

# Buchanan House Care Home Care Home Service

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Bearsden  
Glasgow  
G61 4SP

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**Type of inspection:**  
Unannounced

**Completed on:**  
28 August 2024

**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 48 people living in the home.

## About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 August 2024 between 09:00 and 21:00. The inspection was carried out by three inspectors from the Care Inspectorate. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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:

- Spent time with people using the service and spoke with seven of their families. We also obtained feedback via a pre-inspection survey from 14 residents and seven families.
- Spoke with staff and management. We also obtained feedback via a pre inspection survey from 23 staff.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from visiting professionals.

## Key messages

- People living in the care home and their families were overall happy with the care and support.
- People were respected and listened to because their wishes and preferences were used to shape how they were supported by the service.
- People's health needs were escalated to other health professionals when needed.
- People living in the care home and staff benefitted from a warm atmosphere because there were good working relationships.
- Personal plans were in place to guide staff on how best to care and support for each person.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

## 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?	4 - Good
How good is our setting?	4 - Good
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 evaluated quality indicator 1.3 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warmth, kindness and compassion in how they were supported and cared for. The service was good at ensuring people maintained relationships with those important to them. Family and friends were made to feel welcome. One relative told us, "I'm made to feel welcome and always offered a coffee", whilst another said, "The staff are very approachable and always greet you with a smile".

People living in the care home and their families were happy with the care and support. One person told us, "The carers are doing a great job, I'm being attended to when I need them and the food is great", whilst another said "It's a nice place to live". A relative explained, "My relative is much better now than they were on entering the home", whilst another felt that "If my relative had to be somewhere, I'm glad it's here".

People benefitted from regular healthcare assessments, access to community healthcare and treatment from external healthcare professionals. This gave reassurance to families. One family told us, "My relative's health is being considered 100%", whilst another said, "My relative is safe, happy, settled and well cared for".

People benefitted from access to a tasty, varied and well-balanced diet. They could choose from a variety of meals, snacks and drinks. One person said, "Please pass on my compliments to the chef", whilst another person who was with their family said, "We look forward to the afternoon tea".

## How good is our leadership?

4 - Good

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

People could be assured that since the previous inspection improvements had been made to the systems in place to audit standards of care. We found that this included audits for key areas including medication management, nutrition and falls. Actions were in place and currently being worked through.

There was an overall service improvement plan in place which identified planned actions to drive improvement.

Management and senior staff worked hard to ensure that people experienced high quality care and support. Some comments from families were "I feel Buchanan House is well led", "The leadership team are excellent", and "The management are approachable and appear to know my relative well".

Staff told us that they felt supported and could go and speak to senior staff or management if they had any ideas or concerns.

**How good is our staff team?****4 - Good**

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

People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.

During the inspection, we felt that Arran and Lomond unit would benefit from a review of staffing arrangements. The provider was responsive when we discussed our reasons for this and before the inspection was concluded an extra member of staff had been agreed. We have now asked them to review the other two units and night time to ensure that the right number of staff with the right skills are working at all times to meet people's needs. We were assured this would be carried out and adjustments made if necessary.

Whilst the numbers and skill mix of staff had been determined by a process of continuous assessment featuring a range of measures, we discussed aspects which could support them to act in accordance with the newly enacted Health and Care (staffing)(Scotland) Act 2019.

People living in the care home and their families were positive about the staff group. One person told us, "The staff at Buchanan House are lovely" whilst another said, "The staff are always pleasant and very helpful".

**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.

People benefitted from a comfortable, warm and homely environment where residents were able to sit and chat to each other. They were able to move around the care home as they wished and choose where to spend their day.

The environment was clean and tidy, with no evidence of intrusive smells. Systems were in place to ensure that repairs were managed efficiently.

People could be assured that the care home supported the inclusion of families and friends and promoted and supported families to take their relatives out.

Buchanan House has strong links with the nursery that is within the same campus. They also have links with a local church who visit along with local entertainers. They have regular access to a minibus and support people to go on outings. They were currently recruiting to expand their activity team with aspiration to develop these aspects further.

People who used the service, and their family members and friends, knew about visiting arrangements because these were clearly communicated to everyone.

The design of the setting is small group living, which supports people to develop relationships. However, many people on the first floor opted to spend most of their day in their bedroom. We asked the service to look at ways to bring people together and get to know each other better, whilst respecting their privacy.

## How well is our care and support planned?

4 - Good

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

Personal plans were in place that included relevant risk assessments. There was detail within the plans to guide staff around how best to provide care and support for each person. These were then regularly evaluated. The service was now in a good place to further develop the information within these plans, especially for newer people.

Management had carried out some audits to support staff to develop the personal plans and ensure that they reflected people's current needs.

Personal plans were reviewed with family members in line with legislation. We asked the service to ensure that the person living there was also included where appropriate. This gave an opportunity to discuss any aspects of care and support that was working well and anything they would like to be done differently.

Supporting legal documentation was in place to ensure people were protected and their rights were upheld.

## 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 31 October 2023.**

#### Action taken since then

Management demonstrated a clear understanding about what was working well and what improvements were needed. They ensured that the needs, outcomes and wishes of people living in the service were the primary drivers for change.

**This area for improvement has been met.**

#### 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 31 October 2023.**

#### Action taken since then

People felt confident giving feedback and raising concerns because they knew this was welcomed and responded to in a spirit of partnership.

**This area for improvement has been met.**

## 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 31 October 2023.**

### Action taken since then

People could be assured that provider's complaints policy and procedures were being adhered to.

**This area for improvement has been met.**

## 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 31 October 2023.**

### Action taken since then

People could be assured that systems were in place to manage falls. Management had an overview of all falls. Falls strategies were within people's personal plans.

**This area for improvement has been met.**

## 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 31 October 2023.**

### Action taken since then

Progress was being made to ensure that these were in place for people. This was taking longer than expected due to many newer admissions alongside the introduction of some new documentation.

**This area for improvement has not 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.4 Staff are led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.3 People can be connected and involved in the wider community	4 - Good
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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