

Bandrum Nursing Home Care Home Service

Saline
by Dunfermline
KY12 9HR

Telephone: 01383 851030

Type of inspection: Unannounced
Inspection completed on: 11 April 2017

Service provided by:
Bandrum Nursing Home Limited

Service provider number:
SP2003002299

Care service number:
CS2003010321

About the service

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 17 older people with dementia. Next to Meadowview is Hilltop View, which can accommodate eight older people who are elderly frail. The second building is 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.

What people told us

We distributed 40 questionnaires prior to the inspection and received 32 completed questionnaires from residents and relatives. The respondents strongly agreed/agreed with the statement that overall they are happy with the quality of care and support provided to them.

We also spoke with 20 residents and eight relatives during our visits.

Comments from returned questionnaires and residents and relatives spoken with included;

"I am settled and content living here. My room is lovely and kept very clean. The staff are kind and friendly, they give me my tablets and put all my different creams on every day. The food is good and I get plenty to eat."

"I love living here, I'm not going anywhere else."

"This is my home."

"The staff are kind and patient with me, they're always checking that I'm OK."

"Whereas in previous year I would have completed most of the questions as 'strongly agree' I feel there has been a reduction in the overall quality of care. With regard to food and menus, although overall quality is fine evening meals can be poor and uninspired. The most important group of people working in the home are the carers and although generally they are excellent there have been some perplexing staff changes recently. Additionally an increased use of agency staff has meant that continuity is not as settled. Overall however I am satisfied with my relatives care."

"All the staff are wonderful in the care and attention they give."

"My relatives keyworker does an excellent job caring for him and supervising her staff. She always keeps me informed of any health issues which may require the attention of a doctor."

"My parent has only been in Bandrum a few weeks but the whole family are delighted with both care and the standard of accommodation. For the first time in months we have been able to relax."

"My relative is looked after to a high standard. The staff exceed themselves in the care they provide."

"We as a family are content and happy now that our parent is safe, she is being well looked after and appears to be happy. This makes our lives easier."

'The service provided for my parent is excellent. Everyone is friendly and approachable.'

"It's lovely, the staff are very kind and helpful. They always welcome me when I visit and keep me up to date with everything that is happening."

"Any problems or complaints we've had the service have dealt with. Overall we are very happy with the care, the staff and everything about the home."

"The quality of the management has deteriorated, I am very unhappy with things now."

"I'm not happy at all with management, staff are leaving and continuity of care has suffered as a result of this."

During our visit, we used a Short Observation Framework Tool for Inspection (SOFI2) which assists us to record how people interact with residents. We saw that staff interacted overall in a warm and caring manner towards residents. The staff took time for residents to be as independent as possible, making the most of their skills and not rushing them.

Self assessment

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.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

We spoke to residents, all of whom spoke highly of the staff and of the new manager. We heard people say that "the staff can't do enough", "I wouldn't change a thing", "you can tell the staff anything", "the staff are very approachable". We also saw evidence of this during interactions between staff and residents. There was evidence of good relationships that were respectful and warm.

Staff told us that they enjoyed working within the home. The staff we spoke with told us that they are supported by the new manager and have regular formal and informal supervision. Staff are supported in their roles with a combination of e-learning and face to face training. All staff told us that they feel that they have relevant training that supports them to do their jobs. They also informed us that they can source additional training of interest and are supported to achieve this. We looked at adult protection procedures and practice and were satisfied with the procedures and practice in place to ensure residents were protected.

Discussion with the new manager and review of duty rotas confirmed that staffing levels were directly related to the number and needs of people living in the home.

We noted that staff were open and friendly in their manner and approach to residents. 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 new manager was 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 (MARs) and found these to be fully completed. We found that topical administration charts were not routinely being adequately filled in by staff (please refer to 'what the service could do better' below).

We sampled wound care plans, position change charts and managing stress/distress plans and found these to be fully completed and the content evaluated to inform practice. This meant residents' health was being monitored. 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.

There are a number of audits carried out in the home. The aim of the audits was to make sure standards were maintained and any areas for improvement identified and acted upon. We looked at some of the regular quality assurance audits completed, including medication management (alongside an independent pharmacy audit), personal care plans and an environmental audit. We noted some of these audits were not routinely being completed (please refer to 'what the service could do better' below).

We noted that there was a clear overview of accidents that happened, including falls. This detailed which people were affected, what time of day, and in what areas of the home. This supported the service in making changes to staffing deployment or in assessing for additional pieces of equipment. It also enabled the service to review people's needs and plan changes. We could also see that equipment, such as slings and hoists were checked on a regular basis to ensure that they were safe for people's use. These actions helped manage risks for residents.

The new manager has an 'open door' approach and hopes to establish positive relationships within the home which will enable people and families to share their opinions and feel able to comment on the quality of the service.

What the service could do better

Following the retirement of the previous manager a new manager has been appointed. She has been in post for three months now. During this time the directors and charge nurses have supported her. This has not impacted directly on day to day care, however, it has resulted in the auditing systems not being carried out routinely. The new manager acknowledged that these need to be more robust and routine implementation of these carried out by senior staff to ensure an overview of service delivery is maintained. The new manager plans to look at the current auditing systems and develop these to enable a more informative and robust overview of the service.

Feedback from a couple of the relatives spoken with was very negative. The new manager and directors are aware of these and are trying to resolve the concerns that have been raised.

Review of medication management systems identified that:

There were a number of missing entries on the Topical Medication Administration Records (TMAR). Also, on some, there was inadequate detail given on how much and where to apply particular creams/ointments. Also, on one occasion, controlled drugs had been signed for by one member of staff outwith times of administration or stock checks. A requirement 1 is made.

In a number of care files we looked at we noted formal six monthly reviews of the individuals' care and placement had not been carried out. In some instances it was over a year since the last review. A requirement 2 is made.

Requirements

Number of requirements: 2

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure ;

Administration of medication or reason for omission must be recorded on the TMARs at the time of administration. Accurate and detailed records for the application of topical creams/ointments are maintained.

Staff follow guidelines on the administration of all controlled drugs.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people,
SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: Within one week of receipt of this report.

2. All care plans should be subject to formal review at least once in every six month period.

This is in order to comply with:

SSI 2011/210 Regulation 5 Personal plans.

Timescale: Within one month of receipt of this report.

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
20 Apr 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
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 5 - Very good Environment Not assessed Staffing Not assessed

Date	Type	Gradings	
		Management and leadership	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

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۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.