

The Bungalow Care Home Service

Arduthie Street
Stonehaven
AB39 2EY

Telephone: 01569 762 213

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Unannounced

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Church of Scotland Trading as
Crossreach

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About the service

The Bungalow is a care home for five adults with complex learning and physical disabilities situated in a residential area of Stonehaven. The home is within walking distance to local transport, shops, and community services.

The home is purpose-built with large individual bedrooms, adapted bath and shower room and a large communal lounge. It has a conservatory extension and a garden which includes decking, hot tub and several summerhouses. There were five people living at the service at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 16 and 17 April 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two families;
- spoke with staff and management;
- observed practice and daily life ;
- reviewed documents.

Key messages

- Staff were visible, welcoming and were working hard to support people.
- There was a stable staff team who knew people well.
- Families reported being happy with the care and support their loved ones received.
- An aspect of medication management needed to improve.
- Improvements were required to the recording of people's food and fluid intake to ensure an accurate record is maintained.
- Where guidance or changes in people's care had been recommended by health professionals this had not always been updated with the person's personal plan.
- Further work was needed to improve the quality assurance processes in order to support continuous improvement within the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home had a relaxed, pleasant atmosphere and we saw kind and caring interactions between staff and the people they support. People were treated with dignity and respect, with choices offered, whenever possible throughout the day. Staff clearly knew people well which ensured people's care was carried out in accordance with their preferences. Staff interpreted people's needs and choices through observation and responding to people's communicative behaviour. There were positive, supportive, and friendly relationships evident which benefitted people's wellbeing. One family member told us their loved one "received the best care and attention".

People benefitted from regular access to a wide range of health care professionals including district nurses, dietitians, and GPs. They had good working relationships with health professionals and sought advice when required. This meant people's health benefitted from the right healthcare from the right person at the right time.

There was a stable staff team who knew people well. This helped to identify changes in people's presentation and wellbeing. Routine checks of weights were being carried out. However, we recommended more tools are used to help assess and monitor factors that could impact on a person's health and wellbeing. This should include assessing people's skin integrity and nutrition status. This kind of monitoring can highlight early indicators of a change or a concern in a person's condition which is then, usually, easier to address.

We found where people had experiences wounds or pressure areas, staff had made appropriate referrals to external health professionals and sought appropriate equipment. However, we would recommend a care plan detailing the care and treatment required is put in place to guide staff. Whilst staff were knowledgeable in relation to people's needs this could put people's skin integrity at risk. (See 'What the service has done to meet any requirements we made at or since our last inspection?')

People's personal plans were person centred and contained good detail of people's likes and preferences. People's care was reviewed within the regulatory timescales. However, where guidance or changes in people's care had been recommended by health professionals this had not always been updated with the person's personal plan. This meant people may not receive care which meets their current needs. The service previously had a requirement which has not been met. We have reported our findings under the following section of this report: 'What the service has done to meet any areas of improvement made at or since the last inspection'.

There was a relaxed atmosphere at mealtimes. Where people needed help to eat and drink, staff provided this in a warm, kind, and patient manner. This meant that people were supported to eat their meals at a pace which suited them.

Improvements were required to the recording of people's food and fluid intake to ensure an accurate record is maintained. The food and fluid monitoring records did not include a record of people's daily fluid target or the amount a person was offered or consumed. This made it difficult to monitor when individuals had not achieved their daily targets and to implement changes to planned care when required. **(See area for improvement 1).**

People were supported to take the right medication at the right time. The manager undertook regular checks of people's medication, however, we recommended a more robust quality assurance process was in place. (See 'How good is our leadership?').

We sampled three people's medication records and noticed where information had been transcribed on medical administration record sheets there was no record of the name of the person who transcribed the information or anyone who checked the transcription. This put people at risk of receiving the wrong medication. **(See area for improvement 2).**

There was guidance available to direct staff on the administration of "as required" medication. (See 'What the service has done to meet any areas for improvement we made at or since our last inspection?').

We found that personal protective equipment (PPE) and hand washing facilities were readily available throughout the home. We did not see evidence of staff observations or competencies being carried out, some staff were observed with stoned rings, wrist watches and wearing bracelets which was not conducive to effective handwashing. This meant we could not be assured that possible cross infection was being minimised. We brought this to the manager's attention at the time of the inspection, who took immediate action.

(See 'How good is our staffing?').

Areas for improvement

1. To support people's nutrition and hydration needs, the provider should ensure where people have been identified as needing their food and fluid intake monitored that records are completed and evaluated fully.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21) and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To ensure people receive their medication as prescribed the provider should ensure where medication administration records are handwritten these are signed by the person who transcribes the information and the person who checked the transcription to ensure accuracy.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We heard that the registered manager undertook regular checks of processes to ensure that the quality of care and support provided was of an appropriate standard. However, as these were not recorded, there were limited formal quality assurance processes in place to evidence these checks were being carried out. This meant the service was at risk of standards falling. The management team were currently developing a range of audit tools to address this. The service previously had a requirement regarding quality assurance and improvement which has not been met. We have reported our findings under the following section of this report: 'What the service has done to meet any areas of improvement made at or since the last inspection'.

It was encouraging to note that the management team had used the quality framework for care homes for people to self-evaluate key areas of performance. This was at an early stage, but we could see how this could help identify how positive experiences and outcomes could be achieved to benefit people living within the service. An improvement plan for the service had been developed following this evaluation. We recommended this is developed further as a dynamic tool that is regularly reviewed, discussed, and updated with people living in the service, their families, staff and following other quality assurance processes. This would make this process more meaningful and drive improvement in the service.

Relatives and staff told us they felt able to raise any issues or concerns with the manager. However, where people had raised concerns, we heard these had been responded to, however, we would recommend that a more formal robust approach is taken. This is to ensure these are recorded, investigated thoroughly and the outcome of the investigation is recorded and reported back to the person raising the concern. This is to ensure people feel confident that concerns and complaints will be acted upon appropriately. We will follow this up at our next inspection.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

Where people needed support to manage their finances, there were robust policies and procedures in place to keep their monies safe.

Communication was effective between staff in sharing important information. This meant that staff had the necessary information to provide the right care and support to residents.

How good is our staff team?

4 - Good

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

Staff were welcoming, warm and working hard to support people. We observed staff working well together in a supportive and respectful manner that helped to create a positive team spirit and warm atmosphere for people living in the home. Staff were visible and attentive to people when they needed assistance. We observed staff being attuned and responsive to non-verbal cues from individuals, staff clearly knew people well. People were not rushed, and care was undertaken at people's own pace.

Recruitment was being undertaken to improve staffing levels within the service. The service had a pool of relief staff which they used to fill gaps in the staff rotas, which meant there was a positive emphasis on building as much continuity as possible when planning cover.

Staffing levels appeared appropriate. Information in people's personal plans helped to inform the staffing arrangements for the service. Arrangements were in place to support people at busy times of the day and to ensure people were supported to undertake meaningful activities and to go out socially. Staff had time to provide care and support and engage in meaningful interactions with people.

The service followed safer recruitment guidance, and all relevant paperwork was present. New staff underwent a robust induction process which included shadow shifts to learn about people's support needs. This meant staff were provided with the necessary information to undertake their role.

Staff training records showed staff had access to a variety of training to support them to carry out their role. A training matrix provided an overview of training completed and showed a high uptake of mandatory training in subjects such as adult support and protection and infection control practices. This meant staff had the necessary skills, knowledge, and competence to support people.

Staff supervision is an important tool not only to support staff but also to obtain feedback from staff that could contribute to improved practice and outcomes for people. There were some gaps where staff had not received supervision sessions and the frequency of staff supervisions had not adhered to organisational policy. The service previously had an area for improvement regarding staff supervision which has not been met. We have reported our findings under the following section of this report: 'What the service has done to meet any areas of improvement made at or since the last inspection'. Staff reported feeling supported in their role. Staff we spoke to were happy working within the service.

Staff meetings were taking place regularly. This meant staff were provided with the opportunity to share ideas, views and to support communication across the organisation.

Although the manager is undertaking regular informal observations of staff practice, they should consider undertaking these more formally. By recording observations well, it gives an opportunity to build on staff development and support good outcomes for people. The manager had identified this as an area for improvement and had plans in place to action this. We will follow this up at our next inspection.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The general environment was clean and tidy with no intrusive noise or odours. We saw domestic staff worked hard. One family member told us that "the place is always spotless".

The atmosphere was pleasant and homely. People's rooms were personalised and homely which promoted each person's experience, dignity, and respect. The furnishings were of a good standard, this contributed positively to a comfortable living environment.

People benefitted from a landscaped garden and the use of a hot tub to enjoy in the better weather.

Maintenance checks were taking place. This enabled any issue to be identified and resolved quickly.

We found that personal protective equipment (PPE) was readily available within the home. Handwashing

facilities and hand sanitiser were available throughout the home. This contributed to ensuring possible cross infection was minimised.

How well is our care and support planned?

4 - Good

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

Everyone had a personal plan in place with some guidance around the care and support they required. We found personal plans contained good detail around people's support needs and preferences and gave a good sense of the person. Some plans, however, had not been updated to reflect the care provided as some information was either missing or inaccurate. For example, one person's plan referred to a piece of equipment which was no longer in use, and another person's plan did not contain a wound management plan. While regular staff knew people well, there was a risk that new staff would not have enough information to ensure people were receiving the right support at the right time. (See 'How well do we support people's wellbeing' and 'What the service has done to meet any requirements we made at or since our last inspection?')

It was positive that all people living in the home had a quick guide to care and support required sheet, in place. This ensured staff including relief and new staff who would not know people well had essential information on how to support and care for people. However, we found one person's guide had not been updated timeously which meant they could receive care which is not up to date. We advised the manager to review and update this document as a matter of priority.

People had a hospital passport in place. This meant if a person were admitted to hospital, staff would be provided with important information to help them treat and support a person more effectively.

Reviews of care with people and their family members, were carried out within the regulatory timescales. The service evaluated people's care every six weeks to ensure plans remained accurate and successful in meeting people's needs.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This ensured staff were clear about their responsibilities and how to support people with any related decisions.

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

Requirements

Requirement 1

By 11 November the provider must ensure that as required (PRN) medication administration records are in place for those who require them. These must record when these have been administered and also the

effect of these medications.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1:24)

This requirement was made on 25 August 2023.

Action taken on previous requirement

We found as required (PRN) medication administration records were in place for those who require them. There were records in place when these had been administered which had been completed fully and included the effect of receiving these medications.

This requirement has been met.

Met - within timescales

Requirement 2

By 1 December the provider must ensure that:

- a) Changes and concerns about the support needs of people are updated promptly within support plans.
- b) Appropriate advice and guidance from peripatetic professionals are sought and documented within these plans.
- c) Concerns are escalated promptly to relevant professionals and any advice and guidance incorporated into these plans and documented.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'. (HSCS 4.18).

This requirement was made on 25 August 2023.

Action taken on previous requirement

We found appropriate referrals had been made to relevant healthcare professionals for advice where there had been a change or concerns about a person's support needs. However, these changes and concerns had not been updated clearly and timeously within their personal plan. We found where advice and guidance had been given from professionals this had not been documented within a person's support plan.

This requirement has not been met.

This requirement has been extended until the 12 June 2024.

Not met

Requirement 3

By 1 December the provider must develop and implement comprehensive and structured internal and external systems for assuring the quality of the service. To achieve this the provider must:

- a) Review and develop the quality assurance processes to include how the manager and senior staff will evaluate and monitor the quality of the service;
- b) Include formal auditing and monitoring of all areas of the service provided to evidence that quality assurance standards are met;
- c) Relevant staff should receive training in the quality assurance procedures and be able to demonstrate an understanding of how these can be used to assure the quality of the service.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 - Principles and Regulation 4(1)(a) and (b) Welfare of users.

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

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

This requirement was made on 25 August 2023.

Action taken on previous requirement

Some work had been undertaken on developing quality assurance processes to monitor evaluate the quality of the service. Some audit tools had been developed, however, these were yet to be implemented into practice.

The service had undertaken a self-evaluation on the service and an improvement plan had been developed following this. However, one member of staff undertook this, and we would recommend that there was a whole team approach taken which includes gaining feedback from families and people using the service.

Relevant staff have not received training in the quality assurance procedures and there appeared to be a lack of confidence and understanding of how these can be used to assure the quality of the service.

This requirement has not been met.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

It is recommended that staff receive supervision at the intervals as specified in the service's own policies and procedures.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'.
(HSCS 3:14).

This area for improvement was made on 25 August 2023.

Action taken since then

Some progress had been made in relation to this area for improvement. However, there were still gaps where staff had not received supervision sessions and the frequency of staff supervisions had not adhered to organisational policy. The service had developed a list allocating each staff member a supervisor who was responsible for supporting these sessions.

This area for improvement has not been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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