

The Bungalow Care Home Service

Arduthie Street
Stonehaven
AB39 2EY

Telephone: 01569 762 213

Type of inspection:
Unannounced

Completed on:
12 November 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 follow up inspection which took place on 11 November 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 1 family;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Quality assurance processes had been introduced and were contributing to improvements within the service.
- People's personal plans were detailed and person centred.
- The recordings in people's daily notes and food/fluid intake records have improved.
- The service needed to have greater awareness on how it recognised and responded to any incidents of potential harm to people.

How good is our leadership?

The service had an outstanding requirement which we had made at our last inspection. This was to ensure people benefit from a culture of improvement and are kept safe. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

Although we found some improvement had been made to meet this requirement, some areas had not been fully met. For example, we were not confident adult support and protection concerns would be recognised and appropriate actions taken. Therefore, we have made a new requirement to address the outstanding issues. **(See requirement 1).**

Requirements

1. By 7 February 2025, the provider must ensure the knowledge and oversight is in place to keep people safe.

To do this the provider must, at a minimum.

- a) Improve understanding of Adult Support and Protection policies and demonstrate the ability to recognise and respond to risk and areas of concern.
- b) Ensure appropriate notifications are submitted to relevant statutory bodies following accident, incidents, and adverse events.

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).

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

Requirements

Requirement 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 accidents, incidents and adverse events 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).

This requirement was made on 5 September 2024.

Action taken on previous requirement

The service had recorded one incident since our last inspection. On this occasion staff had taken the right steps to support good outcomes for the person. However, we found the Care Inspectorate had not been notified of all incidents and adverse events. This meant the necessary support and oversight was not in place.

Whilst the service had no adult support and protection incidents since our last inspection, we were not confident that the process would be followed consistently. We continued to be concerned about the service's ability to recognise and respond to Adult Support and Protection issues.

The service had a complaints procedure in place. The service had not received any complaints since our last inspection. The service has introduced a complaints log which they are to analyse quarterly.

Families were provided with a survey at review meetings which asked them for feedback on what the

service could do better. Diaries have also been introduced to allow increased two-way communication between the service and families. This will enable any concerns to be addressed timeously.

Some parts of this requirement have been met. We have made a new requirement to address the outstanding issues.

Met - outwith timescales

Requirement 2

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 benefitted from personal plans that were based on people's individual needs, strengths, and preferences. Plans were organised and easy to follow. There was a good level of detail within the care and support plan to guide staff around how best to care for and support each person. This included advice and guidance from relevant healthcare professionals.

The service had introduced a record which detailed any changes or updates to their support. This ensured people's plans were updated promptly. It also made it easier for the management team to track that the changes have been made.

Personal plans were evaluated six weekly which helped to ensure people's needs were being met.

This requirement has been met.

Met - outwith timescales

Requirement 3

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

A system of audits had been introduced which helped the management team to monitor the quality of the service. Audits identified actions to be taken which were then signed when completed.

There was an improvement plan in place. We advised this is actively used to drive improvement in the service. Further work was being planned to enable families, staff, and stakeholders to be involved with the plan to support continuous improvement.

Families' views about the service were considered during review meetings, and a survey. This created an opportunity for information sharing which should drive service improvement.

The management team had an improved understanding on quality assurance procedures and the expectations of their role.

This requirement has been met

Met - outwith timescales

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 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).

This area for improvement was made on 5 September 2024.

Action taken since then

We sampled people's daily notes and found these contained information on how the person presented and what social activities they had undertaken.

This area for improvement has been met.

Previous area for improvement 2

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

Where people had been identified as needing their food and fluid intake monitored, we found records contained a record of people's daily fluid intake target and the amount the person was offered and consumed. This assured us that people's nutritional and hydration needs were being met.

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.

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