's meetings which provided information on a wide number of topics relating to service provision.

Minutes were also available of Self Evaluation meetings which related to discussion about specific National Care Standards and contained details of developments underway within the care home.

In discussion staff displayed a very positive and practice approach to sharing information with service users and in supporting service users to make choices.

Service users were supported to maximise their income

Personal plans contained comprehensive details of the wishes of individual service users in relation to managing their money and these were signed by service users and staff.

The Policy of the management of residents financial affairs was comprehensive and was underpinned by 'the right of the resident to be assisted to be as fully independent as possible in managing their own affairs'

#### **Areas for Development**

None identified at the time of this visit.



## **Enforcement**

There is no enforcement action in place in this service.

## **Other Information**

## **Requirements**

## **Recommendations**

1. Clear and consistent information on the Care Commission complaints information needs to be available to service users.
2. It is recommended that work continues to revise the contract to include clear and comprehensive information on services available and charges to service users.
3. It is recommended that priority is given to pursuing the refurbishment of the care home.
4. An audit is needed of the furniture, flooring and need for redecoration throughout the care home to identify work needed.
5. Soap dispensers, paper towel dispensers and pedal bins need to be available in all bathroom and kitchen areas in order to enhance infection control measures.
6. The emergency call alarm system needs to be replaced.
7. An audit is needed to ensure that all aspects of work relating to fire safety are identified and carried out for example fire exit signage and fire doors.
8. The security of the building needs to be addressed in particular access via the front door.
9. The policy on restraint should be revised in the light of best practice guidance.
10. It is recommended that staff awareness is developed in relation to their roles and responsibilities in relation to record keeping. It is important that all records reflects the care and support in place for individual service users at any point in time.

**Joy Fleming**

**Care Commission Officer**