

## Parklands (Care Home) - Buckie Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 March 2025

**Service provided by:**  
Parklands Limited

**Service provider number:**  
SP2003001893

**Service no:**  
CS2003013765

## About the service

Parklands (Care Home) - Buckie is located on the outskirts of the coastal town of Buckie and is registered to provide a care home service to a maximum of 50 older people, including a respite care service to a maximum of one older person. The home comprises of two modern purpose-built single storey buildings, Parklands and Burnbank.

The provider of the care home is Parklands Limited.

Many of the rooms have en-suite toilet facilities and some have en-suite showers. In both buildings there are communal lounge and dining areas as well as toilets, bath and shower rooms. There is an attractive garden area between the two buildings that is enclosed and safe for residents to use.

The service's statement of purpose says:

"We aim to provide a warm and friendly atmosphere for our residents in their twilight years, in which they feel at home and in control of their own lives as far as is possible".

## About the inspection

This was an unannounced inspection which took place between 28 February to 2 March 2025. Two inspectors carried out the inspection from the Care Inspectorate.

To prepare for the inspection we viewed information about this service. This included, previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 16 people using the service
- spoke with eight families
- spoke with staff and management
- walked round the building
- observed practice and daily life
- reviewed documents.

## Key messages

People looked well and were very well presented.

People could be assured the service were alert to changes in their health needs and sought the right support for them.

Some improvements were needed around medication administration.

Staff were well trained, confident and competent in their roles.

There was a whole team approach to care and support.

The service had developed a robust induction and mentoring programme.

The provider was committed to support internal career progression and leadership qualifications to upskill staff.

The provision of activities within the home was very good.

## 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 made an overall evaluation of very good, for this key question. As there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

There were kind and caring interactions between staff and the people they supported. People praised the care they received from staff and told us they were very happy living in Parklands. A family member shared, "we could not be happier with the level of care; it has exceeded all our expectations". People reported they felt safe and secure in a community where they felt included and valued.

People looked well and were very well presented. Care and attention had been taken to help people look their best. This contributed towards people's confidence.

People's rooms were personalised which promoted each person's dignity and respect.

People could be assured the service were alert to changes in their health needs and sought the right support for them. People received interventions quickly, reducing the likelihood of any decline. This contributed positively to people getting the right support at the right time. Families told us communication was very good and they were informed immediately of any issues.

People's health was regularly monitored. This included, people's skin condition, weight and mobility. This kind of monitoring promoted people's health.

The recordings of people's food and fluid intake were undertaken timeously. The management and nursing staff analysed this information daily. This meant concerns were identified quickly and addressed. Snacks and fluids were available for people to freely access and we saw people were regularly offered fluids and home baking throughout the day. However, on day one of the inspection two people told us they were thirsty and did not appear to have access to fluids. This included one person who was being treated for a urinary tract infection. We brought this to the manager's attention who took immediate action and improvements were made during the inspection.

The service was using a multifactorial risk assessment to minimise the risk of falls. People could be confident that the service had good management oversight of reducing the risk of falls and that measures were in place to protect them.

Where people had experienced a wound, they received good wound care. Advice was sought and followed from specialist healthcare professionals. This helped to reduce pain and promote healing.

The provision of activities within the home was very good. People had access to a wide range of individual or group activities and this included regular access to the local community. One family member shared, "there is fantastic entertainment, there is always something nice to do". Intergenerational links with a local nursery and primary school promoted social connections between people of different ages. One person told us, "This was wonderful". This demonstrated the importance of these relationships to people and the enjoyment they brought.

People were supported to keep their own pet within the home. This provided companionship and joy to people.

People's personal plans helped provide a sense of who they were. Plans were well-written and comprehensive, with good information to guide staff how best to support the person. People had anticipatory care plans in place. This ensured people's specific wishes and preferences regarding their care were known. Supporting legal documentation was in place, to ensure people were protected and to uphold their rights.

Regular six-monthly reviews took place which involved people and their family/representatives. This meant care was planned and reviewed in a meaningful way.

Daily recordings of care and support were of varying quality. They were mostly task orientated and did not reflect people's views or feedback. We brought this to the manager's attention and had confidence they would make the required improvements.

People's individual dietary requirements and preferences were known and respected. People told us they really enjoyed the food. A nutritional report was prepared and regularly reviewed by nursing staff, which detailed people's dietary requirements, preferences, equipment and support needs. This ensured people's food, diet and texture was tailored to their needs. We discussed the importance of ensuring people experienced a positive dining experience. The dining room at Burnbank looked onto the clinical waste bins and skips. This detracted from the overall dining experience.

The service had a medication policy in place. Regular audits took place which meant any errors would be recognised and acted upon quickly. This ensured people were receiving the correct medication at the correct time.

We examined a sample of medication administration records and found areas where improvements were needed. There were good protocols for 'as required' medication in place to help inform decisions for administration. However, people would benefit from staff recording the outcome of administering this type of medication to ensure they remain effective.

Management of prescribed creams could be improved. For example, some labels were illegible, and the date of opening had not been recorded on some medications. This meant staff did not have clear directions when supporting people with their creams. We discussed the processes around handwritten topical medication administration records and provided advice on how to make the process more robust to prevent mistakes. We drew this to the manager's attention and had confidence this would be actioned. We will follow this up at our next inspection.

We found that Personal Protective Equipment (PPE) was readily available. This contributed to cross infection being minimised. However, we found some pieces of equipment were compromised. For example, a bed frame and hairdressing chairs. This meant these areas were difficult to clean and increased risk of infection for people. We brought this to the manager's attention and we had confidence that this would be resolved.

## How good is our staff team?

## 5 - Very Good

We made an overall evaluation of very good, for this key question. As there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

People experiencing care and staff benefitted from a warm and homely atmosphere. This was because staff worked well together in a supportive and respectful manner which created a positive team spirit. Staffing was consistent and stable. The service did not use any agency staff. People told us they had positive relationships with a staff group that knew them very well. One person shared, "the staff know me so well and I know them, it makes a big difference to my life".

The right number of staff with the right skills were working at all times to meet people's needs. Staff were motivated and spent as much time as possible with people. This enriched people's lives.

Staff mix and deployment were continually assessed. This was effective as people consistently received responsive and compassionate care to meet their needs. One family member shared, "staff are very responsive, they really care". The manager used a tool to determine the right level of staffing and this was reviewed as part of the provider's regular auditing process. This helped ensure the care was personalised, effective and met people's needs.

Staff skill, experience and personality were considered when matching staff to work with people. This helped people to build successful relationships and work well together. We observed this consistently during the inspection. One family member shared, "they know exactly how to support my mum, it reduces her distress, it is wonderful to watch".

There was a whole team approach to care and support. Staff who were not involved in direct care had developed meaningful and trusting relationships with people. Staff understood the important role in building an effective staff team which ensured people felt safe and valued. One family member shared, "everyone is involved, it gives the place a real family feel".

People had a say in who provided their care and their feedback and views were included in staffing arrangements. This respected the rights of people and supported them to feel valued.

Staff were well trained, confident and competent in their roles. The service had invested in their induction programme. New staff benefitted from a comprehensive and robust induction programme with an allocated mentor. Five staff members went through a mentoring programme to support new staff in the service. New staff told us this had a positive impact on their day-to-day practice. One staff member shared, "I have felt very well supported, and there is always an experienced member of staff to seek support from". People benefitted from a staff group who had the skills and competencies to provide effective and high-quality support.

Staff had access to a wide range of training and learning opportunities to further their professional development and develop their knowledge and skills. Training included mandatory and role specific training. There was an effective training analysis for the service and individual staff. The training record clearly identified priorities and we were confident staff had access to the right training to undertake their role safely and effectively.

The service invested in their staff. Future leaders of the service were being grown and supported from within the service. The leadership team supported staff well-being and empowered them to build their skills and resilience. This was evidenced through a twenty-five week shift leader development programme. The programme was underpinned by the Health and Social Care Standards (HSCS), up-to-date legislation and good practice guides. As a result, staff were knowledgeable, motivated and conscientious. This had a positive impact on people. Staff demonstrated the key values of the service in all aspects of their work to include; respect, trust and professionalism. This helped deliver high quality care and improve outcomes for people.

The provider supported staff well-being. Staff benefitted from access to a 'mental health first aider' and the manager encouraged staff to take time away from the floor if they felt overwhelmed. All staff we spoke to told us they felt valued and well supported from a competent and caring leadership team. There was recognition and celebration when staff gained qualifications and promotions. There were encouraging activities to promote moral such as, a team development day. People benefitted from a motivated and well supported staff group.

The provider was committed to support internal career progression and leadership qualifications to upskill staff. Some staff were undertaking Scottish Vocational Qualifications (SVQ). Staff shared they found training beneficial in helping them to improve their knowledge base and build on current skills. It was encouraging to see that staff learning helped shape improvement. For example, one staff member told us how practical training had impacted positively on providing more person-centred care. This contributed positively to promoting a culture of continuous learning and improvement. Staff were encouraged to learn and develop as professionals and were clear about what was expected of them. This helped contribute to quality care being delivered and increased motivation and job satisfaction for staff.

The service followed safer recruitment guidance. This helped keep people safe. People living in the service were involved in recruitment. This helped establish relationships and people felt included.

## 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

In order to support good outcomes for people experiencing care, management should improve communication with people and their representatives, to ensure any concerns or issues are shared and addressed at an early stage.

This is to ensure care and support is consistent with Health and Social Care Standard 4.8: 'I am supported to give regular feedback on how I experience my care and support, and the organisation uses learning from this to improve'.

**This area for improvement was made on 26 January 2024.**

#### Action taken since then

All staff received additional training in communication, reporting and accountability. Staff wrote a reflective account highlighting areas they felt their practice could improve further. This helped identify gaps in staff learning and helped develop staff skills. Families and representatives, we spoke to told us that communication was very good; they felt informed and had confidence in the staff group.

The service valued feedback and people told us they felt involved and included. Regular meetings took place and people experiencing care and their families were kept up to date with service developments and shared their views and suggestions. The improvement plan was also shared.

The manager did a walk round the service three times per day. This meant areas of improvement were identified and responded to timeously. The manager was able to respond to situations or concerns as they occurred. This improved outcomes for people promptly. People and their families told us that the manager was visible and they were comfortable raising any ideas or concerns.

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

#### Previous area for improvement 2

In order to support good care outcomes, management should ensure that all staff delivering personal care are able to identify early indicators of concern and understand how any concerns should be escalated.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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'.

**This area for improvement was made on 26 January 2024.**



**Action taken since then**

Staff we spoke with had a good understanding of the processes to be taken if they were worried about a person's safety or wellbeing and the expectations of their role. Staff verbally reported any concerns they had to a member of the leadership or nursing team. We found these initial concerns had not always been recorded in the person's daily notes. For example, when a person presented with symptoms of a urinary tract infection. However, we found the management and nursing team had been proactive in investigating any concerns and recording actions taken as a result. We found no evidence of poor outcomes for people because of this. Going forward there will be an expectation that daily notes are fully informed with all information.

Daily hub meetings took place, which were attended by the representative from each staff group. This meant the manager had a clear oversight of the daily plans and needs of the home. This also provided staff with the opportunity to raise any concerns that they may have regarding a person's health or wellbeing. Staff told us they felt informed about any changes to people's needs and this meant they were able to deliver the correct care and support.

Concerns about a person's health or wellbeing were recorded in a comprehensive handover report, which was shared at each staff handover. This ensured staff were informed timeously of any concerns or changes to a person's care or condition.

We were confident staff practice was being monitored effectively and people benefitted from a skilled and competent work force. Staff received regular observations of practice and the manager undertook 'spot checks' of staff practice. This supported better outcomes for people.

A lesson learned session was held with all staff following the upheld complaint. This ensured staff were informed of the expectations of their role and processes to be undertaken if they were required to escalate concerns that they may have.

The leadership team were visible and they promoted a passionate, friendly and professional culture throughout the service. They had good oversight of the service and people's needs. This was filtered down to staff effectively. This meant people's care and support was well planned and this helped manage potential risks to people. Staff, families and people experiencing care reported that they found the manager to be visible and approachable and they felt confident that any concerns would be addressed and actioned.

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

**Previous area for improvement 3**

In order to demonstrate respect for people's belongings the manager should ensure that inventories of people's belongings are logged, added to when appropriate and checked on a regular basis.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

**This area for improvement was made on 26 January 2024.**

## Action taken since then

The service had improved their system for taking care of people's personal belongings. There was a new inventory form in place. This was completed when someone was moving into Parklands and as part of their regular review process. Photographs were taken of resident's belongings. There were regular audits of people's belongings. This provided people with reassurance their belongings were safe and accounted for.

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

## Previous area for improvement 4

In order to support confidence in the care service, the manager should review and improve the handling of concerns and complaints.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'.

**This area for improvement was made on 26 January 2024.**

## Action taken since then

The service had adhered to their complaints policy and demonstrated they had investigated and responded appropriately. This supported better outcomes for people. Relatives and staff told us that they had confidence to raise any concerns and they had confidence they would be dealt with quickly and effectively.

Any complaints or concerns were logged and audited by a senior member of the leadership team. This ensured that any required actions were undertaken promptly.

The complaints policy was user friendly and accessible.

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

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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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