

Bandrum Nursing Home Care Home Service

Bandrum Nursing Home
Saline
DUNFERMLINE
KY12 9HR

Telephone: 01383 851030

Type of inspection:
Unannounced

Completed on:
17 December 2024

Service provided by:
Bandrum Nursing Home Limited

Service provider number:
SP2003002299

Service no:
CS2003010321

About the service

Bandrum Nursing Home is situated in a rural setting near the village of Saline in Fife. The home is privately owned and consists of two separate buildings within extensive garden grounds. Accommodation is provided in a number of individual units for adults with mental health issues, physical disabilities and complex care needs, as well as older adults who are frail or are experiencing dementia. A variety of outside areas are directly accessible from the individual units and the home benefits from a large community cafe space. The home recently underwent renovation works and added an extension. The service is currently registered to provide care for 88 adults.

This service has been registered since 2002.

About the inspection

This was an unannounced follow up which took place on 17 December 2024. The inspection was carried out by two inspectors 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 a number of people in passing
- spoke with staff and management
- observed practice and daily life
- reviewed documents

Key messages

The was a follow up inspection to assess progress towards meeting outstanding requirements. The service had made some progress towards meeting some the outstanding requirements. However further improvement was required to demonstrate consistent and sustainable progress in order to meet outstanding requirements.

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

Requirements

Requirement 1

By 6 December 2024 the provider must protect the health and welfare of those who use the service. In particular, you must ensure people experience safe, competent and effective support with medication. In order to achieve this, you must at a minimum:

- a) ensure that medication is correctly and accurately processed upon delivery to the service
- b) ensure that accurate records of medication are maintained
- c) identify and address the root cause of any errors or inaccuracies
- d) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'
- e) ensure that there is sufficient and effective oversight of medication management.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b)(welfare of users) and 9, (2)(b) (fitness of employees) 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 experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This requirement was made on 13 September 2024.

Action taken on previous requirement

We sampled medication records within the service. We found evidence where records did not match the actual number of tablets in stock. We found further examples where the manager was unable to establish how much medication should be in stock as records were incomplete. As a result we could not be assured medication was being clerked in properly.

Given the significant number of inaccuracies between medication records and actual stock we were left feeling concerned about whether people were receiving their prescribed medication. We discussed our concerns with the manager and members of the management team. They were unable to demonstrate they had identified or addressed the root cause of any errors or inaccuracies.

We sampled protocols for as required (PRN) medications. We found protocols in place for medications we sampled. However these were basic and lacked detail. People should expect PRN protocols to include

sufficient detail to guide the consistent administration of medications. There was very little information to guide consistent practice. There was very limited information about how staff would know if medication had been effective in addressing what it was prescribed for. The service was making attempts to review the use of PRN medication however reviews consisted of a single written statement, which was not person centred and generally repetitive. Reviews were not representative of practice. We found examples where reviews stated PRN medication had not been given, when medication administration records evidenced it had been utilised. We were concerned about the lack of oversight of medication and inadequate consideration of its effectiveness.

Given the number of medication inaccuracies, inaccurate reviews and poor PRN protocols we concluded there was insufficient oversight of medication management.

Given the risk associated with poor medication administration we have extended the timescales for this requirement until 28 January 2025. We urged the provider to address the concerns associated with medication as an immediate priority.

Not met

Requirement 2

By 6 December 2024 the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health condition
- d) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

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 in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state 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); and "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 13 September 2024.

Action taken on previous requirement

We sampled care and support plans. Plans generally included good detail about people's health and wellbeing. We found examples of person centred support plans which detailed the specific support needs of individuals. We found examples of personal plans which included detail about individual distressed behaviours and how staff can support with these. We found examples of care plans which clearly detailed

medical conditions and how people should be supported with these. Care plans included information about how risks associated with medical conditions should be mitigated by staff.

The service should continue to review personal plans and associated assessments to ensure they are accurate, up to date and include all relevant information.

As a result this requirement was met.

Met - within timescales

Requirement 3

By 6 December 2024 the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) that all required care documentation is in place, kept up to date and used to evaluate and amend people's care as needed (this should include, but is not limited to, records of food and fluid intake, pressure area care and stress and distress reactions when they are required)
- b) the quality and accuracy of records detailing the management of healthcare needs is sufficient to guide care
- c) that quality assurance systems are effective at identifying and monitoring care documentation and records.

This is in order to comply with Regulation 5(1) (Personal plans) of the The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure care and support is consistent with Health and Social Care Standards which state 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 requirement was made on 13 September 2024.

Action taken on previous requirement

We sampled personal plans and associated records and charts. We found improvements in the recording of positional changes. People were being supported to reposition as per their care plan. At the time of this inspection the service was not supporting anyone with pressure ulcer care. However skin integrity care plans lack clear guidance in some instances. Without clear guidance for staff people are at risk of receiving care which does not meet their needs.

The service had recently implemented food and fluid recording charts for all people within the service. Whilst the manger discussed the rational behind this, recording of fluids in particular was inconsistent. We sampled charts for people whose care plans stated they required food and fluid to be monitored. We again found inconsistent fluid recordings. Some personal plans identified generic fluid targets for people, however others gave no indication of fluid target. Personal plans did not guide staff in actions to be taken where fluid intake has been poor. As a result we could not be assured people's fluid intake was being adequately supported.

We sampled care plans associated with stress and distressed reactions. We found an improvement in the

information recorded. Plans included clear guidance for staff, potential reactions and how to support people with these. We found some examples of risk assessments. However these did not demonstrate a consideration of the likelihood of a risk occurring, potential harm and severity of this harm. The service should consider how it demonstrates the consideration of risks associated with distressed behaviour to individuals, other people in the service and staff.

The service continues to develop quality assurance processes. There were examples of audits identifying areas for improvement within care plans, specifically waterlow and MUST risk assessments. The service had made changes to these risk assessment to ensure they accurately reflected associated risks. We found examples of other areas of support where people should expect risk assessments to be in place, including diabetes. The service should ensure all relevant risk assessments are in place, dependant on the needs of people using the service.

As a result, this requirement was not met. We have extended the timescale until 12 March 2025.

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

In order to ensure that all people living within the service have equal opportunity to benefit from meaningful engagement with staff, the service should consider the ways in which engagement is recorded and evaluated.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 13 September 2024.

Action taken since then

We did not assess this area for improvement at this inspection.

Previous area for improvement 2

In order to promote activity and independence for people with dementia and other cognitive impairments, the provider should make use of the 'King's Fund Environmental Assessment Tool.'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11)

This area for improvement was made on 13 September 2024.

Action taken since then

We did not assess this area for improvement at this inspection.

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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