

## The Bungalow Care Home Service

8 Ballingall Drive  
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Telephone: 01592 564 483

**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

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Care

**Service provider number:**

SP2005954393

**Service no:**

CS2006116778

## About the service

The Bungalow is registered to provide respite and short breaks for a maximum of four people with learning disabilities/physical and sensory impairment. The service is registered to operate 24 hours a day, 7 days a week, 52 weeks of the year.

The service is provided from a detached bungalow situated within a quiet residential area, and presents a relaxed, informal environment which supports the service's aims and objectives.

## What people told us

We sent out four questionnaires and received two back, both strongly agreed that, overall they were happy with the quality of care and support provided. Both gave very positive responses throughout the questionnaire and comments included, 'they have all the information to give me the best possible care. This information is checked at every stay,' and 'My relative gets along with all staff. They treat him as an individual and not just a client. The staff often go out of their way to make sure my relative is happy and comfortable'.

We also heard many positive comments in the course of our inspection, one person that uses the service regularly stated, 'It has felt comfortable since day one, 'cause it felt like a home'. A relative commented, 'We did have a concern about the turnover of staff a while ago but this has got better. That was our only concern. It's all about the people'.

## 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?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?**

**4 - Good**

Through the course of our inspection we observed many positive interactions within the home. We saw that people were treated with compassion and that there was an ethos of equality. Conversations between staff and those they were supporting were positive and there was clear evidence that people staying in the unit had their wishes and choices respected. People were given privacy when this was appropriate and safe, their decision to have time in their own rooms when they wished was evidenced in daily diaries and people told us that this privacy was respected. It was clear that dignity was preserved in times of personal care or for private conversation.

There were many examples of external activities when people chose to do them. This included visiting the local Butterfly farm, the cinema or day trips to coastal towns. There was also evidence of excursions to Edinburgh Zoo and the Sea Life Centre. People were asked their interests and hobbies when they were admitted to the service and these were accommodated during their stay, for example, crocheting and jigsaws. A good activities folder was in place, but we saw this was needing to be updated to reflect more recent activities.

There appeared to be a robust accident and incident procedure in place and we saw this was used effectively. The service had introduced a clearer system of medication management and administration and they were confident that this would minimise errors. We also saw that the small amount of medication errors were well documented and were reflected and acted upon. The training on administration and recording of medication was refreshed annually, but also when errors occurred so that staff, and management, could be confident in their practice.

There was a good system of communication to staff in memos to ensure consistent, high quality practice. These memos highlighted such things as training opportunities, new medication recording sheets and care planning.

Team meetings were held on a quarterly basis and this gave staff the opportunity to discuss practice, and creative ways of supporting those in the unit. Some staff did not think that they had the opportunity to meet up with other staff so perhaps the frequency of meetings should be reviewed.

Individual, and generic risk assessments were in place to minimise risks and keep people safe.

We were told that the services policies and procedures were in the process of being reviewed and we suggested that this process should involve making them more accessible to staff and relating them to their practice in a clear way. This could be done as a substantive item within team meetings as a reflective exercise.

There had been an improvement in the frequency of supervision for staff but since a significant turnover of staff at the start of the year this had again lapsed. We strongly recommend that the service introduce an achievable frequency of supervision and appraisal so that staff have the opportunity to reflect on their practice and be confident in following their professional and organisational codes. This should also, assist in providing evidence for registration requirements. **(See Area for Improvement 1).**

The service was offering a programme of undertaking Scottish Vocational Qualifications (SVQ) and improving on the supervision frequency will support staff in this valuable professional requirement.

## Areas for improvement

1. The provider should re-introduce a regular cycle of supervision and annual appraisal to ensure that activities and practice promotes well-being.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, as a supported person, 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**4 - Good**

Support plans were well written, organised and logically divided. The content was person-centred and clearly put the individual at the forefront of decisions that affected them. We asked the service to be mindful of using the first person in the body of text when they did not have capacity and suggested using their name as in a third person narrative.

Some content was missing but we appreciate that the support plans are in the process of swapping over to the new format, and some are waiting for information to be returned and this was indicated in the folder.

We liked the section under 'My Goals' which documented the objective, aim and support required. However, we found these were not SMART (Specific, Measurable, Achievable, Realistic or Time related) or indicate how achievement would be recognised. We thought the service should revisit its recording of outcomes and ensure the template matches these headings for clarity. **(See Area for Improvement 1).**

Despite the above points, the support plans were comprehensive and detailed. They included such information as 'My Support, My Life, My Choice' and 'All About Me'. In some documents they were more detailed with such information as how the person chose to express their individuality, what their bedtime routine was and what they liked to have beside their bed. This information is reviewed for accuracy at the start of each visit. This showed us that the service has a genuine understanding and desire to make sure the person attending the unit is comfortable and has an environment and support that contributes to this.

There was an audit in place which we found in several files which we felt was a necessary practice to ensure that information was current and complete. However, we felt this could be improved by having provision for 'a

responsible person' to be identified to rectify an omission or inaccuracies. The audit would also be improved by having a column to indicate when remedial work had been completed, perhaps by date and initial.

It was noted that management had worked hard to improve the systems and processes while supporting people at The Bungalow. This included improved medication recording procedures and in developing a more person-centred support plan. We look forward to seeing the results of these improvements as they become embedded into the culture of the service.

## Areas for improvement

1. The provider should revisit how it defines and records outcomes for the people they support. This may involve redesigning paperwork and associated training.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, as a supported person, '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 choices and wishes.' (HSCS 1.15)**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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