

Inspection report

Bandrum Nursing Home Care Home Service

Saline
Dunfermline KY12 9HR

Inspected by: Mattie Crossley
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 10 March 2006

Service Number

CS2003010321

Service name

Bandrum Nursing Home

Service addressSaline
Dunfermline KY12 9HR**Provider Number**

SP2003002299

Provider Name

Bandrum Nursing Home

Inspected ByMattie Crossley
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

10 March 2006

Period since last inspection

7 months

Local Office AddressGround Floor
South Suite
Largo House
Carnegie Avenue
Dunfermline
KY11 8PE

Introduction

Bandrum Nursing Home is situated in a rural setting in Saline in Fife. The service is privately owned and the providers are Ms Patricia Payne and Mr Robert Bease.

The older part of the home, Meadow View, is a Victorian building over two levels which can accommodate up to 25 elderly people with dementia.

The newer purpose built provision is over three levels and can accommodate up to 30 service users who are elderly and frail, and up to 35 younger people with physical disabilities. This means that up to 90 people can be accommodated and in addition one respite place is offered and up to 4 day care places.

Basis of Report

This report was written following an unannounced visit, which took place on 10th March 2006. The inspection was carried out by Mattie Crossley and Aileen Scobbie, Care Commission Officers.

Evidence was gathered by:

Examination of personal plans.

Discussions with the depute manager (manager on that day) and staff.

The inspection was carried out in line with The Regulation of Care (Scotland) Act 2001, the Regulations which follow the Act, Scottish Statutory Instrument 2002 No. 114 and The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002. The inspection took account of the relevant National Care Standards. The focus of this inspection was to follow up on progress with regard to previous requirements and recommendations made at the last inspection and complaint investigation.

Action taken on requirements in last Inspection Report

There were four requirements that resulted from the last complaint investigation in December 05.

The last report made the following requirements;

1. Assistance with nutritional needs must be managed in a manner that protects the health and well-being of service users. In order to achieve this the manager must:

Ensure that there is consultation with any other professional that may be relevant this must include,

- a) The Dietician.
- b) Speech and Language Therapist
- c) The Consultant overseeing care

Consultation will require these professionals have access to full and comprehensive recordings regarding service users intake and any associated problems.

Any recommendations that relevant professionals make should be clearly recorded in the

personal plan with evidence in this plan reflecting how they are to be implemented.

Staff practice should be consistent and in accordance with the contents of the personal plan.

Recordings of care delivery including food choices offered and diet accepted including the detail of portions size, consistency etc should be comprehensive and regularly reviewed. Review should include accurate recordings of weight on a regular basis. The reviews should be recorded.

There should be an assessment of staff knowledge and skill in relation to assisting with eating and drinking and any training issues addressed as a matter of urgency.

This is in order to comply with;

SSI 2002/114 Regulation 4 (1) (a) - a requirement to make proper provision for health and welfare of service users.

SSI 2002/114 Regulation 4 (2) - a requirement to make necessary arrangements with services of health care professionals

SSI 2002/114 Regulation 5 - a requirement to revise the personal plan and set out how health and welfare needs are to be met

2. The manager must ensure that assistance to communicate with and relate to individuals is managed in a manner that protects the health and well-being of service users. In order to achieve this the manager must:

Record in the personal plan approaches that will adopted by staff in order to maximise communication with the service user .This plan must be clear and detail the cascade to be followed when seeking to communicate with service users.

Staff must be able to demonstrate knowledge of this and this must be reflected in their practice.

Advice should be sought form health care professionals if problems regarding this increase at any time that it is considered relevant.

There should be clear recordings of the plan and there should also be regular review recorded.

This is in order to comply with:

SSI 2002/114 Regulation 4 (1) (a) - a requirement to make proper provision for health and welfare of service users.

SSI 2002/114 Regulation 4 (2) - a requirement to make necessary arrangements with services of health care professionals

SSI 2002/114 Regulation 5 - a requirement to revise the personal plan and set out how health and welfare needs are to be met

3. The manager must ensure that service users continue to have appropriate representation at reviews of their care and personal plan from family members. This will require careful consideration and discussion with next of kin. This may require the involvement of other professional such as Social Worker and Advocacy Services.

This is to ensure compliance with;

SSI 2002/114 Regulation 5 - a requirement to devise and revise the personal plan and set out how health and welfare needs are to be met and consult with service user 'representatives'. Representative is defined as 'any person appearing to the provider to act on behalf of the service user.'

4. The manager must ensure that all care implemented reflects the plan of care. In order to achieve this the manager must;

Ensure that there is a comprehensive care plan in place that is regularly reviewed and updated.

Ensure that staff are knowledgeable about the contents of this plan and can demonstrate the skills to implement this.

All relevant aspects of care must be clearly recorded to evidence implementation and facilitate effective review and be a source of information for internal review and for relevant others.

This is to ensure compliance with:

SSI 2002/114 Regulation 5 - a requirement to devise and revise the personal plan and set out how health and welfare needs are to be met

SSI 2002/114 Regulation 13 - a requirement to ensure that staff have training appropriate to the work that they are to perform.

Progress with the above requirements is commented upon in the body of this report.

Comments on Self-Evaluation

Not applicable.

View of Service Users

An interview was conducted with one service user and brief observation of others was undertaken. There was some general discussion but the officers did not actively seek general views on this occasion

View of Carers

None present on this occasion.

Regulations / Principles

National Care Standards

National Care Standard Number 13: Care Homes for Older People - Eating well

Strengths

Follow up regarding progress with regard to Requirement (1) revealed that in the personal plan examined;

There had been liaison with the dietician with regard to calorific intake.

The personal plan included evidence of incorporating the recommendations of the speech and language therapist.

There were recordings of intake and choices offered using a pro forma specifically designed for this purpose

An assessment of staff practice conducted internally evidenced progress towards consistent approaches to a service user requiring assistance

There were regular recordings of weight and B.M.I.(which has increased).

This requirement is regarded as having been met. Some areas for development are commented upon in the following section.

Areas for Development

Follow up regarding progress with regard to Requirement (1) revealed that in the personal plan examined;

There was no specific advice sought from the dietician with regard to the nutritional balance of food including with regard to vitamins and minerals such as those obtained from fruit and vegetables. The depute manager discussed options that are still to be explored such as fruit in the form of smoothies and described that further dietetic advice would be sought.

There were some occasions on the recordings where it was not clear when food had been refused what choices were offered. It is accepted that there will be a margin for error in the course of a busy day, audit by senior staff would serve the purpose of continually monitoring and reviewing the quality of recordings.

There was not the opportunity on one inspection visit to fully examine how consistent staff approaches are but the depute manager explained measures to continually monitor this.

Enforcement

There has been no enforcement action taken by the Care Commission against this service since the previous inspection.

Other Information

Follow up with regard to Requirement 2 demonstrated that; There were recordings included in the plan examined regarding approaches to communicate effectively. There had been an assessment conducted with regard to staff knowledge of this. There has been further development of the pictorial and photographic cues to assist with communication.

Observation on the day revealed very good communication with a staff member and service user with difficulty in this area.

This requirement has been met.

Follow up with regard to Requirement 3 demonstrated that; There remains to be some difficulty with regard to this requirement and the management team have indicated a commitment to continuing to liaise further with the Social Work department and to referring to advocacy services. As there remains to be difficulty and there has been no referral to advocacy services this requirement continues.

This requirement has not been met in full.

Follow up with regard to Requirement 4 demonstrated that; There is a comprehensive care plan in place that is regularly reviewed and updated. Assessment has been undertaken to ensure that staff are knowledgeable about the contents of this plan and can demonstrate the skills to implement this. All relevant aspects of care are recorded

This requirement has been met.

The officers were pleased to note on the first floor that there has been some refurbishment of the dining room and the area was generally very clean, bright and pleasant.

Requirements

Recommendations

Mattie Crossley
Care Commission Officer