

Bandrum Nursing Home Care Home Service

Bandrum Nursing Home
Saline
DUNFERMLINE
KY12 9HR

Telephone: 01383 851030

Type of inspection:
Unannounced

Completed on:
23 May 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 inspection which took place on 20 and 21 May 2025. The inspection was carried out by three 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 10 people using the service and five of their relatives
- spoke with 19 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- considered questionnaire feedback from 25 staff and 4 visiting professionals

Key messages

The provider and staff were committed to improvement

People benefitted from a strong focus on meaningful engagement

Staff worked well together

People benefitted from regular access to outdoor spaces

Support plans were reflective of peoples preferences

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?	4 - Good
How good is our staff team?	5 - Very 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?

4 - Good

People should expect to receive support which benefits their health and wellbeing. We evaluated this key question as 'good', where there were a number of strengths which clearly benefitted people's health and wellbeing.

Feedback from people and their relatives was positive. Comments from people included 'its wonderful' and 'they are all good to me'.

We observed mealtimes which were calm and relaxed. There were enough staff to support people promptly and at a pace that suited them. Snacks were being offered throughout the day and people enjoyed what was offered. Kitchen staff had good oversight of people's needs. Where people has specific dietary requirements these were managed in line with best practice guidance. Menus were flexible and alternatives accommodated. People were encouraged to give feedback about menus on a regular basis. Some people were part of a dinning committee where food choices and changes were discussed. Comments from people included, 'the prawn cocktail is like heaven' and 'always something tasty comes on the menu'. As a result people could be confident their dietary needs and preferences were well catered for.

People benefited from a very good range of opportunities to experience meaningful days. Opportunities included group and 1-to-1 engagement, within the service and in the community. The service had a staff group dedicated to supporting meaningful engagement with people. Some staff focused on group activity and others on 1-to-1 support. We spoke with staff in this role who had a good knowledge of the people living in the service and what was important to them. Relatives and people told us there were lots of different activities and entertainment available, which they enjoyed. We found examples of staff encouraging people to work towards goals and achieve outcomes. People were supported to maintain relationships out with the service. We found examples where the service directly supported people to visit childhood friends and supported friends to visit the service. People and relatives told us how beneficial this was to their wellbeing. People could be confident staff recognised their role in supporting emotional wellbeing.

We reviewed oversight of clinical care. Wounds were being treated timeously and in line with wound care and treatment plans. Weights were also being well monitored. Where concerns had been identified appropriate referrals had been made. We spoke with visiting professionals who gave mixed feedback. Some professionals told us there was an occasional delay in referrals. Others gave examples where clinical observations and oversight from nursing staff could be improved. The provider should ensure staff are clear about their role and remit as well as the role and remit of other health professionals. This would support positive working relationships and outcomes for people. As a result we made an area for improvement (**see area for improvement 1**).

We reviewed medication records, including protocols for as required (PRN) medications. We found a few examples where medication had not been clerked in accurately. However this had not had an impact on people on this occasion. Other aspects of medication management were robust. We sampled records of administration and could be confident people were receiving the correct medications. PRN protocols were clear and personalised. Where someone had multiple medications for the same purpose, for example to manage pain, there was an escalation process. Protocols were directive enough to support consistent use across the staff team. People could be confident they would receive the right medication at the right time.

Where people experience distress they should expect to be supported consistently by a staff team who know them well. Whilst some staff responded skilfully to people experiencing distress, interactions were not consistent. We asked managers to consider how staff are supported to reflect upon practice as a team to support consistency. Consistency across the staff team allows approaches to distress to be reviewed and support plans developed accordingly. As a result we made an area for improvement (**see area for improvement 2**).

Areas for improvement

1. To promote health of people using the service staff should be able to demonstrate a clear understanding of their role and remit and the role and remit of allied health professionals. Referrals should be made in a timely manner and necessary pre assessment should be undertaken by staff where appropriate.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19) and '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).

2. To promote the welfare and safety of people using the service staff should demonstrate consistent practice whilst supporting people experiencing stress and distress, in line with their assessed needs and wishes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there were a number of strengths which clearly outweighed areas for improvement.

Managers were visible. People, relatives and staff knew managers and told us they were approachable. People had confidence managers listened and would act upon any concerns.

Staff told us they felt well supported in their roles. Staff learning and competence was being assessed. Observations of staff practice would benefit from clear direction. Managers should be able to demonstrate how observations of staff practice are informed and how they are being used to effectively support staff development. As a result we made an area for improvement (**see area for improvement 1**).

We sampled accident and incident records. These records were detailed and included who was informed and actions taken as a result. Language used throughout records was sensitive and person centred. Actions taken by the service were proportionate and demonstrated an appropriate consideration of risk versus individuals right to self-determination. As a result, people could feel confident managers would take steps to reduce the risk of future harm where possible.

Managers demonstrated a strong focus on improvement and development. There had been recent changes to the management team. As a result managers were establishing relationships and developing their role and remit. There were some systems in place to support communication and oversight of the service. However communication and systems would benefit from development to enhance oversight and support consistently good standards across the service as a whole. As a result we made an area for improvement (**see area for improvement 2**).

The service had an active improvement plan. This was clearly informed by the views of people using the service and their relatives. People told us about the various ways feedback is sought. People felt confident this was used to inform development of the service. The service should continue to review the improvement plan in line with the needs and wishes of people living in the service.

Areas for improvement

1. In order to support a culture of continuous improvement the provider should ensure observations of staff practice are undertaken regularly and are effective in identifying and supporting staff development.

This is to ensure that care and support is consistent with the Health and Social 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).

2.

In order to support a culture of continuous improvement the provider should ensure there are processes in place which support robust oversight of the service as a whole. The manager should be able to demonstrate how systems support information sharing across the leadership team.

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?

5 - Very Good

We evaluated this key question as 'very good', where major strengths impacted positively on outcomes for people.

Our observations throughout the inspection were of ample staff across all areas of service delivery, including direct care and ancillary staff. This allowed staff time to engage with people and met their needs at times that suited them.

People benefitted from a consistent staff team who knew them well. Where there were newer members of staff working, consideration was given to how to deploy them to assure appropriate skill mix. Staff were clear about their roles and felt able to ask each other for support.

Staff told us they felt part of a good team. We saw care staff working well together to support the needs of people. Relationships between staff were warm and communication was clear and respectful. People benefitted from a friendly atmosphere.

We found evidence of professional relationships having been developed across the staff team. Staff teams benefitted from heads of department who led them well. Heads of department were meeting regularly to discuss the needs of people living in the service, share feed back and develop areas for improvement. We found evidence of staff working well together to deliver events, including special occasions where the community were often involved.

Most staff told us they felt they had enough time to do their job well. Some staff told us about occasions where staffing levels are lower. Although they felt they could still support people well, they recognised they could not do this as promptly as when they have more staff. Staff were unclear about how dependency was assessed, or why staffing levels varied at times. Managers should consider how they support staff understanding of and share information regarding dependency assessments. As a result, people would benefit from a staff team who are increasingly clear about their role.

Staff told us they felt well trained. Newer members of staff told us induction training had been positive. We reviewed feedback the service had gathered from staff post induction which was very positive. Staff were expected to attend training regularly and there was a focus on quality of training. Competence following training was assessed. People could be assured staff had a good level of training to allow them to support individual needs.

How good is our setting?**5 - Very Good**

We evaluated this key question as 'very good', where major strengths impacted positively on outcomes for people.

People benefited from an environment which was kept clean and clutter free. People told us the service was always kept clean and tidy. Domestic staff were visible throughout the inspection and told us they had enough time to do their job well.

Maintenance records showed that equipment and utilities had been serviced and checked within recommended timescales. There was a clear process for reporting maintenance issues and these were resolved quickly. We could therefore be confident that people were living in a safe environment.

People clearly benefited from unrestricted access to outside spaces as far as possible. The service had made adaptations to promote independence. People told us they enjoyed going outdoors and were able to do this freely. The service encouraged people to take positive risks and adapted facilities to support this.

Personalisation was encouraged and this was evident in people's bedrooms, including pictures, artwork and decorations. The service had utilised recognised assessment tools when making environmental improvements to parts of the service. Some areas had been recently upgraded and benefited from points of interest, signage and decoration which made the space feel warm and homely. Some parts of the environment would benefit from the same attention to detail. People were encouraged to give feedback about the environment via different opportunities. We asked the service to consider how they communicate what is available to people considering their lived experiences. As a result we made an area for improvement (**see area for improvement 1**).

People and relatives benefitted from a variety of spaces to support visiting. Most people had ample space to support visiting in their bedrooms. There were other inviting spaces within the service which relatives could access during visiting, including a community café. People and relatives told us this was a space they enjoyed visiting regularly.

Areas for improvement

1. In order to promote emotional wellbeing the provider should ensure the physical environment is developed across the service, with specific consideration to Orchard Park. Environmental improvements should be driven by feedback from people who use the service. Where staff use spaces to work these should remain in keeping with a homely environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax (HSCS 5.6) and 'If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment (HSCS 5.14).

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good' where strengths clearly outweighed areas for improvement.

Personal plans provided clear and accessible key contact details. Plans included good detail about peoples personal preferences.

Where clinical care was required plans were detailed. We found examples of plans associated with the risk of choking which were detailed and guidance about how to reduce the risk was clear.

Plans associated with eating and drinking were consistent. Plans reflected best practice guidance and guidance provided by external professionals. Kitchen staff also kept records of this information. People could be confident their dietary needs would be safely met.

People had skin integrity plans in place, where this was a concern. Wound care and treatment plans were in place. Photographs were used to monitor wound progression. Repositioning charts were used to record support times. Although these were in place some records showed notable gaps. Where people require support to reposition this should take place regularly in line with their personal plan. As a result we made an area for improvement **(see area for improvement 1)**.

Some aspects of recording associated with personal care, bathing and bowel management would benefit from improvement. Although support plans were in place, frequency of support was unclear. Staff should have clear records which demonstrate oversight of care delivery and allow for any issue to be identified and addressed. As a result we made an area for improvement **(see area for improvement 1)**.

Stress and distress plans were in place. Some included a good level of detail, however others were generic. Staff were able to detail how support was being provided in practice however this was not always reflected in personal plans. Where 'as required' (PRN) medication was in place protocols were detailed. Staff should continue to develop personal plans to ensure they are consistently reflective of people's care and support needs.

Managers were responsive to changes in care and support needs, including after accidents and/or incidents. Managers also recognised the importance of positive risk taking. We found examples of independence being promoted. Risk assessments were being regularly reviewed, updated and used to inform personal plans. As a result, people could feel confident steps were being taken to mitigate risks and enhance outcomes.

Areas for improvement

1. To ensure the health, welfare, and safety of those who use the service, the provider should maintain accurate recordings of key aspects of care delivery. This should include but not be limited to, recording of bowel care, repositioning and bathing/personal care. In addition, the provider should be able to demonstrate oversight of care delivery is monitored to allow for any issue to be identified and addressed promptly.

This is to ensure care and support is consistent with the 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).

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

The service had given a strong focus to medication management and made a number of significant improvements to process and practice. We found that medication was correctly processed upon delivery to the service. Accurate records were kept allowing a clear paper trail for deliveries and returns. Systems were in place to ensure that any errors or omissions were identified and addressed promptly. This gave confidence that medication was being managed safely.

The service was maintaining accurate records and had a variety of audits and oversight tools which provided assurance about the standards of practice. Processes were in place to allow staff to identify the root cause of errors, and a supportive approach was adopted to facilitate issues being addressed. It was clear that staff understood the need for high standards and were working hard to achieve them.

Protocols for 'as required' medications were in place and contained a good level of detail with which to

guide care. Where more than one medication could be used to address a health concern, plans were very clear which medication should be used first. This provided an escalating response with clear cross reference between plans. We could be confident that a consistent approach would therefore be adopted.

Sufficient and effective oversight of medication management was in place. A variety of staff members were responsible for different aspects of medication oversight. Medication was checked at various stages and in various ways. The home manager and deputy manager then ensured that each process had been completed. We were confident that medication management was robust and that the previous issues had been addressed.

Met - outwith timescales

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.

Action taken on previous requirement

We sampled support plans and care records, which had improved since the last inspection. Consistency in recording of food, fluid, pressure care and distressed reactions had improved. However some gaps remained in recording care tasks, including repositioning and bowel care.

Where clinical care was required plans were detailed. Where there was a risk of choking guidance was clear. People had skin integrity plans in place where this was a concern. Plans were reflective of best practice guidance.

The service had systems to monitor care documentation and records. Where support needs had changed care plans we sampled were reflective of this. Risk assessments were being regularly updated and used to inform personal plans. The service continue to develop quality assurance systems and communication to improve consistency across the service.

The service had made sufficient progress to meet this requirement. Where we identified some inconsistencies we made areas for improvement to guide the service to continue to improve.

Met - outwith timescales

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

This area for improvement was made on 13 September 2024.

Action taken since then

People were benefiting from a variety of opportunities to experience meaningful days. Opportunities included group and 1-to-1 engagement, within the service and in the community. The service had a staff group dedicated to supporting meaningful engagement with people. Some staff focused on group engagement and others on 1-to-1 support.

Staff had reflected on how they communicate with people about activities which were taking place. They had developed a programme of activity which was shared with people in communal areas and in the bedrooms, where appropriate. The lead on each unit also had a diary with activities which were taking place. This allowed staff to remind people throughout the day of what was available. Staff fed back that this had positively supported engagement.

We spoke with staff in this role who had a good knowledge of the people living in the service and what was important to them. Staff had developed therapeutic engagement plans with people and their relatives. These plans included what was important to people and their preferences. Where people had been reluctant to engage we found evidence of this having been discussed with them and/or their relatives and agreements reached.

Staff were utilising an electronic care planning system to record engagement with people. The system supported staff oversight of engagement across the service. We found records of feedback from people about their experiences. People also fed back about what things they would like to do at resident meetings. We found evidence of these requests taking place as a result.

We were confident the service recognised the importance of engaging with people in a way that benefitted them.

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

This area for improvement was made on 13 September 2024.

Action taken since then

The service had been utilising the 'Kings Fund Environmental Assessment Tool' to support improvements to the environment. There was evidence of improvements in signage and decoration to support orientation throughout the service. Most people had their names on their doors. There were memory boxes on the walls to encourage discussion and reminiscing.

People benefitted from unrestricted access to outside spaces as far as possible. Managers had considered how they could ensure safety of people whilst supporting positive risk taking where appropriate. We found examples of the service using initiative to support independence.

People had access to welcoming spaces which benefitted from warmth. Seating areas were comfortable and people were observed utilising different areas throughout the service.

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?	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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