

Care service inspection report

Full inspection

Bandrum Nursing Home Care Home Service

Saline
by Dunfermline



HAPPY TO TRANSLATE

Service provided by: Bandrum Nursing Home Limited

Service provider number: SP2003002299

Care service number: CS2003010321

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment		N/A
Quality of staffing	5	Very Good
Quality of management and leadership		N/A

What the service does well

Bandrum is home to both younger and older adults. People living there were seen to be relaxed, well supported and cared for. People were very comfortable and at ease with the staff team and there is a very pleasant and warm ambience in the home.

Everyone who works in the home is enthusiastic about the service they provide and were very committed to providing people with a meaningful quality of life. We saw that the staff team were professional with a kind and positive approach. Peoples' independence was promoted where appropriate.

There was a very good atmosphere in the home and people were involved in the day-to-day life of the home.

The continued provision of purposeful and meaningful activity, which includes group activities and one to one activities, supports residents to maximise their mental and physical wellbeing. Residents commented very positively about the activities offered.

There were very good links with social work and the mental health services which helped support the overall quality of care provided.

The manager played a pivotal role in the home, knew all the residents and relatives individually and was respected by them. Staff also spoke highly of the manager and we saw that she was highly visible and involved in the day-to-day life of the home.

Staff and the management team were skilled in helping residents to give their opinions about the quality of the service and the environment and developing positive relationships with relatives.

What the service could do better

The importance of maintaining and moving forward in a positive direction was discussed at the feedback. The challenge for the service is to continue to work towards developing and improving the service.

We felt that more attention to detail was needed when updating risk assessments. Also staff need to include details in care plans of residents preferences of male/female carers when having personal care carried out.

What the service has done since the last inspection

Major refurbishment work has taken place over the last year. Hilltop View, an eight room unit has been developed. Brightside café has been built, this resource will be used by families, residents and will be open to the local community for their use.

Bedrooms in Orchard Park are in the process of being upgraded to include ensuite shower rooms. New dining and sitting areas have also been developed.

Feedback from both residents and relatives on the quality of the improvements in the environment was positive. All spoken with felt the management team had made a very positive impact on the quality of the service.

Training in a variety of topics has been delivered to staff to further improve their knowledge and skills.

Conclusion

We were satisfied with the way we saw individual care being provided and described by staff. Very good standards of care were evidenced at this inspection and the residents experience a good quality of life.

We found staff to be genuine and caring and wanting to give of their best to support service users to enjoy a good quality of life. We saw staff being attentive to detail and residents being supported to maintain their individuality.

We saw that where matters were brought to the attention of the management team prompt action was taken to rectify issues.

We saw that everyone in the service was committed to providing on going high quality of care and open to suggestions as to how this could be sustained. We were warmly welcomed by the manager, staff and residents who viewed the inspection process as a positive experience.

As a result of a professional, trained and motivated team people living at Bandrum Care Home experience very good outcomes.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Bandrum Nursing Home is situated in a rural setting near Saline, Fife. The service is privately owned.

The home consists of two separate buildings. Meadowview is a Victorian stone building over two levels which can accommodate seventeen older people with dementia. Next to Meadowview is Hilltop View which can accommodate eight older people who are elderly frail. The second building is a three storey purpose-built to accommodate up to 12 older people who are elderly frail, 31 younger people with physical disabilities and 14 adults with enduring mental health problems.

The written philosophy sets out values and principles of the home which include the provision of a safe, well-maintained and comfortable environment where respect, privacy and dignity are preserved and where service users retain as much control and choice as possible in their lives.

The people who live in Bandrum prefer to be known as 'residents' therefore this term has been used throughout the report.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where

failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - N/A

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

When we plan how we will inspect a service we review the intelligence we hold about the service. This will include:

- The self-assessment we ask the service to complete where they evaluate how they are performing
- The 'Annual Return' we ask the service to complete where they provide information about the needs of their service users and detail their staff team
- Notifications the service provides to us informing us of events that impact upon the service
- Any Complaints the Care Inspectorate has received
- The risk assessment we complete

This information informs the intensity of the Inspection.

As of April 2016, the Care Inspectorate have made changes to the way that some services are inspected. In highly performing services, two themes instead of four will be reported on. Peoples 'Care and support' (Theme 1) will always be Inspected and evaluated. This year, Bandrum met this criteria. The Inspector will be able to inspect and evaluate all other themes if this is required.

We wrote this report following an unannounced inspection. The inspection was carried out by 1 Inspector. An inspection volunteer supported the inspection process on Monday, 18 April 2016. An inspection volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the

service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

We inspected the service over two days;
Thursday, April 14 2016 between 3:15pm and 6:45pm
Monday, April 18 2016 between 9:15am and 2:30pm

We discussed our findings with the manager throughout the inspection and gave formal feedback on Wednesday, April 20 2016.

During this Inspection we:

- Met with visiting relatives
- Spoke with several people (over 10) and asked about their experience of living in the home
- Observed peoples meal time experience
- Observed staffs practice
- Directly observing care is an important way to help us judge whether a service complies with the regulations and meets the outcomes for people. We used the Short Observational Framework for Inspection (SOFI2) to help gather information on the experience of people who were unable to tell us their views.

We met with some of the staff team on duty. This included:

- The registered manager
- The deputy manager
- Registered Nurses
- Care Assistants
- Senior Care Assistant
- Activities Organiser

We sampled evidence from sources including:

- Care Standard Questionnaires
- Relevant sections of procedures/records/documents
- A sample of personal care plans - including risk assessments
- Minutes from several meetings
- Information from staff training records

- Accident and Incident records
- Compliments / comments / complaints records
- Information on Quality Assurance systems
- Medication records

We also spent time looking at the equipment and the environment (for example is it clean, is it set out well, is it easy to access by people using wheelchairs, are people able to use garden areas and access fresh air?)

All of the above information was taken into account during the inspection process and was reported on.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a completed self-assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We distributed twenty questionnaires prior to the inspection and received nine completed questionnaires from residents. The questionnaires strongly agreed/ agreed with the statement that overall they are happy with the quality of care and support provided to them.

We spoke with residents on an informal basis throughout the inspection visits. Comments received were positive. Some of the residents were unable to express their views however they appeared settled and content.

Over the course of the inspection visits we observed the residents were calm and relaxed. They responded positively to staff interactions and assistance. A variety of activities were taking place which residents were taking part in.

Comments received have been included in the body of the report.

Taking carers' views into account

We distributed twenty questionnaires prior to the inspection and received fourteen completed questionnaires from relatives/carers. All strongly agreed/agreed with the statement that overall they are happy with the quality of care and support provided to their relative in the care home. We also spoke with two relatives/visitors during our visits, feedback was very positive. Comments from returned questionnaires and relatives/visitors spoken with have been included in the body of the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 2

“We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.”

Service strengths

We found the service performance was very good in the areas covered by this statement.

We came to this view after we:

- spoke with people who use this service.
- spoke with the staff team.
- observed staff practice.
- looked at documentation.

We saw that the day-to-day running of the service was organised and well-managed.

We noted that staff had individual responsibilities and were accountable for making sure that specific aspects of the service were properly organised. We saw that this helped the staff team to meet residents' needs in a responsive and effective manner.

Throughout the inspection visit we observed that all staff encouraged residents to be involved in decisions about their own care and preferred activities.

There was good team work and communication between teams such as care, catering and housekeeping. This meant that there was a very good awareness of residents' preferences and choices regarding their day-to-day routine and care.

Residents we spoke with confirmed that staff offered choice on many aspects of their day-to-day care, including their preferences for the time they wanted to get out of bed in the morning and when they went to bed at night. We saw that some residents were supported with a longer lie in and a later breakfast.

We spent time observing mealtimes in both buildings; we saw that staff demonstrated a very good level of knowledge about residents' preferences regarding what they liked to eat and drink, the portion size they preferred and any special dietary needs. Staff were good at supporting residents to choose where they wanted to have their meal; with some residents preferring to eat in their own room.

There were choices of meals available for residents at mealtimes. We saw that the catering staff were good at providing alternative choices for residents who didn't want what was on the menu.

Most residents choose to spend their time in the sitting rooms. During the inspection visit we observed that staff were good at offering a choice of activities to residents. We saw that residents enjoyed group games, watching films and listening to music. We observed that staff evidently knew about the residents' backgrounds, families and likes and dislikes. We noted that this helped create a comfortable and pleasant atmosphere for residents.

People who use the service can voice their views and suggestions about their care in a variety of ways including surveys, one-to-one and group meetings.

There were some examples showing that people's views were listened to and acted upon such as, a consultation about new furniture, some changes to items on the menu, holiday destinations and suggestions for activities.

We saw that the home had established key workers. The key workers are care staff who are identified to help to co-ordinate an individual resident's care taking their choices into account, support that resident with communication and maintain links with their relatives and friends.

Staff we spoke with during the inspection demonstrated a good understanding of their key worker role. Relatives' commented that they knew who the key worker was for their relative who was resident in the home.

Comments from residents and relatives included;

'It's great, the staff give me choices on everything I do.....from what I eat, how I would like to spend my day to where I would like to go on holiday.'

'I'm always being asked my opinion on things.'

'I get involved in meetings and I feel able and safe to say what's on my mind.'

'Excellent. We are extremely happy with all aspects of care. My relative is treated as an individual in all ways.'

'There is a very stable staff team at Bandrum. My relative has had the same named nurse for 11 years. This consistency is reflected in the standard of care he gets.'

Inspection Volunteer's observations included;

On my arrival I was met by the care home manager and her deputy. Both were very positive and professional in their manner and assured me of every support from their staff.

I was advised that there were a number of different client groups resident at the home and that some areas were undergoing a programme of upgrading which was causing some degree of alteration to the normal accommodation arrangements.

At the request of the Inspector I focused on one single part of complex where I was shown all the facilities by the deputy manager.

I was allowed complete freedom to access the three levels that comprise that particular building.

I started my observations at around 11:00 in the lounge area on the ground floor where I met four younger adults. In another lounge on the same level I met with 4 adults of varying ages, some of whom had more profound disabilities.

In all areas of the home, there appeared to be a good number of staff on duty.

The building itself is in good state of repair and well decorated. There is some degree of disruption because of construction work however, the disruption did not appear to me to be too significant.

The nature of the home meant that there was no single lounge with larger numbers of residents present. As I wandered around the building I found that virtually all the time, there was at least one member of staff present in all lounges and on the occasions there was no staff member present, there was someone nearby.

I was impressed at the information available concerning performance, resident and staff views and improvement meetings. It appeared to me that there was significant effort put into addressing resident needs and aspirations as well as treating staff well. This is important in retaining quality staff and generating a feeling of worth, which in turn improves conditions for residents.

The rooms were all clean and tidy and I did not detect any malodours in the areas or private rooms I visited. The rooms were spacious and most had en suite facilities. Many rooms were personalised to a high degree.

One resident said

"I can get up when I want to"

"It's brilliant in here"

"Fantastic"

The care home itself might be considered a little remote being some four or five miles from Dunfermline and not on a bus route. However, on a daily basis, a mini-bus service is offered from the centre of town to the care home. All that is required is that any user should contact the home in advance to confirm the need for transport. This is positive. I was unable to speak to any carer who used the service however.

One resident spoke to me about being able to visit her husband who resides some distance away in another care facility. She was very pleased with this.

I had lunch with the residents on the top floor of the building. Again, my observations were very positive in the way staff dealt with residents. They obviously knew the residents well and there was a good deal of informal and

light-hearted banter.
One person I spoke to commented
"Staff are brilliant"

I noted that one resident clearly had the habit of going for a cigarette after his lunch. Staff were aware of this and sought him out to take him outside to have his cigarette after his meal.

Throughout the building there was an activity programme displayed and clearly there is a good deal of effort put into this. A few residents spoke of the 'Diamond Disco' which is held in a community centre in Dunfermline on a Friday night. I understand off-duty staff are paid to support this. Whatever the arrangements to make it happen, those who do attend this social activity enjoy it.

Some of the more able residents are taken away for a holiday periodically. Others enjoyed the outings organised by the service

Residents told me
"I've been to Blackpool last year and I'm going with two other residents and staff to Penrith this coming year."
"We go out for lunch, I've been to the highland games and the pantomime"
"Been on a barge trip on a canal"
"I get a massage every two weeks."

I spoke to the family of one resident. They were fulsome in their praise of the home and had no criticism whatsoever.

Areas for improvement

We looked at the information within residents' personal plans regarding preferences and choices about their care. We noted that some plans contained good information, but that this was not consistent for all plans.

There are further details about personal plans in Quality Theme 1, Statement 3 of this report.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“We ensure that service users' health and wellbeing needs are met.”

Service strengths

We found the service performance was very good in the areas covered by this statement.

We came to this view after we:

- spoke with people who use this service.
- spoke with the staff team.
- observed staff practice.
- looked at documentation

There was a comprehensive policy and procedure manual to guide and direct staff to help ensure residents' health and well-being. There were systems in place to ensure staff read and understood the policies and procedures.

Staff were visible and communal areas were supervised. Staff were seen to be interacting positively with residents and we saw that staff approached residents in a caring, gentle manner. Residents appeared relaxed and comfortable in the company of staff.

Discussion with the manager and review of duty rotas and dependency levels confirmed that staffing levels were directly related to the number and needs of people living in the home. We saw that where extra staff were needed in relation to increased dependency levels the staffing levels were increased to accommodate this.

We saw that staff were being kept up to date in best practice in areas of care of the elderly, for example, dementia care and infection control.

We found staff were aware of individual residents and families needs. This supported an appropriate and consistent level of care. We found that communication between care staff and the manager was very good. Relatives also spoke of being kept up to date on their relatives health needs and felt confident that they would be informed of any changes in their relatives' care.

We looked at a sample of medication administration records (MAR), nutrition and dietary information, skin care, care files and records of contact with health professionals to judge how the home met residents' general health and care needs. We also observed staff supporting residents at meal times. Staff approached residents in a supportive and considerate way.

Residents had personal plans that had assessments to help staff measure specific risks to their health. These included:

- Malnutrition Universal Screening Tool (MUST). A tool that helped staff identify residents who were at risk of under nutrition or putting on too much weight or losing too much weight.
- Pressure Ulcer Risk Assessment. An assessment that helped staff to identify residents who were at risk of developing skin damage or wounds from pressure to the skin.
- Falls risk assessment. A tool that measures residents' risk of falls and may identify factors that affect the risk.

No-one in the service had a wound that was caused from direct pressure to their skin (a pressure ulcer). This meant that the service was successfully helping residents at risk from this type of wound to maintain healthy skin.

A recommendation was made at the previous inspection regarding staff completing monitoring charts. We sampled six fluid intake charts and five position change charts and found these to be fully completed and the content evaluated to inform practice.

During our visits we saw that residents were helped to join in a range of activities. As well as the activity for the morning we saw staff chatting with residents.

We noted that staff were open and friendly in their manner and approach to residents. Residents told us how much they enjoyed the activities and showed us art work they had completed.

Great emphasis was placed on activities which is important in maintaining physical and mental health. Feedback from residents was they very much enjoyed the range of activities on offer and they very much enjoyed the regular bus runs.

Residents we spoke with told us they had confidence in the staff and gave us examples of how well they had been cared for when they were unwell.

A record of visits and communication with health professionals was maintained. We were told that there were good relationships with health professionals and good support was offered by them.

We saw that where a decision had been made by the resident or their legal proxy and the general practitioner that CPR was not to be tried, this was recorded on a 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). This helps ensure staff are aware of and respect the individual's wishes.

We looked at the Medication Administration Records (MAR) and found medication was signed for when given and a system was in place to monitor that medicine was given as prescribed.

Residents who needed assistance were well dressed and attention had been given to their appearance, for example the ladies and gentleman's clothes were colour coordinated. The ladies were wearing their jewellery and walking aides

were placed in such a way that they were accessible to individuals who needed them.

Attention to detail like this helps people to retain a sense of identity and independence. The staff we spoke with were knowledgeable about residents' personal likes and dislikes and how their care and support needs should be met.

Areas for improvement

We noted that the information in personal plans regarding individuals' preferences and choices did not always reflect the good level of knowledge that we saw that staff had about individuals' care and support. For example; there was no detailed information indicating preferences regarding male/female carer to carry out personal care.

We noted some of the risk assessments had been updated however staff had not entered the dates they had carried out the assessments.

Management acknowledged the above and agreed to address.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of environment

Quality theme not assessed

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service strengths

We found the service performance was very good in the areas covered by this statement.

We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation

We received many positive comments from residents and relatives regarding the quality of the staff employed in the care home.

People told us staff listened to what was said and attended to their needs appropriately. Staff spoken with told us they had a strong team and felt confident in the management team and the supportive they gave.

There were regular opportunities for staff to share information and give their views. This included supervisions, appraisals and staff meetings.

Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.

All staff had identified core training requirements that they needed to complete for their role in accordance with the Nursing and Midwifery Council Codes of Practice and Scottish Social Services Council Codes of Practice. There was a

wide number of training courses available to staff in relation to their work. Staff also had opportunity to complete a Scottish Vocational Qualification (SVQ) if this was appropriate to their role, e.g. SVQ II or SVQ III. Records were kept of training completed. Staff training needs were discussed and reviewed. Staff spoken with thought that training opportunities were very good.

There has been a range of relevant training conducted, including; Challenging Behaviour Whistle-blowing and raising concerns, Dignity and Respect, Promoting Continence, Moving and Handling and Infection control updates.

Staff told us the training had been very useful and had improved their understanding of a resident's needs and how they could meet them. They had knowledge and awareness of the National Care Standards and SSSC Code of Conduct

Comments from residents and relatives;

'Excellent.'

'The staff go the extra mile to make everything good.'

'Can't fault the staff and management.'

Areas for improvement

The supervision sessions could be expanded to include reflection for individual staff on the impact specific training has had on their practice. This would help prepare staff for the programmes of NMC Revalidation and SSSC Post Registration Training and Learning expected of all registered staff.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service strengths

We found the service performance was very good in the areas covered by this statement.

We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation

We saw that staff demonstrated a good level of knowledge regarding the care and support needs of residents, they were motivated to provide good standards of care and had a professional and caring approach.

We observed that staff at work during the inspection treated residents in a considerate and respectful way. Staff used their knowledge and skills to help create a comfortable and pleasant atmosphere for residents.

We saw that staff were discreet when supporting aspects of residents' care in communal areas: this included when they were responding to residents' requests for support to go to the toilet.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe staff interactions with a group of residents in a sitting room in the home over a half hour period. We saw that some residents were being encouraged and supported to take part in a group game, with others being supported to have a drink and a snack. We saw that staff provided appropriate help and support where it was needed, promoted choice regarding choosing and taking part in the activity, gently encourage residents with their drink and eating their snack.

We concluded that staff were available to support residents at this time and were providing that support in an appropriate, kind and respectful manner.

We saw that staff were respectful to each other. This was evident when senior staff were directing their team and delegating tasks. We saw good work between staff teams including discussion of timing of aspects of staff tasks,

such as housekeeping to ensure that residents were not disturbed.

We received twenty-three completed questionnaires from residents and relatives. They all agreed or strongly agreed that the staff treated people who use the service with respect.

Residents and the relatives we spoke with commented that staff offered care and support with respect.

During discussions with one member of staff they said they very much enjoyed their job and it was a privilege to work with the residents and relatives.

Inspection Volunteer's observations included;

One feature of my visit that impressed me particularly was the willingness of staff to engage with me; in most cases it was a simple "hello" or brief chat at their instigation. I have been in places where staff can appear glum or lacking in communication skills when dealing with residents. This was not my experience here. Whatever the engagement I had, I gained the impression of a positive staff group.

Areas for improvement

In order to further strengthen the ethos of mutual respect and ownership of the care home the service hopes that members of the Friends of Bandrum group will carry out quality audits of different aspects, including staffing and feedback to management. Progress in this will be monitored at the next inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Quality theme not assessed

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. In order for staff to accurately monitor and evaluate care staff must ensure they fully complete all documentation.

Reference: National Care Standards; Care Homes for Older People, Standard 4 Support Arrangements

This recommendation was made on 23 April 2015

We sampled a range of documentation and found it to be fully completed and the content evaluated to inform staff practice.

This recommendation is met.

2. The following recommendation arose as a result of an upheld complaint;

Service users and their relatives/carers should expect to be involved in risk assessment and care planning, in line with their individual choices and preferences. The care service should ensure that there are effective systems in place to help service users and their relatives/carers to get involved and to have their say.

Reference: National Care Standards; Care Homes for Older People - Exercising your rights, Expressing your views. The staff and manager must always respect and actively promote your rights. You keep your rights and you also have a responsibility not to infringe the rights of others. The care home must take your comments, concerns and complaints about the quality of the service and your experience of it seriously. They are your way of contributing to, and influencing how the home is run and how the services are delivered.

This recommendation was made on 31 March 2016

The service have implemented review forms for families/residents to sign/express comments on. Families/residents were evidenced to have signed agreement to the content of their care files.

This recommendation is met.

6 Complaints

There has been one complaint upheld about this service since the previous inspection. You can find information about complaints that have been upheld on our website www.careinspectorate.com

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
23 Apr 2015	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
16 Apr 2014	Unannounced	Care and support	5 - Very Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
2 May 2013	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	4 - Good
		Management and Leadership	5 - Very Good
30 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good
11 Aug 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
5 Nov 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed

10 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
2 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
7 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
23 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate Not Assessed Not Assessed
1 Aug 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 3 - Adequate 4 - Good

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੈਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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