

The Bungalow Care Home Service

Arduthie Street
Stonehaven
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Type of inspection:
Unannounced

Completed on:
25 August 2023

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003000264

About the service

The service is situated near the town centre of the North East coastal town of Stonehaven. It is within walking distance of shops and the beach, and the town is accessible by road and rail.

The house is purpose-built with large individual bedrooms, adapted bath and shower rooms and a large communal lounge. It has a conservatory extension and a garden which includes decking, hot tub and several summer houses, all differently equipped to provide alternative experiences.

The Bungalow provides a long-term care service for five adults with complex learning and physical disabilities. The service is provided by Crossreach and has been registered since 2002.

The provider states the aim of The Bungalow as being "to provide a long-term, quality residential service for adults where the growth of the whole person including emotional, spiritual, physical and intellectual needs are met through person centred planning".

About the inspection

This was an unannounced inspection which took place on 22 and 23 August 2023.

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 of family representatives;
- spoke with 5 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People enjoy a variety of activities and have regular access to the local community.
- Family members were happy with the care and support provided.
- People's rooms were highly personalised and reflected the personalities of the people who lived there.
- Some audits and administration of medication records needed to improve.
- Quality Assurance processes and development plans were being progressed but needed more time to be embedded fully.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
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?

3 - Adequate

We assessed this key question as adequate in this quality theme. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced because key areas of performance need to improve.

Staff supported people with kind, patient and respectful approaches during our visit to the service. The atmosphere was relaxed and homely, with care carried out in an unhurried and calm manner. There was good rapport between residents and staff with lots of fun and appropriate use of humour.

Family members were in the service on both days of the inspection, who told us, 'I am delighted with the service, its the best thing I have ever done. My relative gets great care and he is doing something almost every day' and 'my relative is always clean and tidy, and we get regular reviews to discuss his care and support'.

People using the service enjoyed a range of activities that were personalised and meaningful to them. People enjoyed regular trips out into the local community; including shopping, accessing local cafes, hairdressers, in addition to specific interests such as horse carriage driving and riding for the disabled. Most of the residents had recently enjoyed an activities based holiday during the summer with staff, which was an annual event. This meant that people living at the service were supported to enjoy, and be part of their local community, and take part in activities that were meaningful for them.

Routine and daily medications were administered according to instructions provided by the GP. However, as required (PRN) and topical medication administration processes needed to improve. Some PRN medications did not have an associated Medication Administration Record (MAR) in place. This was partly due to changes in pharmacy provision to the service and some difficulties obtaining new pre printed MAR sheets for some as required medications. However, staff should ensure that MAR sheets are in place for all medications at all times. This is to ensure that there are up to date records of all the medications that people have received and that that the effects of these are recorded. The managers of the service were working to resolve some of these difficulties and ensured that handwritten records were put in place during our inspection. **(See requirement 1).**

Support plans were detailed, and highly personalised with good descriptions of the care and support needs of people living at the service. People had good access to other peripatetic professional supports including GPs, district nurses, speech and language therapy and dieticians when needed. However, the service had not updated some of these records promptly enough when there were changes, or a deterioration in the health of some people, or had not recognised some risks associated with that deterioration. This meant that some people may have been at increased risk. We discussed this with managers who started to put measures in place to address these concerns during our inspection. **(See requirement 2).**

The service was clean and tidy and work had been undertaken since our last inspection to ensure that that previously cluttered areas were tidied up and easier to keep clean. Cleaning schedules were in place which were up to date, and which provided reassurance that appropriate standards of cleanliness were being maintained to keep people safe and to reduce the risk of infection.

Requirements

1.

By 11 November the provider must ensure that as required (PRN) medication administration records are in place for those who require them. These must record when these have been administered and also the effect of these medications.

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:

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1:24)

2. By 1 December 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).

How good is our leadership?

3 - Adequate

We assessed this key question as adequate in this quality theme. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced because key areas of performance need to improve.

Managers were visible in the service during the inspection and took an active part in the care and support of residents, and who worked alongside staff when required. This meant that managers knew all the residents well and understood their care and support needs.

We spoke to staff and relatives during our visit who told us, 'I don't have any concerns about approaching the manager or seniors, if I have any concerns everyone is friendly and approachable' and 'managers are very approachable, we can see them anytime, there are no problems with that'.

Staff had access to managers when required, and an open door policy was in place which meant that staff were able seek advice or guidance when needed. Regular team meetings took place, and staff had access to some supervision with managers, which provided opportunities for feedback and resident updates where required. We noted that supervision was not carried out with the frequencies stated in supervision contracts.

(See area for improvement in section three of this report).

Managers were able to discuss areas for improvement for the service and some systems were in place to monitor different areas of the service. However, we found individual audits were not linked to an overall improvement or action plan. This meant some issues were either not highlighted, prioritised, or actioned. For example, although an annual survey was sent out to relatives to obtain feedback about the service, this had not resulted in any follow up or action plans to ensure that people could see that their views were taken into account, and lapses in the documentation of as required medication administration records had not been followed up. This meant that it was not always clear to see the next stage of the quality assurance process to address any shortfalls, or be assured that improvements had been carried out.

(See requirement 1).

Requirements

1. By 1 December 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)

How good is our staff team?

4 - Good

We evaluated the service was good when considering this quality theme. This was because we identified a number of important strengths that had a significant positive impact on people's experiences. However, improvements are required to ensure that people consistently have experiences and outcomes which are as positive as possible.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references and protection of vulnerable group checks being undertaken prior to employment.

Staff had access to appropriate training and training updates, and processes were in place to ensure that essential training was completed and updated. This ensured that staff maintained their core skills and competencies to keep people safe.

Staff had access to regular team meetings to ensure that they were aware of any changes or updates regarding the service or residents, and processes were in place to ensure that all staff understood these if they were not able to attend in person.

Staff had access to supervision with managers, and supervision contracts were in place which set out the frequency of these meetings. However, some staff had not had supervision for some time, and was not being carried out with the frequency specified in the service's own policies. These meetings are important as they provide opportunities for managers and staff to discuss any concerns; discuss practice, and ensure that staff training and competencies were up to date. **(See area for improvement 1).**

We observed that there were times when there was a lack of staff interaction and supervision of the lounge area where residents spent time together. This was because staff were in other areas supporting other residents. However, the lack of supervision in this area increased risks for people. We discussed with managers, the importance of managers and staff working together to ensure that areas where groups of people were located, were properly supervised to ensure that people's welfare was monitored. We will look at this again at our next inspection.

Areas for improvement

1. 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).

How good is our setting?

5 - Very Good

We evaluated this quality theme as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting outcomes for people.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light, and sufficient space. The environment was clean and tidy, with no evidence of intrusive noises or smells. Relatives we spoke to told us that they had been involved in the decoration of their relatives' bedrooms, which were highly personalised and reflected people's personalities and interests.

There was a calm and homely feel in the service and people appeared content. This contributed positively to a comfortable living environment for people.

The service also benefitted from a range of garden areas for people to enjoy, including a hot tub for use in warmer weather, which residents and family members could enjoy together.

The service was clean and tidy and well maintained. Plans were in place for further refurbishment, including painting of some areas in communal and office areas to ensure that all areas were maintained at a good standard and were welcoming for people living and visiting the service.

How well is our care and support planned?

4 - Good

We evaluated the service was good when considering how care and support was planned. This was because we identified a number of important strengths that had a significant positive impact on people's experiences. However, improvements are required to ensure that people consistently have experiences and outcomes which are as positive as possible.

Support plans were personalised and accurately reflected the support needs of people living in the service. Detailed protocols were in place for people who needed as required medications which clearly set out the steps staff should put in place before offering these medications. This meant that people only received these when necessary and staff were clear about how and when they should be offered. The administration records of some as required (PRN) medications were not recorded as well as they should be.

(See requirement 1 in section one of this report).

Information about people's legal representatives, such as Guardian and Power of Attorney, and the powers they held were available in support plans. This meant that staff knew who to contact and involve when making decisions about people's care, or when arranging care reviews. We discussed with the manager the importance of also involving other professionals at an early stage when there were concerns or confusion regarding decisions about care and support. This was to ensure that everyone involved in decision making were clear about how care should be delivered and what their roles and responsibilities were to ensure that people were safe and protected. **(See requirement 2 in section one of this report).**

People benefitted from regular reviews that were held at least every six months, and more often when this was required. We spoke to relatives who told us, 'The staff call us straight away if there are any concerns and we have regular reviews every six months'. This ensured that relatives had regular opportunities to discuss the care and support of people and make changes when needed.

There was good information within support plans of other professional peripatetic staff involved in the care and support of people, and good evidence of people attending essential outpatient appointments, and routine healthcare screening such as District Nurse visits and dental health screening. Routine checks were also carried out such as monthly weights and other health checks ensuring that any concerns were identified promptly.

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

The provider should ensure that cleaning records are kept up-to-date, and that toilet areas are free of cleaning equipment or toiletries. In addition, the service should review and de-clutter cupboards and office spaces to ensure that cleaning is effective and are in line with protocols as set out in the NHS Infection Prevention and Control Manual for older people and adult care homes.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.24).

This area for improvement was made on 6 May 2022.

Action taken since then

The provider had worked hard to de-clutter previously cluttered offices and storage spaces. All toilet areas where toiletries were stored, were contained in plastic and lidded boxes which were easy to keep clean. Effective cleaning schedules were in place and all areas were clean and tidy.

This area for improvement is met.

Previous area for improvement 2

The provider should develop and implement a robust and effective quality assurance system. In order to do this, the provider must set baseline standards from which the performance of the service can be measured and develop auditing systems to check actual performance so that gaps can be identified and resolved.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 6 May 2022.

Action taken since then

The manager of the service had recently come into post and was making progress in developing her role. However, some processes were not as advanced as needed and did not adequately measure all areas of the service.

This area for improvement is not met and has been restated in section 2 of this report.

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 well do we support people's wellbeing?	3 - Adequate
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 and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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