

# Care service inspection report

## **Bandrum Nursing Home**

### Care Home Service Adults

Saline

Dunfermline

KY12 9HR

Telephone: 01383 851030

Type of inspection: Unannounced

Inspection completed on: 23 April 2015



HAPPY TO TRANSLATE

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## Service provided by:

Bandrum Nursing Home

## Service provider number:

SP2003002299

## Care service number:

CS2003010321

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## 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	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

We continued to find a dedicated, professional staff team who worked well together and wanted to give of their best to support the people they were caring for. We could see that staff took a pride in the home and wanted to provide positive outcomes for the residents in all aspects of their lives.

Residents and relatives we met and who completed pre inspection questionnaires told us they were very happy with the standard of care and support provided in Bandrum. Staff were friendly and visitors made very welcome. The service continues to offer residents very good opportunities to express their views and contribute to service development and improvement.

### What the service could do better

This was a positive inspection. The service should continue implementing and regularly reviewing their participation strategy to maintain and improve upon their already very good practice in this area. The requirement made as a result of an upheld complaint and recommendations made at the previous inspection were evidenced to have been addressed.

### **What the service has done since the last inspection**

Redecoration of a number of areas within the care home have taken place. Residents spoken with confirmed their involvement in choosing the décor, furniture and floor coverings.

The service had addressed the recommendations made at the previous inspection and requirement made as a result of an upheld complaint.

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

### **Conclusion**

Residents and relatives spoke very positively about their experiences of life in the home. People who use the service are satisfied with the quality of the service provided. They are kept informed of events and development of the service and asked their views.

The staff team were open and we saw that staff worked well together. There were good support systems in place for residents, relatives/carers and staff. This helps create an open and inclusive culture within the home.

The management team continued to work well together which resulted in positive outcomes for people who use the service and the staff team. We found the management team open and responsive to our observations.

# 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](http://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 service was deemed registered with SCSWIS on 1 April 2011.

The home consists of two separate buildings. Meadowview is a Victorian stone building over two levels which can accommodate twenty-one older people with dementia. The second building is a three storey purpose-built to accommodate up to 23 older people who are elderly frail, 25 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 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 - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

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](http://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**

We compiled the report following an unannounced visit over three days from by a Care Inspectorate Inspector;

Tuesday, 21 April 2015 between 09:30am and 12:30pm

Wednesday, 22 April 2015 between 4:00pm and 8:00pm

Thursday, 23 April 2015 between 09:30am and 3:00pm

An Inspection Volunteer supported the inspection process on Thursday, 23 April 2015. 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 gave feedback to the Director, Manager and Deputy on 23 April 2015. .

As requested by us, the care service sent us an annual return; the service also sent us a self assessment form.

Prior to the inspection we issued a total of 40 Care Standards Questionnaires to service users, their relatives and carers. Eleven completed questionnaires were returned, comments made by both service users and carers informed the inspection and are included in the inspection report.

During the inspection we spoke with residents and visitors to find out their views about the care and support provided. We spent time observing how staff supported and interacted with residents.

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 (SOFI) to help gather information on the

experience of people who were unable to tell us their views.

We spoke also spoke with Registered Nurses, Senior Carers, Carers and Activities Organiser.

Documents sampled included:

- Registration certificate
- Staffing schedule
- Minutes of a range of meetings
- Complaint policy and records
- Accident and incident records
- Personal plans
- Care review schedule
- Risk assessments
- Medication records
- Activities plans and records
- Menus
- Recruitment information
- Duty rotas for a three week period - 30 March 2015, 6 April and 13 April 2015
- Training records
- Records of quality audits
- Maintenance records
- Health and safety audits
- Financial records and audits

### **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.firelawscotland.org](http://www.firelawscotland.org)

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

#### **The requirement**

The following requirement arose as a result of an upheld complaint investigation:

The provider must ensure that all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of the service user or the service user's representative.

This is in order to comply with SSI 2011/210 Regulation 15(a) - a requirement regarding staffing.

#### **What the service did to meet the requirement**

The service is introducing an on call system to ensure that staff are available to cover any shortfalls that may arise.

**The requirement is:** Met - Within Timescales

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

Two recommendations arose as a result of the previous inspection -

Staff must ensure when completing records for any care delivered to residents they complete all the associated relevant charts.

Reference: National care Standards; Care Homes for Older People Standard 6 Support arrangements

Action taken: all charts were seen to be fully completed. See QT1:3 for further details.

Cleaning of the patio areas and ensuring ashtrays in these areas should be carried out regularly. This should be monitored by senior staff to ensure an improvement in standards is maintained.

Reference: National care Standards; Care Homes for Older People Standard 4 Your Environment

Action taken: All patio areas are now subject to routine checking that includes emptying any ashtrays.

### **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 ten questionnaires prior to the inspection and received one completed questionnaire from residents. The questionnaire 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 thirty questionnaires prior to the inspection and received ten 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 five relatives/visitors during our visits, feedback was very positive. Comments from returned questionnaires and relatives 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 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we concluded that given the size of the care home and the current needs of those living in the home, the service continued to perform very well under this statement and agreed with their evaluation.

We expect providers to understand how their services impact upon the people who use them. We expect providers to be able to demonstrate that they know the views and feelings of those who are using and involved in their services. Providers should be able to demonstrate how they use this knowledge and understanding to continually improve their service.

We assessed how the service involved and responded to residents, relatives and stakeholders participation.

To do this we:

- Sampled some documents made available to us.
- Met with several residents and relatives and a cross-section of the staff team.
- Observed the way that staff supported and listened to residents and relatives
- Reviewed the Care Standard Questionnaires returned to us by residents and relatives.

The provider does have a strategy in place for participation, which is on display at the

entrance to the home. This states the ways that people can be involved in the development of the service.

We found that the service continues to use a variety of methods to gather the views of residents and their relatives/representatives. These include: formal care reviews, meetings with individuals and their social work representatives, resident and relative group meetings, Friends of Bandrum forum, informal discussions, satisfaction surveys and through the service's complaints procedure.

We saw that the service were utilising the feedback from residents and relatives to inform the development and improvement of the service. We found very good examples showing that people's views were listened to and acted upon such as:

- Changes to the menu informed by residents preferences.
- Development of the activities plan and suggestions for outings.
- Summer holiday plans.
- Décor, fabric and furnishing changes decided by residents.

From reviewing documents and meeting with people, we confirmed that there were established links with health and social work teams. We saw evidence that the social work department met with residents and relatives/carers at planned intervals to ask them how they found the quality of the care and support provided.

Each resident had a key worker which made it easier for residents and their families to identify someone they could talk to about any concerns, suggestions or ideas. In general, residents and families were aware of this and agreed this worked well, but families were clear that all staff could be approached as they knew their relative.

When we sampled some of the reviews, we found these to be well written and informative. When the resident had been less able to fully participate in the review - the relatives had been involved. Areas discussed included the person's health needs, social activities and their current monies - this meant that further social events were planned for.

We saw that where appropriate, residents or their relative/representative signed to confirm agreement with the content of the care plan and care review. This meant that families were aware of how the service was planning to meet their relatives' health and well-being needs. We could see that the service had a system in place for identifying which relatives needed to look at the plans and when signatures etc. were required.

The manager was visible in the home. Residents and relatives told us that they knew the manager very well and that they made themselves available to speak with people who wished. Relatives told us that they would have no hesitation in raising a concern and felt that they were listened to.

In some situations, residents were involved in discussing and agreeing their own support needs and goals. Through the regular reviews of care and support needs people had regular opportunities to feedback on the quality of the service provided.

Comments received from residents, relatives and from returned questionnaires included;

'I am very happy, settled and content. This is my home.'

'Doesn't matter what I ask for the staff are there to help me.'

'I am very pleased with the care my relative is receiving.'

'I would not hesitate raising anything, the manager and staff are very approachable and always ask my opinion.'

'This place is first class, I have no complaints whatsoever about anything.'

'We could not ask for a better caring environment for my parent.'

Inspection Volunteer's comments;

During my visit I spoke with a number of residents and visitors. Their comments included;

\* We are having a Church Service in one of the lounges today.

\* In my room I sit at the window and watch life go by. There is always something happening outside.

\* I enjoy playing an Accordion it always goes down a treat with the other residents.

A group of residents informed me of some other activities they take enjoy -

- Craft work
- Regular parties
- Going on outings to local attractions
- Coffee Mornings

A visitor said; - I visit the home on a regular basis and in my opinion the residents enjoy the regular Church Service where they can come and go as they please.

As the Inspection Volunteer was leaving the service they could hear all heartily singing and the tambourines and keyboard providing heart lifting music.

Residents comment's on food;-

- The food in here is lovely and always hot.
- Our food is excellent.
- Our meals are made in the kitchen here and the chef always pops in over the mealtime to check we are enjoying what we are having if we are not they always make sure I get something else next time.
- We finish our lunch with a lovely cup of tea/coffee.
- We get a snack between meals to.

Residents comments regarding care;-

- I have a review of my care needs every six months and it's adjusted if necessary, no problem.
- The staff will get me up in the morning, assist me to shower, dress and again at night time. I pick when I go to my bed.
- I sit and watch the staff work away from here as they always appear happy to me.

As I was being shown round the home I observed the residents where all were they I happily sitting in their chairs watching TV or speaking to the staff. All were off smart appearance and in my opinion those that required the various aids had them to hand with those that required glasses wearing them and appropriate footwear in use too.

### **Areas for improvement**

We thought the service had worked hard to involve people and was open to looking at different ways to achieve this. The service hopes the introduction of a 'Wish Tree' will encourage residents to share their wishes and hopes with them. Wishes will be recorded in each resident's personal file and the management and staff are committed to working to ensure each resident's wish is granted.

**Grade awarded for this statement:** 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**

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we concluded that given the size of the care home and the current needs of those living in the home, the service continued to perform very well under this statement and we agreed with their evaluation.

To assess this statement we:

- Spoke with residents, relatives and the staff team
- Observed how staff supported and engaged with residents
- Assessed documents available to us (including care plans, daily recording notes, medication records, risk assessments and recordings and records of care reviews)
- Considered how residents' care needs were assessed and evaluated - and what the outcomes were.

In general, we observed very positive interactions between staff and residents.

Residents looked comfortable with staff who were respectful and caring in their approach. There is a relaxed feel in the home and residents appeared very comfortable in their surroundings. We noted that residents were addressed in a manner that suited them, for example some residents were addressed as 'Mr' or 'Mrs', whilst others were addressed by their forename. There was a good level of interaction and chat between most residents and we could see that many people had firm friendships.

We sampled specific areas of six residents' care plans and supporting documentation. We saw that overall there was a very good range of information available to guide staff in most plans.

This included regular health assessments of nutrition, skin care, falls and mobility. Where a health issue was identified from these assessments a care plan was in place to guide staff as to the care needed.

We sampled two wound care plans and saw that wounds were being treated timeously as per the treatment plans (See area for improvement for further information).

We found that nutritional assessments were in place with the 'MUST' tool used to identify residents at risk. Where there was additional nutritional support needs, we saw that this was monitored through appropriate record keeping. We sampled four fluid balance charts and found them generally to be up to date and accurate (See area for improvement for further information).

We saw that the home had regular contacts with other health professionals and sought their input where required. This included podiatrists, GP, dietitians and speech and language therapists.

We carried out a medication check to ensure that residents were receiving their prescribed medication. We were satisfied that they were safe procedures in place for the management and administration of medication.

There was evidence that the service had improved the range of activities for residents. Residents confirmed there was always plenty to do.

During the inspection we observed that staff respond to residents who were upset or becoming distressed in a positive manner, for example, sitting alongside them and reassuring them in a gentle and kind way.

People we spoke with during the inspection commented positively about the food and snacks available and how much they enjoyed their meals. The catering team actively gathered views from residents to inform the menu choices and improve the mealtime experience for residents.

We saw that there were plenty of drinks and snacks available between meals. We noted that there was good communication between the catering team and the care teams; this ensured that residents were receiving the correct diets and that their food and drink preferences were available. We saw that the catering team were very good at offering alternatives to residents who didn't want what was on the menu or who were reluctant to eat.

We observed mealtimes during the inspection visit. We saw that mealtimes were calm and unhurried; staff were appropriately deployed to assist residents on a one to one basis and to prompt and support residents who could eat more independently.

The service offers regular smoking cessation sessions which both residents and staff attend. This has proven to be a success for a number of those who have attended.

Review of staffing rotas confirmed staffing levels were being maintained. Staff spoken with said staffing levels were always maintained and based on dependency levels of residents.

Relatives spoken with confirmed they were confident the service looked after their loved ones very well and had no worries.

### **Areas for improvement**

Two of the fluid balance charts examined were being routinely completed however no daily totals were being entered by staff. One of the wound assessment charts did not have the dates of dressing changes entered. A recommendation 1 is made. The manager agreed to address these areas identified immediately with staff.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **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

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 2

We make sure that the environment is safe and service users are protected.

#### Service strengths

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we concluded the service continued to perform very well under this statement and agreed with their evaluation.

To assess this statement we:

- Assessed the documents made available to us
- Observed staff practice
- Assessed the general environment (considering how residents were kept safe and the cleanliness and maintenance of the building)
- Had discussions with the residents, relatives and the staff we met.

We looked at some records and checks which were carried out to make sure the environment was safe and residents were protected. This included some of the care planning and risk assessments reported on under theme 1, statement 3. The manager could evidence the visual checks of the environment that were carried out regularly and how these were recorded and managed.

The home has a controlled entry system and a signing in/out book. This ensured that unauthorised people did not enter the home and for people who were at risk if they left the building unattended, their safety was promoted.

Notice boards are prominently sited in the home and a range of information is displayed to inform residents and visitors of important information. The registration certificate, insurance certificate and staffing schedule are on display in the foyer. Information regarding the Care Inspectorate, the complaints procedure and the participation strategy are also available for everyone to access.

We found the environment was comfortable and communal areas well-arranged and free from obstacles that could make mobility difficult.

We found the home fresh and free from odours. These measures help ensure people are safe and comfortable living in their home.

The home has access to maintenance support. Routine maintenance and health and safety checks are undertaken and a record of this is maintained, along with details of any remedial action taken. Maintenance and service contracts are in place for utilities and essential equipment. Residents, relatives and staff had no concerns about the maintenance of the building or delays in repairs being managed.

Personal Protective Equipment (PPE) such as disposable gloves, wipes, aprons, soap and hand towels were readily available and used appropriately by staff. These measures helped reduce risk of infection. We found that communal toilets, bathrooms and showers were cleaned to a high standard.

Through looking at accident and incident records we could see that an overview was recorded and that residents' health and well-being was monitored and evaluated after an injury or incident. These records were then reviewed by the manager.

We also saw that if concerns were raised about residents' health and well-being or staff's conduct, these were managed effectively. Again, these measures help ensure people are safe and comfortable living in the care home.

During last year's inspection, a recommendation was made under this statement. We could evidence that action had been taken to address these.

Comments from residents, relatives and the Inspection Volunteer's observations included;

'The home is always spotlessly clean.'

'I am made welcome anytime.'

'My room is spacious warm and clean with all my own belongings around me.'

### **Areas for improvement**

The manager recognised the need to monitor the systems in place, together with staff performance to ensure the safety of people using the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

The environment allows service users to have as positive a quality of life as possible.

### Service strengths

The ethos of Bandrum was friendly and welcoming. The management and staff teams demonstrated a commitment to maintaining a homely and comfortable environment for residents.

Throughout the care there were a variety of comfortable sitting rooms where most residents spent the majority of their day. We saw that there were many bedrooms which were personalised with personal items of furniture, pictures and photographs.

There was space available throughout the care home for residents to meet with relatives in private and for having quiet time.

The home had a very good level of cleanliness; this was positively commented on by residents and relatives.

The home had a well-tended garden areas and patio areas which was accessible. We saw that there were residents who made good use of the garden area and they commented positively of their enjoyment of the garden and patio areas.

The home offers single bedroom accommodation. There are sufficient toilet and bathrooms available for residents use.

Residents were able to request a key for their bedroom. We noted that bedroom doors were kept closed when residents were in the sitting room; this offered more privacy for resident's personal space. We saw that staff knocked on bedroom doors before entering.

Residents had access to the telephone in the office if they wished to use it. Some residents had telephones installed in their bedrooms for their own use as well as access to a computer and Wi-Fi throughout the care home.

### Areas for improvement

The on-going refurbishment of the home will further improve and enhance the quality of the environment and it is planned to eventually ensure all rooms have en suite provision.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### Service strengths

During the inspection we undertook an audit of the services' systems to ensure that staff were safely recruited following best practice guidance.

We saw that the organisations recruitment policy and procedure followed best practice guidance regarding safe recruitment and was supported by an equal opportunities policy.

The service has a stable staff group. They were in the process of recruiting sessional staff to provide cover for permanent staff leave and absence.

We spoke with the manager of the service about the recruitment process. She demonstrated a very good knowledge of safer recruitment policy and practice and could detail how all recruitment of staff adhered to the organisations policy and procedure.

The induction programme included information about the organisation and the home to ensure that new staff were made aware of the policies and procedures of the organisation and their role and responsibilities.

There was a staff handbook available for new staff to provide guidance on the policies and procedures of the service.

To ensure that people who use care services are protected and high standards of practice are promoted nursing and care staff need to be registered with either the Nursing and Midwifery Council (NMC) or the Scottish Social Services Council (SSSC).

The service had records of checks carried out to ensure that all staff had valid and up to date registration with the NMC or SSSC.

We saw that personnel information was stored and managed in line with the organisations confidentiality policy.

### Areas for improvement

The service identified in their self assessment that they plan to involve members of the Friends of Bandrum Forum in both recruitment and training of staff. Progress in this will be monitored at the next inspection visit.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

### Service strengths

From examination of the evidence presented in respect of this Quality Statement we assessed that the service were operating at a very good level of performance.

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 well supported by the manager and colleagues.

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.

During the last year there had been a range of relevant training conducted, including; Adult Support and Protection, Pressure and Posture Management, Continence

Awareness, Challenging Behaviour, 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. Staff were confident in their practice and spoke freely to us about the key underpinning values of what they do. They had knowledge and awareness of the National Care Standards and SSSC Code of Conduct and demonstrated knowledge of key themes like 'respect, enablement and meaningful activity'.

### **Areas for improvement**

The manager is committed to ensuring supervision and monitoring of staff practice is ongoing.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

All relatives and residents felt confident in raising concerns with the manager. It was evident that all residents and relatives knew the manager. We observed that the manager interacted naturally with residents and adapted their approach dependent upon people's needs and personality. The staff team told us that the manager was very approachable and would respond to their concerns.

#### Areas for improvement

The service should continue to progress the development of this aspect of the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

#### Service strengths

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we concluded that the service was providing a very good service under this statement.

The strengths identified under Theme 1, Statement 3, Theme 2, Statement 2 and Theme 3, Statement 3 should be considered as they are relevant to this statement.

We found that a combination of quality assurance systems was used by the service and the provider to measure their performance and identify where improvements or developments were needed.

Some of the areas that we considered included:

Records of concern and complaint. These demonstrated that the management responded quickly to complaints within appropriate timescales. Where complaints were investigated, people were informed of the outcome of the complaint. One internal complaint had been made since the last inspection. One complaint had been made to the Care Inspectorate. We could also see clear evidence of regular communication with relatives if concerns were raised - and how these concerns were managed. Where appropriate, relevant bodies such as the Social Work Department and the Care Inspectorate were informed.

We assessed how the service managed residents' finances. This included:

- How many residents the service held money for
- Where it was kept
- Who has access to it
- How often is it checked
- What was the procedure and policy on how much money the service would keep on residents behalf
- Do residents/families get receipts?
- Does the service have any residents who have limited access to money and what have the service done about it?

The service had a system in place for signing in/out residents' monies and regular 'audits' were carried out. Residents could access their money at any time and families could pay in to their relatives' funds at any time. All 'spot checks' on finances evidenced that money balances were correct and monies signed for appropriately. For all expenditures, dated receipts were in place. We saw that the manager guided some residents about the use of their finances and what outcomes there could be.

There is evidence that quality assurance systems support services in improving their practice which can result in improved outcomes for residents, relatives and the staff team. Audits were carried out in specific areas. The aims of the audits were to make sure standards were maintained and any areas for improvement identified and acted upon. The manager carried out regular quality assurance audits in the home, including medication management (alongside an independent pharmacy audit) personal care plans and health and safety. Action plans were developed and introduced when required. As reported under Theme 2, Statement 2, we evidenced regular environmental safety checks were undertaken and accident and incident reports were maintained and monitored by the manager.

On a monthly basis management reports were provided to allow the provider of the service to measure and monitor the performance of the service. Information provided included accidents and incidents, falls, concerns/complaints raised and any outbreaks of infection.

This meant that the provider could assess and evaluate how well residents were being supported and identify areas where support or resources could be required.

We found that the manager had a very good overview of the development needs of the service, including the staff needs and identified ways that more structure would be put in place to support this.

### **Areas for improvement**

The management gave a commitment to continue to build on the improvements made and will further encourage and support residents and relatives in the regular quality monitoring of the home.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### 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](http://www.careinspectorate.com)

### Enforcements

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

### Additional Information

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 2	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 2	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
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

## Inspection report continued

11 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
5 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 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

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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### Translations and alternative formats

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

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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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