

The Bungalow Care Home Service

Arduthie Street
Stonehaven
AB39 2EY

Telephone: 01569 762 213

Type of inspection:
Unannounced

Completed on:
5 September 2024

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003000264

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 3 September 2024 to follow up requirements made at the last inspection. 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 three families.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documents.

Key messages

- Some people's personal plans required to be reviewed as they did not have up to date information about people's needs.
- The management oversight of the service and quality assurance processes needed to improve.
- The service needed to improve how it recognised, responded to, and reported any incidents of potential harm to people.
- Staff were receiving regular supervision.
- Improvements had been made to hand written medication administration records.

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 good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How good is our leadership?

3 - Adequate

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

Quality assurance processes were not effective. The service previously had a requirement from our last inspection regarding quality assurance and improvements. We assessed that this had not been met. This is reported under 'What the service has done to meet any requirements made at our since the last inspection'.

A service improvement plan was in place. However, some improvements identified at previous inspections had not yet been achieved. The pace of improvement continued to be a concern. It can put people at risk and negatively impact outcomes.

The service did not maintain an accurate log of all formal and informal complaints and concerns that were made and what actions had been taken.

We observed that at times the leadership of the service was defensive instead of learning from complaints and concerns. There was a missed opportunity to learn from these issues and develop the service. We recommend 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. **(See requirement 1).**

Observations of staff practice were not being formally undertaken to assess or address their learning and competence. Whilst some informal observations had been carried out these were sporadic and not recorded. The manager would benefit from having a plan of observations, a template for these and identify themes where practice can be developed, improved and identify individual training needs. The outcome of staff observations should be further discussed and reviewed in staff supervision and appraisal systems.

We found that some incidents and adverse events had not been recorded on incident paperwork. This meant there was a lack of analysis of these resulting in missed opportunities to learn from them. We found medical advice had not been sought following medication errors. In addition to this, the Care Inspectorate had not been notified of all incidents and adverse events. This meant the necessary support and oversight was not in place. This can increase the risk of harm to people's health, safety, and wellbeing. We supported the service by providing guidance and information. **(See requirement 1).**

Whilst management had undertaken Adult Support and Protection training, we were not confident that the process would be followed consistently. We were concerned about the service's ability to recognise and respond to Adult Support and Protection issues. The manager acknowledged that the service lacked confidence in this area. **(See requirement 1).**

Requirements

1. By 1 November 2024 the provider must ensure people benefit from a culture of improvement and are kept safe.

To do this the provider must, at a minimum:

- a. Investigate all accident, incidents and adverse event to identify actions to be taken to mitigate reoccurrence. Appropriate notifications should be submitted to relevant statutory bodies.
- b. Any Adult Support and Protection incidents are recognised and reported timeously to the Care Inspectorate and the Health and Social Care Partnership, with appropriate actions taken to mitigate identified risks.
- c. All concerns and complaints received are recorded, investigated thoroughly and the outcome of the investigation is recorded and reported back to the person raising the concern.

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

This is to ensure 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).

How well is our care and support planned?

3 - Adequate

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

People had personal plans which included detail around people's support needs and preferences. However, we observed one person's plan had not been updated following a significant change in their condition to reflect the care provided. This meant people's support may not meet their needs and wishes. The service previously had a requirement regarding people's personal plans which had not been met. We reported our findings under 'What the service has done to meet any requirements made at our since the last inspection.'

We observed that staff were recording daily notes about the support people received, social activities and how people were. Whilst this was positive, we found gaps in some people's recordings. This meant they lacked information that would contribute to the review and evaluation of people's care and experiences. We have made an area for improvement.

(See area for improvement 1).

Areas for improvement

1. To ensure people's care and experiences are recorded, the provider should ensure all daily notes are evaluated and completed in full.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

By 1 December 2023, 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

People's personal plans had not been updated promptly following a change in their support needs. One person had sustained a fractured limb and whilst there was some guidance on how to support the person, their personal plan had not been updated to reflect this. 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.

Some people's assessments had not been reviewed or updated. This meant people could receive care which was not up to date.

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.

We found where people had experienced wounds or pressure areas, a care plan detailing the care and treatment required was put in place. We recommended that there were clear links within the person's personal plan to direct staff to this separate plan.

This requirement has not been met and will be extended to 1 November 2024.

Not met**Requirement 2**

By 1 December 2023, 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 audit tools had been introduced to the service, however, we found these to be limited and ineffective. Tools lacked detail and did not record any issues identified or actions taken to resolve these. We found concerns regarding people's care and support had not been picked up or prioritised with these processes, for example, one person's personal plan had not been updated following a change in their condition and gaps in medication administration records had not been identified. A more robust approach was needed to ensure people's needs are met with improved outcomes.

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.

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 and will be extended to the 1 November 2024.

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

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);

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

This area for improvement was made on 19 April 2024.

Action taken since then

We found 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.

This area for improvement has not been met.

Previous area for improvement 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).

This area for improvement was made on 19 April 2024.

Action taken since then

We sampled medication records and found where records were handwritten these has been signed by the person who transcribed the information and the person who checked the transcription to ensure accuracy.

This area for improvement has been met.

Previous area for improvement 3

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

We found staff had received supervision and a planner was in place to ensure staff received supervision at regular intervals.

This area for improvement has 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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