

Buchanan Lodge Care Home Service

2 Fernhill Road
Castlemilk
Glasgow
G73 4BF

Telephone: 01416 343 536

Type of inspection:
Unannounced

Completed on:
19 February 2025

Service provided by:
Talbot Association Limited

Service provider number:
SP2003000185

Service no:
CS2003000938

About the service

Buchanan Lodge is registered as a care home for a maximum of 40 men with homelessness and alcohol addiction problems. The service is provided by the Talbot Association Limited.

The care home is in its own grounds close to local shops, services and public transport. The service has a vehicle with disabled access for people to access appointments, the local community and further afield when needed. In addition to the grounds surrounding the home, a garden area with seating is located at the rear of the property. Parking is available at the front of the home.

Accommodation is provided over two floors with the upper floor accessed by lift or stairs. All bedrooms are for single accommodation and have en-suite shower facilities. Each floor has a communal bathroom that provides residents with an alternative to their en-suite shower.

A dining room, sitting area and large recreation room are available on the ground floor, with a second sitting room located on the upper floor. Small pantry areas are provided on each floor that can be used by residents to make drinks or snacks. The staff office, kitchen and laundry room are situated on the ground floor of the home. There are also staff offices and staff facilities on the second floor.

There were 37 people residing in the home at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 6 and 7 February 2025. The inspection was carried out by one inspector 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 six people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were actively involved in agreeing their personal plans.
- Support was person centred and outcomes focussed, which ensured that people were supported based on their own needs and wishes.
- People benefitted from a reduction in social isolation because of the way support was provided.
- Staff were well trained and motivated, they knew people they supported well and were able to ensure that people's needs were met.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

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

People supported by the service benefitted from comprehensive personal plans that were developed with the involvement of the person, the staff team and other relevant health and social care professionals, such as addictions workers, occupational therapists and specialists in people's health conditions. Personal plans reflected their individual wants and needs and they were encouraged to agree an outcome that they wanted support to achieve; progress made on these was discussed at review meetings. This meant that people were able to have support that was based on their own views and wishes. Key workers met with the registered manager regularly to review personal plans and their support. These meetings had a written record and showed that changes to people's health or presentation were discussed, and referrals made to health professionals or social workers when required. This demonstrated that staff knew the people they supported well and were able to identify when they needed a change to their support.

The staff team were supported by management to access training or information relevant to the needs of the people they were supporting. This ensured that they had the information and skills they needed to support people well. Where people wanted support to reduce their alcohol intake, their agreed intake or reduction plan was clearly set out in their personal plan.

There were good relationships between people living in the care home and staff. People were full of praise for the staff and the support they received. Some shared that they had experienced compassion and kindness from the staff at the service; one was pleased to have received a birthday card, another person told us, "It saved my life."

Where people were supported with their medication, this was well managed and recording of medication administered was clear. People were supported to manage their own medication when they were able to do so. Other people agreed to have staff support them if they knew they were likely to forget to take them. When people refused to take their medication on a regular basis, referrals were made to other professionals, such as social workers or GPs to ensure the person was given the support they needed.

Staff supported people to attend health appointments. This included reminding people or by escorting them to appointments, where required. This meant that people's health was assessed by qualified professionals and treatment plans were current.

Staff encouraged people to eat and to make healthy choices with their food. People had opportunities to be involved in menu planning through residents' meetings. We saw that menus had been adapted to reflect the feedback received from people.

People were able to socialise with staff and peers. Many people we spoke to said that they did not require much support with personal care but benefitted from the stability of the home and from having opportunities to socialise and reduce their feelings of isolation. Casual activities were available such as dominoes and cards. People advised that this suited them better than scheduled activity times. People enjoyed occasional outings that were organised by the staff team. These had included trips to museums, park and the beach. People were involved in the planning of where they would like to go.

How good is our staff team?

5 - Very Good

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

The number of staff on shift ensured that people were well supported. The baseline staff numbers were agreed with the local authority as part of the tendering process; however, there was flexibility from the provider to increase the numbers of staff on shift if someone living in the service needed additional support. We were able to see evidence that this was done, when required. The staff team told us that they felt that they had enough staff on shift most of the time. There was occasional use of agency staff but this was kept to a minimum. The provider has been developing a more robust method for ensuring that staffing numbers are right. This was not completed at the time of this inspection; however, we have written an area for improvement to reflect that should be completed to ensure that the provider meets requirements when the service is re tendered by the local authority (see area for improvement 1).

Staff said they were well supported by their colleagues and by the management team. There were opportunities to debrief or take a break after a stressful event. The provider had implemented an employee counselling service. While staff members viewed this positively, most told us that they got the support they needed from within the staff team.

Management reviewed staff training regularly and provided training or information to staff that was relevant to the needs of the people living in the service. This ensured that staff had the knowledge and skills to support people well.

People benefitted from a warm atmosphere within the home as the staff team worked well together and were well motivated. People told us that they appreciated that staff were available to them at any time if they wanted some informal support or to take part in an activity, such as a game of dominoes or pool.

Areas for improvement

1. To ensure staffing levels are sufficient to meet the needs of people living in the service, the provider should develop a robust method to evidence there are enough staff on duty at all times to meet the needs of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15); and
'My care and support meets my needs and is right for me' (HSCS 1.19).

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

The service would benefit from carrying out a bespoke training needs analysis to identify which training staff would require in order to support people with specific health conditions. This could include, but is not limited to:

- mental health first aid
- communication
- Parkinson's disease.

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).

This area for improvement was made on 16 December 2022.

Action taken since then

The manager had completed training needs analysis periodically to ensure that new staff and the changing needs of the residents were taken into account. These gave staff the opportunity to specify if they felt they needed training or information on a topic. The management team then found suitable materials and shared them with the team. This ensured that staff had the knowledge to meet people's needs. Staff told us they felt that they were well informed.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that personal planning and care reviews are outcome focused and detail what people want to achieve and have achieved, and what their goals are for moving forward.

This ensures 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); and
'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 16 December 2022.

Action taken since then

At reviews, people were asked what outcome they would like to achieve. At subsequent reviews, they are asked how they felt they had progressed towards their goal. Personal plans also reflected an outcomes focus with people specifying what they need from the service to keep well. Outcomes included staying in Buchanan Lodge, taking medication consistently and taking exercise.

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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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