

Bute House Care Home Care Home Service

Barrhill Terrace
Cumnock
KA18 1PT

Telephone: 01290426311

Type of inspection:
Unannounced

Completed on:
30 July 2025

Service provided by:
Harveys Healthcare (Scotland) Ltd

Service provider number:
SP2019013259

Service no:
CS2019372681

About the service

Bute House Care Home is registered to provide nursing care and support for up to 45 older people. The provider is Harveys Healthcare (Scotland) Ltd.

The home is close to the town centre of Cumnock and near to local amenities including shops and bus routes. The care home is purpose-built, with the accommodation provided over two floors and lift access between them. There are 45 bedrooms with ensuite facilities. Lounge and dining facilities are located on the ground floor. The home has an accessible enclosed garden for people and their families to use.

About the inspection

This was an unannounced inspection which took place on 28 and 29 July 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 people using the service and visiting family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People experienced kind and compassionate care. they said that they felt respected and safe.
- Staff were knowledgeable and responsive to people's health and wellbeing needs.
- The home environment was comfortable, clean, and had been significantly improved.
- Leadership was visible and effective.

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

People benefited from kind and compassionate care. Staff were attentive and respectful, and people said they felt safe and cared for. They told us;

"The staff here are lovely, they are very kind."

"I get the help I need."

"Staff are great, nothing is too much trouble for them."

Group and one to one activities were available and enjoyed by many. Staff were good at encouraging people to take part in group activities. People said that they particularly enjoyed the music events and exercise groups. Some people felt activities were not always relevant to them and said that they would like more outings. The service could consider reviewing the range of activities available to ensure that they are meaningful and accessible for everyone living in the home.

Mealtimes were well managed and people commented positively about the menu choices and quality of food. Staff had good knowledge of people's dietary needs and ensured that people were served the correct diets. There was good access to drinks and snacks between meals. This ensured that people's nutrition and hydration needs were met.

Nursing and senior care staff had a good awareness of people's health needs and how best to support them. They were knowledgeable about the range of health care professionals they could call on for advice and support when needed. There was evidence that visiting healthcare professionals' advice and directions were being followed to support individuals' health needs. Families said that staff were prompt at calling for a GP and that this reassured them about the management of their relative's healthcare.

There were good systems in place to ensure that clinical risks were regularly assessed and that appropriate action was taken to minimise risk. Clinical care was discussed daily and important information about the management of people's healthcare needs was also communicated at each shift changeover. This keeps staff well informed about changes in people's care and support and ensures good outcomes for people's healthcare needs.

The provider had implemented an electronic system to record people's personal plans. The personal plans we sampled contained information about the outcome of risk assessments and directions to guide staff about how best to support people's health, welfare and safety needs.

We noted that some plans were more detailed than others. The provider should continue to develop the information within personal plans to ensure that it is detailed enough to guide staff to deliver agreed and consistent care to effectively manage people's needs. See area for improvement 1.

Medication was being managed safely and effectively in line with current best practice guidance. Monthly audits were being carried out to monitor standards were maintained and people's health needs were being met. There was a need to ensure that pain assessment tools were being used consistently to inform the administration of pain medication prescribed to be given when needed. This would support the effective management of people's pain and ensure their comfort. See area for improvement 2.

Areas for improvement

1. The provider should continue to develop personal plans to guide staff to assure consistent and agreed care to meet people's needs. This includes but is not restricted to the following;

- directions regarding management of people's care and support needs are sufficiently detailed to effectively guide staff
- people's choices and preferences are fully reflected into personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

2. The provider should implement the consistent use of recognised pain assessment tools to inform the effective management of people's pain and ensure their comfort.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and '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 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.

The manager was visible, approachable, and well regarded by staff, residents, and external professionals. There was evidence of effective leadership and oversight which supported good outcomes for people living, visiting and working in the service.

There was a comprehensive quality assurance system in place. The management team were using a range of audit tools to monitor and assess standards of service provision. The outcomes of audits were informing action plans. There was evidence that outcomes of action plans were being verified. This ensured that issues identified were being addressed and resulting in better outcomes for people.

The views of people using the service were being gathered and used to inform service improvement. This supports partnership working and ensures people's views were being heard and responded to.

People we spoke with were aware of how to raise a concern. There was evidence that complaints had been managed in line with the provider's policy and procedure. The outcomes of investigations were used to inform learning to improve and develop the service, this demonstrates a culture of continuous improvement.

There were good systems in place to monitor accidents and incidents in the home. These were being analysed monthly for patterns and trends and outcomes used to inform plans of care to minimise risks. The provider should ensure that the Care Inspectorate is informed of all minor injuries (e.g. bruising, skin tears) in line with current guidance. See area for improvement 1.

Areas for improvement

1. The provider should ensure that the Care Inspectorate is informed of all minor injuries (e.g. bruising, skin tears) in line with current guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 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.

Staff were observed to be kind, respectful, and responsive. People and their families consistently described staff as kind, caring and attentive. There was a strong sense of teamwork and good communication across departments. This helps support good outcomes for people living in Bute House.

Care service providers have a duty to ensure that staffing effectively supports the health, welfare and safety needs of people. The service had a dependency tool in place which helped to inform the skill mix and number of staff needed to support people's needs effectively. The tool concentrated on assessment of people's care and support needs. The outcome of the dependency tool assessment was informally supplemented by the knowledge of the management team about the home and the staff team. This had informed some changes in staff numbers and deployment which had improved the way staff worked to benefit people living in the home. There is a need to formalise these methods of supplementary assessments to ensure the right staff, with the right skills, are in the right place at the right time to deliver high quality and safe care. The provider should refer to the Care Inspectorate staffing method framework for guidance with the development of a new staffing assessment tool. See area for improvement 1.

Staff working in the service had been recruited in line with current safe recruitment guidance. Pre employment checks were being completed and systems were in place to verify that NMC and SSSC registrations were valid. People using the service can be confident that staff who support and care for them have been appropriately and safely recruited.

Areas for improvement

1. To ensure consistent and effective staffing to meet people's care and support needs the provider should develop a new staffing assessment tool referencing to the principles of the Care Inspectorate staffing method framework.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people.' (HSCS 3.15) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

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.

The home has undergone significant refurbishment. Work had been carried out to improve communal and private spaces in the home creating a bright and welcoming environment.

People and staff spoke positively about the improvements. People told us;

"The home is lovely, it's so much brighter."

"This is a nice place to live."

"You can't beat this care home it's the best."

There had been improvement to the garden areas which were safe and accessible. We saw that people enjoyed having the space to walk outside safely and enjoy fresh air.

The service is continuing to improve the environment of the home inside and out with plans to develop the garden area and support people to personalise their bedrooms.

People commented positively about the cleanliness of the home. We saw that maintenance issues were responded to promptly. The housekeeping and maintenance staff were aware of their roles and responsibilities to ensure the home was clean and safe to protect people from harm.

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.

People should have a personal plan which details how their current care and support needs will be managed. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach. We sampled several support plans and found that some plans were better than others regarding the level of detail.

People were involved in the development of their personal plans and had opportunity to discuss their current and future care on a six monthly basis at formal care reviews.

Staff have a good understanding of people's choices and preferences which helps ensure people are supported the way they wish to be. However, much of this information was not detailed in people's personal plans. The 'what's important to me' section of the personal plans was underused, and key workers could be involved in developing this in consultation with the people they support. Further development of information within personal plans to reflect the good knowledge staff have would ensure that people's choices were respected. See area for improvement detailed in Key Question 1 of this report.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

Extended to 2 December 2024 from 15 July 2024, the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices.

In order to do this, the provider must at a minimum ensure:

- a) personal plans are developed in consultation with the individual and their representative to reflect a responsive, person centred approach taking account of choices and preferences
- b) personal plans accurately record the management of health, welfare, and safety needs and how these will be managed
- c) personal plans fully reflect that advice from healthcare professionals has been followed
- d) measures identified in personal plans are being implemented in practice to meet the individual's health, welfare, and safety needs
- e) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices
- f) ensure that people have opportunity to discuss their care on a six monthly basis at formal care reviews
- g) staff should be supported to develop their skills regarding developing personal plans and record keeping.

This is to comply with Regulation 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

'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 requirement was made on 8 May 2024.

Action taken on previous requirement

There were personal plans in place which detailed the management of people's health, welfare, and safety needs and how these will be managed. Advice from healthcare professionals was recorded and informed plans of care.

People were involved in the development of their personal plans and had opportunity to discuss their care on a six monthly basis at formal care reviews.

The details of people's preferences were recorded in the plans but this information could be further developed to fully reflect the good knowledge of staff about people's choices and wishes.

There will be an area for improvement regarding the need for further development of personal plans. See Key Question 1 and 5 of this report.

Met - outwith timescales

Requirement 2

Extended to 5 May 2025 from 2 December 2024, the provider must demonstrate that people are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

In order to do this, the provider must at a minimum:

- a) implement quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) that action plans to address issues identified are fully developed following audit
- c) ensure that actions taken are reviewed to ensure that they effectively improve outcomes for service users
- d) use the feedback from people living in the home and their families to inform service development
- e) ensure that the providers complaints policy and procedure are adhered to
- f) ensure that outcomes of audits, feedback from stakeholders and the outcome of adverse events inform a service improvement plan that is specific, measurable, achievable, relevant and time bound.

This is to comply with Regulation 4(1) (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

'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 requirement was made on 17 February 2025.

Action taken on previous requirement

There was a quality assurance system in place that was being used effectively by the management team to evaluate and monitor service provision. The outcome of quality audits and views of people were being used to inform improvement and development of the service.

Met - outwith timescales

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 ensure that people's hydration needs are monitored effectively the provider should ensure effective systems are in place where a person requires support. Information recorded in fluid charts should be accurate and used to inform the support needed to manage people's hydration needs effectively.

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 8 May 2025.

Action taken since then

People's hydration needs were monitored and the information recorded in fluid charts was being used to inform the support needed to manage people's hydration needs effectively.

This area for improvement has been implemented.

Previous area for improvement 2

To ensure that medication is managed safely and in line with best practice guidance the provider should:

- a) ensure medication prescribed to be given 'as needed' is regularly reviewed and up to date protocols are in place to guide staff
- b) improve the management and record keeping regarding topical medication.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

'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 8 May 2025.

Action taken since then

Medication was being managed safely and effectively in line with current best practice guidance. Monthly audits were being carried out to assess and monitor standards were maintained and people's health needs were supported.

This area for improvement has been implemented.

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?	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?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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