

Care service inspection report

Follow-up inspection

Fairview House Care Home Care Home Service

Fairview Street
Danestone
Bridge of Don
Aberdeen

Service provided by: Barchester Healthcare Ltd

Service provider number: SP2003002454

Care service number: CS2007142892

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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1 About the service we inspected

Fairview House Care Home is owned and managed by Barchester Health Care. Fairview House is registered to provide nursing care, accommodation and support to 102 older people, which includes 26 adults with mental health problems.

Fairview House Care Home is a purpose-built home located within the residential area of Danestone, Aberdeen.

The service is close to local amenities and transport links. The accommodation consists of a variety of communal sitting rooms and dining areas. The home is divided into six smaller units. One unit, Memory Lane, is specifically for older people with mental health problems. The home has well maintained landscaped grounds.

The service's aims and objectives are to provide an environment in which high standards of care and service can be delivered. We noted that there had been further refurbishment carried within the Drum unit.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

2 How we inspected this service

This report was written following an unannounced follow-up inspection from 9.30am to 4.00pm on Wednesday 2 and Thursday 3 March 2016. The service was inspected by two Care Inspectorate inspectors.

The inspection concluded on the last day of the inspection with feedback given to the manager, the deputy manager, the regional director and the local authority contracts officer. We also spoke of the findings with some of the residents and relatives.

During the inspection evidence was gathered from a number of sources including

discussions with:

- residents
- relatives
- the manager
- the depute manager
- regional director
- nursing staff
- senior carers and carers
- a visitor.

We also looked at a range of policies, procedures, and records including the following:

- residents' personal care plans
- residents' and relatives' meetings (minutes)
- catering forum meetings (minutes)
- accident and incident recording
- staff communication books
- minutes of care meetings, nursing staff meetings
- social activities and events planner
- notifications
- complaint information
- clinical governance information
- photographic evidence
- previous inspection report
- staff rota
- in-house quality assurance systems and audits.

During the inspection, we also observed staff practice which included how staff cared for and spoke with residents and relatives.

A general tour of the home was also carried out as part of the inspection visit.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views.

3 Taking the views of people using the service into account

We spoke with many residents during the inspection visit and observed staff practice and interactions across the various units and lounges. Most residents said they were happy with the care and support given by the staff and management team at Fairview House.

4 Taking carers' views into account

We spoke with six relatives and one visitor at the home during our inspection. The overall feedback from the people we spoke with was positive saying that they thought the care at Fairview House was good:

- 'The staff are super - nothing is ever a bother to them'
- 'I go home after a visit and feel reassured that the care is good'
- 'They take time with mum and treat her kindly'
- 'The change upstairs has been really good - it's much better having the TV in the smaller lounge - it's not so noisy and more folk are involved in the activities'.

5 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. 1. The provider must make sure staff understand their roles and responsibilities and ensure safe medication administration practices. Appropriate and regular audit systems must be put into place to note concerns, issues and omissions and take relevant action to address issues.

In order to achieve this, the provide must:

Undertake a review of the present medication procedures, training and staff practices and audit systems to ensure they are fit for purpose.

Identify where there are any shortfalls in staff knowledge.

Implement an action plan to address any shortfalls including re-training where required to ensure staff are competent.

Develop and implement a review system to monitor staff practice in relation to medication management.

Ensure all staff are aware of Best Practice Guidance 'Guidance about Medication, personal plans, review, monitoring and record keeping in residential care services' published by the Care Inspectorate. In addition, undertake monitoring to ensure this is implemented.

Ensure that records are maintained to evidence that prescribed topical medications are applied correctly.

This is in order to comply with:

SS1 2011 210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users

In making this requirement the following was considered:

National Care Standard, Care Homes for Older People - Standard 15 Keeping Well - Medication.

Timescale: Immediate and ongoing.

This requirement was made on 17 September 2015

The service had made improvements with regards to the auditing and monitoring of medication administration procedures. A full review was undertaken by the service and systems implemented. An action plan was drawn up by the management team and we evidenced that training sessions had been held or were planned over the following months. All care and nursing staff had been given a copy of the Best Practice Guidance 'Guidance about Medication, personal plans, review, monitoring and record keeping in residential care services' published by the Care Inspectorate. Staff had been through refresher training in the administration of medication procedures.

We noted that there had been a general improvement within the recording of medication administration including the recording of topical creams.

We evidenced that there had been a reduction in omissions and the service was now taking action to address issues. While this requirement has been met there is a need to ensure these improvements continue and appropriate systems and refresher training continue.

Met - Within Timescales

2. The provider must make sure staff understand their roles and responsibilities and ensure that staff are competent in their specific roles.

To achieve this, the provider/management must:

Undertake a review of staff training, development and staff practices.

Review the present audit systems to ensure staff are competent in their role and are up to date with best practice initiatives.

Identify where there are any shortfalls in staff knowledge.

Implement an action plan to address any shortfalls including re-training where required to ensure staff are competent.

Ensure there is a robust system in place to continually monitor practice and competence.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users.

Timescale for implementation: Two weeks from the receipt of this report.

This requirement was made on 17 September 2015

The service had made improvements. Team meetings had been held by the management team discussing roles and responsibilities. There had been meetings with the NMC (Nursing and Midwifery Council) discussing codes of practice and guidelines with staff. Staff meetings have also focused on promoting best practice and the auditing and monitoring of medication administration procedures.

A full review was undertaken by the management team and systems implemented. An action plan was drawn up by the management team and we evidenced that training sessions had been held or were planned over the following months.

We noted that a review of training needs had been drawn up and additional or refresher training had been planned. We noted that some training days had already been held including infection control, epilepsy and refresher training on medication administration awareness, bowel care management, stoma care and dementia awareness. The service had adult support and protection awareness planned for a later date.

All care and nursing staff had been given a copy of the Best Practice Guidance 'Guidance about Medication, personal plans, review, monitoring and record keeping in residential care services' published by the Care Inspectorate.

Staff had been through refresher training in the administration of medication procedures.

While this requirement has been met there is a need to ensure these improvements continue and appropriate systems and refresher training continue. The management must continue to carry out regular staff competence audits.

Met - Within Timescales

3. The provider must ensure that all service users' personal plans are reviewed in order to ensure that they contain all of the required up to date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are completed in a way which emphasis the individual needs and preferences of each resident.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for

Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a) - Welfare of Users; and Regulation 5 - Personal Plans.

This requirement was made on 17 September 2015

The management and staff team have carried out care plan reviews and progress has been made in the updating of care plans. We evidenced that most care plans were now up to date and routines have been updated. Whilst this requirement has been made there is a need to review and monitor documentation and the daily working notes to ensure there is clear tracking and outcomes and clearly detailed. We will closely monitor this at the next inspection.

Met - Within Timescales

6 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The service must continue with their plans to review documentation, highlighting and detailing action indicators, when actions were carried out and if outcomes were met.

This recommendation was made on 17 September 2015

The management and staff team have carried out care plan reviews and progress has been made in the updating of care plans. We evidenced that most care plans were now up to date and routines have been updated. Whilst progress has been made there is a need to continue the work to regularly review and monitor documentation and the daily working notes to ensure there is clear tracking and outcomes and clearly detailed. We will closely monitor this at the next inspection. This recommendation remains.

2. The manager and senior staff must continue to improve opportunities for residents' interests to be supported individually or in a group. Outcomes should be monitored and residents' days should be meaningful. All staff should take responsibility to support this approach, with the lead and direction coming from the management team.

This recommendation was made on 17 September 2015

We noted an improvement in the planning and support of activities and interests. We evidenced weekly planners in place highlighting what activity or group in on. Activities were more organised. We received good feedback from some of the residents we spoke with and a visitor said there seemed to be more on offer. They also said the redesign of the upstairs lounge area was much better and gave people separate areas to have a small group, work individually or have a quite space.

Whilst progress has been made, it is in its infancy and there is a need to further develop and continue with the present approach. There is a need to continue the work to ensure all residents' days are meaningful. We will closely monitor this at the next inspection. This recommendation remains.

7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

9 Additional Information

10 Inspection and grading history

Date	Type	Gradings
17 Sep 2015	Unannounced	Care and support 3 - Adequate Environment 4 - Good

		Staffing Management and Leadership	4 - Good 3 - Adequate
13 Mar 2015	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
6 Oct 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
18 Dec 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
1 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
1 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 4 - Good
16 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
27 Jun 2012	Re-grade	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed

8 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
22 Dec 2011	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed 3 - Adequate Not Assessed
20 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
6 Sep 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
21 May 2010	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
15 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate
21 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 2 - Weak 3 - Adequate
9 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good

9 Sep 2008	Announced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and Leadership</div> <div>4 - Good</div>

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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