

Ferrylee Care Home Service

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Edinburgh
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Type of inspection: Unannounced
Inspection completed on: 31 March 2017

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Care service number:
CS2003010936

About the service

Ferrylee is a care home service which is registered to provide accommodation, care and support for up to 43 older people. Within that number, the registration allows the service to offer short term, respite care to a maximum of 16 older people. At the time of our visits there were a total of 42 residents, 15 of whom were receiving respite care.

The service is owned and operated by City of Edinburgh Council.

Ferrylee is situated close to the shops and other facilities in Leith. Accommodation is provided in single rooms, organised into small units ("flats") of 15 bedrooms. The majority of bedrooms offer single accommodation, with one room available as a shared room, for the use of a couple, siblings or close friends. Each flat has shared toilet and bathroom facilities, a small kitchen area, and a small, quiet seating area.

Accommodation is arranged over two floors, with facilities for respite clients on the upper floor. Access to this floor is via stairs or a passenger lift.

There is a large central lounge at the entrance to the home. This is used for group activities and social events. Outside, there is a garden with patio and seating, and poly tunnels with raised beds which the residents can use for gardening. Some off-road parking is available at the front of the home.

Ferrylee describe the aims of the service as to:

- "help our residents to make informed choices
- enable our residents to be socially included
- help our residents to live safely
- provide good quality care and customer service".

What people told us

During our visits we spoke with four residents individually, and a small group of four other residents. All spoke positively about the staff team and the care they received. We also received seven completed questionnaires from residents as part of our inspection. All agreed that they were satisfied with the service they received.

Comments made by residents included the following:

- "I love this place";
- "The staff are brilliant, they can't do enough for you";
- "Staff are very good";
- "Been an ok stay everything has been fine ... food's been alright";
- "Lovely here staff and residents all get on";
- "Excellent staff, positive attitude to us ...rooms very clean, bed comfortable ... food quite good";
- "Feel safe";
- "Would recommend the place, I have company, food's good, good gossiping";
- "Happy with the home, staff ok, good banter";
- "boring here sometimes".

As well as speaking with residents, we spoke with four relatives and received 11 completed relative questionnaires. Again, all said they were happy with the care their family member was receiving. Comments made included the following:

- "My (relative) has been very well looked after, feel lucky to have (my relative) in this home";

- "I think the home is fantastic well clean, and the staff are fantastic";
- "Great care home for care, food, health plus dignity!";
- "I am very happy with the care my (relative) is receiving. Staff are always on hand to answer questions, always polite and welcoming";
- "(My relative) enjoys the company of staff and residents. Loved gardening and is allowed to work in the garden here at Ferrylee, which is very important";
- "I have no complaints re my relative's care. Service here is very good, although the change of staff can be a bit unsettling for residents";
- "Everything is fine";
- "Terrific care, staff are very responsive made to feel welcome".

Self assessment

The information in the provider's self assessment was concise but detailed. Most of the information set out in the assessment was evidenced at our inspection. The gradings that the provider assessed were accurate and realistic, and reflected what we found at inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We found that the service provided a good standard of care.

Residents looked neat in their appearance, indicating that they had received the level of help that was needed. Staff were attentive, and responded to requests for help in a caring manner. We saw warm interactions between staff and residents. Staff were occasionally heard talking about residents' needs in public areas, and the manager agreed that she would remind them of the need to be more careful of this.

Care plans were detailed but not all of the information was easily accessible to care staff. We spoke with the manager about the need to streamline care planning documentation. We also recommended that staff:

- use the information from residents' background and life history more when drawing up care plans;
- make sure that advice from healthcare providers is incorporated into care plans;
- review the way care is planned for residents at risk of pressure damage to their skin, or who are underweight, to make sure that their plans are detailed and reflect individual needs and preferences;
- set goals for each aspect of the care plan, and evaluate the plans frequently to make sure that they are helping the resident to achieve those goals.

We saw a few residents sitting in the same position for long periods of time. This can increase the risk of skin damage caused by pressure.

We observed mealtime service, and we saw that it was generally orderly and organised. Residents were seen to get the help they needed, and were offered choices and alternatives. Fortification of food for residents who needed extra calories should be done on a more individual basis, and we suggested that residents be offered visual choice between options at the table. People with dementia find this easier than choosing from verbal or written options.

We recommended to the manager that she review the information available to staff relating to delirium, and to symptomatic relief in acute illness, and consider updating training for staff in these issues.

Staff generally managed oral medication well. However, topical medicines, such as creams and lotions, were not recorded accurately, and we spoke with the manager about ways in which this could be improved. She had already begun to look at this with the local pharmacist.

There was a range of activities provided in the home, and residents told us that they enjoyed these. A few respite clients told us that they would like more opportunities to get out and about outside the home. We also asked that the manager look at how residents who are unable, or choose not, to take part in organised activities are provided with meaningful physical and mental stimulation and interaction.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The provider should make sure that staff providing day-to-day care have access to all of the information they need to make sure that the individual needs of service users are met. In order to do this, the provider should review the documentation used to record care plans, and the content of plans, taking into account the information in our report.

This takes into account the National Care Standards Care Homes for Older People Standard 6 - Support Arrangements, the SSSC Code of Practice for Social Service Workers Section 1.1, and the Scottish Government's Standards of Care for Dementia in Scotland 2011.

2. The provider should review the way food is fortified with extra calories for those residents who are underweight, to make sure that this is done in a way that reflects individual food preferences.

This takes into account the National Care Standards Care Homes for Older People Standard 13 - Eating Well.

3. The provider should consider updating staff training on delirium, and on the protocol for symptomatic relief, to make sure that all staff are current in their knowledge of these areas, and consider them in their day-to-day practice.

This takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, Standard 14 - Keeping Well, Healthcare, and the SSSC Code of Practice for Employers Section 2.2.

4. The provider should review the way topical medicines are managed and their use recorded, to make sure that residents receive their medicines as the prescriber intended.

This takes into account the National Care Standards Care Homes for Older People Standard 15 - Keeping Well, Medication.

Grade: 4 - good

Quality of environment

Findings from the inspection

Ferrylee provided a clean, homely and comfortable environment for residents. The provider had an action plan which showed how they plan to continue to make improvements to the home.

Residents' rooms were pleasantly decorated, and personalised to reflect the individual preferences of the occupant.

There were systems in place to make sure that the home was safe for residents. This included safety checks, contracts for testing and maintenance of equipment, and systems for reporting and requesting repairs.

The manager carried out audits to make sure that all of these systems were working properly, and the environment was clean and safe.

There was written guidance for staff on ways to work safely, and keep the environment safe for residents.

We saw residents moving freely around the home, socialising and taking part in activities.

There was a well-kept garden, with newly installed polytunnels and raised beds so that residents who wanted to could get involved in gardening.

We brought a few issues about the environment to the attention of the manager during our inspection. Most of these were addressed without delay.

We have asked the manager to review the ventilation in the smoking room, as we noted that there was a strong smell of cigarette smoke along the corridor and landing upstairs.

We also asked the manager to make sure that wardrobes were secured to the wall, to reduce the risk of them toppling over onto a resident.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. We recommend that the provider review the ventilation system in the residents' smoking room to make sure that it is effective in reducing the amount of smoke and odour that non-smoking residents might be exposed to.

This takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, and Standard 5 - Management and Staffing.

2. We recommend that the provider review the stability of all wardrobes in use in the home, and take steps to make sure that they are all secure.

This takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, and Standard 5 - Management and Staffing.

Grade: 4 - good

Quality of staffing

Findings from the inspection

Staff practice was noted to be professional and appropriate. Staff were well informed, motivated and confident in their work.

We received positive feedback about the staff team from residents, relatives and professionals visiting the service.

Numbers of staff on duty were regularly above the minimum levels set in the service's staffing schedule. This was necessary because of the high number of admissions to, and discharges from, the respite unit. The manager used a recognised dependency tool to identify when more staff were needed, and we saw that staffing numbers varied in response to this.

The majority of staff were up-to-date with mandatory training. There was a system in place to flag up to the manager when individual staff were due for training. We suggested that the manager adapt this system to show the role/grade of staff, and to highlight those staff who were absent for work for long periods. This would make it easier for her to target training appropriately.

Some of the residents had quite complex care needs and, as well as the mandatory training, there was other training provided for staff which was specific to the needs of residents. We also saw that staff had begun training about dementia, and that there were plans to continue this. We felt that it would be useful for the manager to carry out a training needs analysis, to look specifically at what training additional to the mandatory training staff needed, and plan a programme of training for the coming year to meet those needs.

Staff told us that they felt well supported by senior staff. We saw that most staff had regular one-to-one supervision with their line manager.

We saw the steps taken to support staff to improve their practice, where this was seen to be necessary.

Although we saw minutes of staff meetings for various groups of staff, many of the carers told us that they would like more opportunities to meet with colleagues, to share experience and provide peer support. We asked the manager to speak with staff about this, and to consider creating those opportunities.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. We recommend that the provider carry out a training needs analysis, to identify the additional training that staff need, and to plan a programme of training for the coming year to meet those needs.

This takes into account the National Care Standards Care Homes for Older People Standard 5 – Management and Staffing Arrangements, the SSSC Code of Practice for Employers Section 3.1, and SSSC Code of Practice for Social Service Workers Section 6.9.

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

We found that the service was managed well, and provided improved outcomes for residents.

Staff spoke positively about the professional and personal support they received from management. There was also positive feedback from professionals visiting the service about improvements they had seen in the quality of the service.

There was a range of checks and audits in place to monitor the quality of the service. We saw that these were carried out regularly, and that issues were addressed as they arose. All of this provided the management with useful information about the service, and contributed to the improvements seen.

We assessed that more use could be made of these systems by following up actions to make sure they were effective and improvements were sustained. We saw a few examples where the intended action had not been completed, or where the same issue arose on several audits, suggesting that the improvement had not been sustained.

The information could also be used to identify patterns or trends which could inform, for example, a change in practice or a training need for staff.

We saw evidence of appropriate complaints management, and a positive response to complaints received.

Accident and incident reporting was also done appropriately, and we saw that there was management oversight of these records. Notifications were also made as necessary to the Care Inspectorate.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should continue to develop and implement quality assurance systems, to make sure that improvements made as a result of audits or checks are completed and sustained.

This takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that personal plans and any associated care plans are kept up to date. These must describe residents' current health and welfare needs and how these are to be met.

This requirement was made on 6 May 2015.

Action taken on previous requirement

We saw that the service had continued to improve the information recorded and used to inform care plans. The information we saw was up to date, but not always easily accessible to care staff. There also was further work needed on developing care plans to help reduce the risk of skin damage. We have described this in more detail in the section on Care and Support. We have made a different requirement about care planning.

Met - within timescales

Requirement 2

The provider must ensure that all medicines are given safely and correctly for all service users. In order to achieve this the provider must:

- (i) ensure that all medication (including topical medicines) are administered as currently instructed by the prescriber. Records should be kept of any instance where this is not the case and describe the reason
- (ii) ensure that accurate records are kept of medicines for the use of service users which are received, administered, refused, returned to pharmacy or transferred out of the service
- (iii) ensure that handwritten entries correspond to guidance contained within Royal Pharmaceutical Society of Great Britain, Handling Medicines in Social Care and SCSWIS Health Guidance Maintenance of Medication Records Publication code: HCR-0311-027

(iv) put in place regular monitoring procedures to identify areas of medication management that have not been undertaken correctly and take action to improve procedures and staff practice.

This requirement was made on 6 May 2015.

Action taken on previous requirement

We found that there had been sustained improvement in the way medicines were managed in the home. Records of medication were generally more accurate, and we did not see any handwritten entries on medication administration records. We know from notifications sent to the Care Inspectorate that systems for monitoring medication management have successfully identified where errors have been made, and that these have been addressed. However, improvement was still needed in the way staff manage and record the use of topical medicines, such as creams and lotions. The manager had already begun to look at this with advice from the local pharmacist. We assessed that sufficient progress had been made to be able to say that this requirement had been met, and we have made a recommendation about the management of topical medicines in the section on Care and Support.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should identify the quality of assessment and recording required within respite clients' end of stay reports and carry out staff development activities to assist staff to gain the skills necessary to achieve the standard. This should include recording the views of clients on the quality of the service.

This recommendation was made on 6 May 2015.

Action taken on previous recommendation

We asked the manager what action had been taken to meet this recommendation. She told us that they had again made changes to the timing of the questionnaire, to allow respite clients and their families to complete them during the course of the stay in the home. This had improved the response rate to the questionnaires. We looked at three respite client files and saw that the questionnaire had been completed in two cases. This gave respite clients the chance to express their views about what they liked about their stay, and what could be done better. We assessed that the recommendation had been met.

Recommendation 2

The service should work with residents and/or their representatives to gather life story information. Residents and their representatives should be consulted on what information should be put in a life story summary and how it should be made available to the resident and care staff. Information from life story work should be used to consider and plan reminiscence activity.

This recommendation was made on 6 May 2015.

Action taken on previous recommendation

We saw that staff were gathering life story information, but it was not always clear that this was used to inform the way care was planned and delivered. We have made a requirement about care planning in the section on Care and Support, and this includes the need for better use of life story information.

Recommendation 3

Service users and their relatives/carers should expect the care service to seek up to date information in relation to care and support needs, prior to a period of respite. This is an opportunity for the care service to ensure that they are fully aware of, and can meet, service users' care and support needs.

This recommendation was made on 17 February 2017.

Action taken on previous recommendation

We spoke with the deputy managers about the information that the service seeks and receives prior to a respite admission. They agreed that at times this information was incomplete, because of the nature and timescales for the admission. They are looking at ways to improve this. This recommendation has not yet been met.

Recommendation 4

Service users and their relatives/carers should expect the care service to support people to maintain their mobility whenever possible.

This recommendation was made on 17 February 2017.

Action taken on previous recommendation

We saw evidence from care plans that residents' ability to mobilise was assessed, and care planned to support them following that assessment. We saw residents being assisted with mobility during our visit. We received positive feedback from a visiting professional about the advice that staff sought, and their response to that advice. We assessed that the recommendation was met.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
11 Apr 2016	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed Not assessed
4 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
6 May 2015	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 3 - Adequate 3 - Adequate
15 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 2 - Weak
11 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
12 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
13 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
7 Dec 2012	Unannounced	Care and support Environment Staffing	2 - Weak 3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
6 Jun 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
28 Nov 2011	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
27 Jun 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
28 Feb 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
4 Jan 2011	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
11 Feb 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	Not assessed
27 Oct 2009	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Jan 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
8 May 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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