

Bandrum Nursing Home Care Home Service

Bandrum Nursing Home
Saline
DUNFERMLINE
KY12 9HR

Telephone: 01383 851030

Type of inspection:
Unannounced

Completed on:
3 February 2025

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 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 inspection which took place on 3 February 2025. 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 staff and management
- reviewed documents

Key messages

The provider had taken steps improve the accuracy of medication administration records

Managers had taken steps to improve staff skill and competence in the management of medication

Managers had taken steps to address the root cause of medication errors where they had occurred and learn lessons to improve future practice

The provider should continue to develop 'as required' medication protocols

The provider should continue to focus on demonstrating consistently safe medication practices

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 medication administration records, in the main, accurately reflected the actual remaining stock count. Where we found some discrepancy, this was due to error when carrying stock over from each cycle. The management team had already identified this via their own quality assurance process. People could feel confident the provider was taking steps to address this.

Where there had been errors in the administration of medication managers were now identifying these. Managers were able to discuss investigations into errors and steps taken to address the root cause. People could feel confident managers were taking necessary steps to learn lessons from errors and drive improvement.

We sampled PRN protocols across the service. We found some examples of protocols for 'as required' (PRN)

medication which included good detail and guidance to support effective administration. However, this was not consistent throughout the service. We found other examples where PRN protocols were missing or included very basic detail. Without clear, directive protocols people are at risk of receiving care which does not meet their needs.

The provider should continue to work towards improving consistency across the service. The provider should continue to implement changes and effect consistent improvement in order to support the safe administration of medication.

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

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) 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

This requirement was made on 24 September 2024.

Action taken on previous requirement

We did not assess this requirement at this inspection. The date which was set for this requirement to be met had not yet passed. We will assess this requirement at the next inspection.

Not assessed 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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