

Buckreddan Care Centre Care Home Service

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Type of inspection:
Unannounced

Completed on:
3 May 2024

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. 67 residents can be accommodated in Eglinton Unit and 47 in Garnock Unit.

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 some 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 30 April and 1 and 3 May. 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 12 people using the service and eight of their relatives
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting General practitioner.

Key messages

- Positive feedback about the carers including ancillary staff and how they engage and interact with people in the home.
- Staff welcoming and friendly.
- Develop and enhance the activities programme and recruit staff to ensure people get stimulated through activities, outings, entertainment and interests.
- Provider needs to continue to invest in upgrading and improvements to the environment.
- Continue to maintain and sustain the progress being made.

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

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

How well do we support people's wellbeing?

4 - Good

We found strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

We observed warm, respectful and kind interactions between staff and people living in the care home. We saw that people were offered choice and consulted. Staff interactions we observed were courteous and demonstrated good knowledge of people and their needs allowing support to be personalised. One Person reported that "Staff are kind and I trust them."

There were regular meetings held for residents, however the actions agreed at these meetings were not always followed through. It is important that the reasons for changes are fed back to people to support this process. Table top polls were conducted to gain views and opinions from people. The service should continue to expand and develop on these methods of consultation.

People reported that they were kept busy and that "I get to do different things and I have made friends." There were regular activities observed within both buildings. However, people also reported that they would like to get out more. One gentleman was being observed being taken to the window in the lounge for fresh air as staff did not have the time to take him out. The service has extensive grounds and should explore both a positive risk taking culture where people are encouraged to independently access secure areas of the garden to improve their sense of wellbeing and independence.

There are no regular activity meetings held between the staff and management and as such there were regular cancellations to things planned which both staff and families report are disappointing. The planned activities are written up daily which does not allow people to anticipate things or plan to attend. See area for improvement 1.

The activities staff we spoke to were very enthusiastic about what they do and have lots of ideas that they would like to take forward. They work hard to ensure that people who are in their rooms receive regular 1:1 attention and meaningful time with them. Although one of the activity staff was new to the role she was previously a carer and both staff demonstrated a good level of knowledge with regards to the people they support and their interests. A review of the support plans showed people involved in a variety of events and activities. Regular Namaste sessions take place in a dedicated room.

There were outings to the vennel centre although attendance at 'Gie it laldy' was no longer taking place. The use of local amenities for walking ,and shopping was reported and there had been recent involvement from a local primary school to do a four week Easter crafts programme which was enjoyed by all. Major events such as birthdays and world earth day were celebrated and marked. There is a great opportunity to build links and host events between the two buildings if a more coordinated approach to activities planning is taken.

The service utilises an electronic care planning system which provides good oversight of people's needs and wishes. There was clear evidence of appropriate referral to external health professionals and documentation/implementation of changes to care as a result. Stress and distress behaviours guidance was clear and personalised with family involvement evident and the use of medication as a last resort.

The electronic medication system linked to the care planning providing a joined up view of someone's needs and appropriate documentation was in place.

The 'as required' medication proforma requires to be amended to accurately reflect the time lapse required between doses and clear administration guidance (midazolam syrup and seizure), prn diazepam and lorazepam. Where covert medication was required/in use, this was appropriately documented and reviewed.

Medication requiring returned to pharmacy was stored in an unlocked container with no recording method of what was in there or was returned. It was removed from it's packaging and contained multiple medication types. While this fits the pharmacy guidelines, it exposes the service to a high risk of the medication being misused, and as such, methods to minimise the risk should be explored.

The food appeared nutritious and people were offered choices, however issues at the point of service did not always make this an enjoyable event for people. We observed multiple people being assisted by one staff member and several courses being served at one time. Although this improved after feedback was given there were still two courses being brought together on an unheated trolley and no food covers being used. Condiments were observed to be available but were not always accessible on the table. Napkins and pictorial menus were available along with clothes protection for those who wished it. There were multiple areas available for people to choose from but oversight of staff allocation to these areas requires to be improved.

Health needs assessment such as MUST and BMIs were accurately recorded with oversight being provided by the care planning system. People reported that they had been involved in the decision to alter the lunchtime meal to a lighter option. There were smoothies available and dietician involvement was evidenced as appropriate.

There was good medical oversight by the GP practice every Tuesday and Wednesday for new admissions. Feedback from the GP was positive about the staff engagement and response during visits, which also included completion of a pro-forma document that highlighted people's health observations and any change in needs.

Areas for improvement

1. Activities require a more coordinated and planned approach demonstrating involvement and assessment of people's likes dislikes hobbies and activities they take part in. There is some evidence to support this but needs to be consistently implemented. The service are currently recruiting more activity staff as this is a large care home this would help bolster the activity team and ensure there is enough staff to ensure a regular consistent activity programme is implemented.

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). and "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).

How good is our leadership?

4 - Good

We found strengths in the quality assurance procedures in place that supported good outcomes for people. We have therefore evaluated this key question as good.

There were considerable amounts of quality assurance documentation presented at this inspection. We could see that some of this was still at the early inception stages and ongoing review and updates were being undertaken. Due to the large quantity of auditing data, the management should look to streamlining some of these procedures and ensure that any actions identified from the audits are addressed. They should also ensure that the completion of audits reflects an honest and realistic assessment of the standard. For example, some environmental audits were rated as 100%.

Although they also identified many areas of improvement that were also required. We discussed at length with the owner/provider and the managers the need to improve and develop the overall environment and re-visit their environmental audits and produce an improvement plan for the home.

The clinical audits we looked at were good and the managers reviewed the information and data on a monthly basis for risk areas such as falls, pressure care, medication and care plan audits to name just a few of the extensive amount of documentation presented at this inspection. We recognise the hard work and amount of effort in producing this information and this should continue to inform changes and developments within the service.

How good is our staff team?

3 - Adequate

We found that some areas for improvement were required in this key question and have therefore evaluated this as adequate.

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.

We reviewed a sample of the service's recruitment procedures and documentation. There were appropriate checks in place for people regarding references, police record checks, registration requirements and interview notes. This helps to ensure that individuals are appropriately vetted and checked prior to working with vulnerable adults in the care home setting.

Professional registration requirements for nurses through the NMC and for other staff through the SSSC were in place and regularly updated. There were a number of staff with conditions linked to training requirements which the provider has an on going training programme in place for and we will continue to review the progress of this at future inspections.

We noted that some checks for overseas staff were not fully in place. However, when this was highlighted the administration staff rectified this to ensure that all overseas workers right to work documentation was in place. This ensured that they were suitably vetted and appropriate documentation checks were undertaken. We also noted that one person did not have full checks completed and have advised the provider to rectify this. We will continue to review this under an on-going area for improvement. (See area for improvement 1)

We spoke to several staff throughout this inspection process. There was a mix of experienced staff who had worked in the care home for many years and newer staff. This included a diverse mix of multi-cultural backgrounds. We observed staff to be caring and considerate in their approach when dealing with people, and feedback we received from relatives indicated they were satisfied with the quality of the staff working within the care home. People living in the care home and relatives we spoke with commented positively about staff. They said that staff were friendly, welcoming and worked hard.

We particularly noted that several staff have worked for many years in the home in all departments from domestic to kitchen, laundry and care staff teams. From discussions with the various staff throughout the home they all demonstrate a wealth of knowledge of the various individuals in the home including their specific support needs.

We also noted some nice, kind and caring approaches by these experienced staff when they were interacting with people. This was really good to see. They also demonstrated a positive approach to sharing this knowledge with newer staff and helping some of the overseas staff to engage better and helping them to interact with people and integrate into the care home environment.

The service need to continue to develop and support the various staff teams through on-going training and supervision programmes.

Areas for improvement

1. The provider needs to ensure that all staff working within the care home environment have been suitably vetted and checked through a robust recruitment procedure. This should include all necessary checks as per safer recruitment procedures as well as right to work documentation.

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?

3 - Adequate

We found that some areas for improvement were required in this key question and have therefore evaluated this as adequate.

People living in a care setting should expect to live in an environment that is adapted, equipped and furnished to meet their needs and wishes. This should be safe and secure with well maintained premises, clean and tidy and free from avoidable and intrusive noise and smells.

We conducted a walk around on the premises and noted areas of improvement were needed to upgrade and develop some areas of the home. We discussed with the owner and provider a need to implement an improvement programme for the home.

We saw that the quality assurance procedures in place were already identifying issues that need addressing however, some audits rated the home as being 100%. Therefore, these environmental audits being carried out to monitor the quality of facilities in the home were not as effective as they could have been.

We advised the management to review their quality assurance documentation regarding the results from their environmental audits to ensure they reflect a true nature of the overall standard for the environment. We did note as mentioned they had also completed 'Kings Fund' questionnaires for dementia friendly environments which did highlight areas for improvement and development. We would urge the owner / provider to implement the areas of improvement highlighted from these. (See area for improvement 1)

The service needs to recruit or develop the maintenance personnel to ensure that any issues regarding the environment are clearly and promptly identified and that they have the experience and knowledge of the health and safety requirements of a care home.

We saw that regular servicing and maintenance repairs were being undertaken, however this could be better organised to ensure that all necessary documentation is in place at the time of inspections.

However, we would note that during our inspection visits we observed domestic staff working very hard to keep the environment clean and tidy. We also noted, in particular, how well they interacted with people living in the care home. Providing a friendly, helpful and caring approach, demonstrating an ethos of kindness and compassion that was welcoming and comforting to see.

Areas for improvement

1. The owner/provider should implement an environmental improvement plan that is reflected in the information and results from the use of environmental quality assurance procedures. This should also include a review and update of the environmental auditing procedures to ensure they are robust and inform further changes and developments within the care home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22) and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

How well is our care and support planned?

4 - Good

We found strengths in the quality assurance procedures in place that supported good outcomes for people. We have therefore evaluated this key question as good.

Personal plans should set out how an individual's personal needs are assessed and met. This should also include their wishes and choices. This helps to provide staff with suitable guidance about how best to support people living in the care home by taking account of their individuals choices, abilities and care needs.

The care and support plans reflected a good knowledge of people's wishes and needs. The involvement of family members was evidenced and their participation in supporting their loved one encouraged. The plans we reviewed promoted independence by guiding staff to what people were able to do by themselves and the level of support required and how this could vary.

There were a few discrepancies noted, however these were minor in nature and would not significantly impact on people's outcomes, for example, recording of bowel movements required (one report was discontinued due to independent use of toilet).

We saw that the stress and distress care plans provided clear guidance to staff with regards to actions to be taken and were based around people's life history and interests. There was a stepped approach to the same with medication being utilised as a last resort. The as required medication documentation could be further enhanced by providing more individualised explanations of why and when to administer for each individual person. (See area for improvement 1)

The plans contained appropriate health assessments to identified individuals care and support needs, including any potential risk or hazards relevant to that person. Anticipatory care plans (ACPs) were in place and there was evidence of summaries being available for out of hours access to ensure people's wishes were respected.

Areas for improvement

1. To ensure that all as required medication referred to as PRN medication has clearly set out descriptions of why and when to administer. These should be individually specific to each person and dependent on their personal needs.

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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area 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) This area for improvement was made on 24 August 2023.

This area for improvement was made on 23 August 2023.

Action taken since then

We found that the standard of meals and nutrition provided by the catering staff to be of a good standard. We also noted how well the kitchen staff engaged with the people in the home and provided a good interaction and experience. They also provided alternatives when requested.

During mealtimes we saw that tables were nicely set and presented and people enjoyed this social interaction. We did, however, note that better organising and deployment of the care staff during these times would help to enhance the experience for people. Sometimes staff having to support several people at once we advised that better management of the staff resources during mealtimes would improve this.

Again, we noted that staff engaged well and were considerate when supporting people with their nutritional and hydration needs. This included the appropriate recording of input and output if required.

This area for improvement has therefore been met.

Previous area for improvement 2

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). This area for improvement was made on 24 August 2023.

This area for improvement was made on 23 August 2023.

Action taken since then

The care home operated an electronic care planning system and we reviewed a representative sample of files. We saw that there was good information and detail about individuals' support needs as well as choices and wishes. People and their relatives were involved in this process and care plans were updated after reviews had taken place. This included the views and opinions of the person and their relatives or representatives.

We also noted that the local GP practice who cover the care home and all the people who live there, visits every week to undertake surgery time review of any issues or concerns regarding people's on going health and wellbeing needs. The staff complete pro-forma documentation with observations and recordings prior to the GP visiting and this helps the sharing of information and assists the GP with their medical assessments and implementation of appropriate treatment regimes.

This area for improvement has therefore been 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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