

## Fairview Nursing Home Care Home Service

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Stirling  
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Telephone: 01786 816111

Type of inspection: Unannounced  
Inspection completed on: 24 July 2017

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Care service number:**  
CS2011300705

## About the service

Fairview Nursing Home is located in the Bannockburn area of Stirling. Sixty residents can be accommodated there who have a variety of health care needs including dementia. The provider is HC-One Limited. At the time of our inspection there were 58 residents living at the home.

Accommodation is provided over two floors and has an accessible lift. There is a number of daily living spaces that includes lounges, dining areas, quiet lounges and a café type room that relatives can also utilise. In addition to this there is a games room hairdressing salon. All bedrooms have en-suite facilities. The home has pleasant gardens for residents to enjoy that includes decking areas.

## What people told us

We spoke with 13 residents and three relatives during the course of our inspection. We also sent out 20 questionnaires to residents, relatives and staff prior to our inspection. Three questionnaires from relatives were returned to us, all of whom strongly agreed they were happy with the quality of care their relatives received. Comments included "staff and management were extremely helpful in resolution of difficulties" and "the introduction of nursing assistants has really improved communication between staff."

One questionnaire was returned to us from a resident who strongly agreed they were happy with the care they received. Residents we spoke with told us they felt their routines were respected, there were good opportunities to take part in activities in the home and the community, and spoke highly of the staff. Overall we heard people were content with the care and support they received.

Relatives we spoke with told us they found the staff communicated well, and spoke positively about the staff. Relatives were also included in reviews.

## Self assessment

We no longer request that services send us a self-assessment. Instead, we look at the overall development plan for the service and what their future aims are in terms of the improvement and on-going improvement of the service.

We were able to see there were a number of small individual development plans based on the outcomes of the quality assurance audits and how improvements were being implemented over certain aspects of the service. We discussed with the service the benefits of a wider development plan for the whole of the service and how this should be progressed.

## From this inspection we graded this service as:

Quality of care and support	4 – Good
Quality of environment	not assessed
Quality of staffing	4 – Good
Quality of management and leadership	not assessed

## What the service does well

The majority of care plans we looked at were recorded well and routinely evaluated. Attention was paid to resident's nutrition, mobility and skin care with appropriate equipment and aides provided where identified. We saw that the service also involved other professionals for those residents who required a higher level of care, for example input from a community psychiatric nurse or tissue viability service. This ensured a professional and consistent approach was provided for residents.

Medication records we looked at were overall well recorded, some small improvements were discussed with the manager and nurse who attended to this straight away.

The service kept a record of all falls and incidents that had occurred in the home, with appropriate action being undertaken. Documentation in most cases had been updated with the associated risk assessments.

We observed meal times were efficient with residents being assisted where necessary. Menus were varied and also a number of residents who had their own individual preferences with food were also catered for. This meant that the flexibility of the meal choices ensured residents individual needs were met.

We noted that there was a good variety of activities both within the home and also the wider community whereby time and care had been taken to encourage residents to participate in an activity that was of interest to them. Examples we saw were football memories and reminiscence work that included music. This promoted social interaction within the care home as well as having a positive impact on people's overall mental wellbeing.

We observed kind and patient interaction from staff towards residents during our inspection. Residents also spoke very positively about the staff and the care they received. We received twelve returned questionnaires from staff, these indicated staff felt confident they had the skills to support people. Some staff members commented that the food could be more varied and there should be more activities for residents. Three staff members did not feel they had regular supervision or opportunities to talk about their day to day work. We spoke with a variety of staff who told us they had good access to a variety of training over and above the required training we would expect to see. We heard staff attended team meetings regularly, and practice and training issues were regularly discussed. Relatives we spoke with told us that communication from staff was very good and that they were made to feel very welcome when visiting.

We looked at the recruitment for new staff and we could see that they worked alongside an allocated mentor during their probationary period who would offer advice and support. The required legal background checks were all in place prior to the staff member starting their post. We were able to see from records kept that the manager kept an overview of professional registration with both the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC), staff were supported with obtaining any necessary qualifications required for their role. These processes ensured that staff were trained, qualified and competent in providing care to residents.

## What the service could do better

We did not see daily teeth cleaning charts in place for residents and the service have agreed to implement this. This is important as referrals to dentists or other health professionals need to be made if residents require this.

We discussed with the management team that we noted in one care plan that the falls information recorded for a resident was out of date and did not include a serious injury after a fall. Furthermore, we saw very little information regarding how the accident occurred and what were the contributing factors. In addition to this, we

found that the six monthly review for the same resident was not evidenced. We have been assured by the service that the aforementioned will be rectified without delay.

We noted when checking the systems in place to support residents with their finances, that one resident should have been reviewed with social work for further assistance. We have discussed with the service that their systems must be more robust in this area to avoid any re-occurrence.

We did not see any written records regarding the induction period for new staff and in particular, how their induction was being monitored and progressed. New staff were provided with induction booklets but these were not checked by anyone and staff we spoke with did not have them available for us to see. We have discussed with the management team who are in agreement this needs to improve.

We saw some gaps in staff training records for mandatory training. This was being addressed on the days of our inspection, however we discussed with the management team that staff members who have not undertaken essential training or updates should not be included in the staff rotas until this has been undertaken. We heard from staff that we spoke with that sometimes the computer equipment in the home was not reliable to enable electronic learning to be completed, the management team are aware of this and this is currently being taken forward.

We looked at staff rotas and dependency tools, we noted on more than one occasion the service had not been able to obtain staff cover for sick leave and we were not notified about this. We felt the dependency tools at times indicated a narrow margin regarding staffed hours to meet the needs of residents.

We have made a requirement and recommendations below in accordance with our findings.

## Requirements

### Number of requirements: 1

1. The provider must demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times.

When staffing levels are reduced because the number of service users is less than the maximum capacity the needs of service users must be taken into account. The provider must demonstrate that the level of staffing is adequate to provide the required level of support to service users at all times. The care inspectorate should be notified using the e-forms notification system.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a) - requirement about staffing and regulation 4(1)(a) - requirement for the health and welfare of service users.**

**Timescale: to be in place in all instances from 4 August 2017.**

## Recommendations

**Number of recommendations:** 5

1. The service should ensure that daily charts for oral health care for residents are implemented without delay and advice sought with regard to residents who do not accept care in this area.

**This is to meet National Care Standard 14, Care Homes for Older People - Healthcare**

2. The service should ensure that up to date information is recorded in care plans after a resident has sustained a fall resulting in injury. This information should be as detailed as possible in order to identify the cause and minimise re-occurrence.

**This is to meet National Care Standard 14m Care Homes for Older People - Healthcare**

3. The service must ensure that reviews of resident's care is undertaken within 6 months or sooner should a resident's needs change.

**This is to meet National Care Standard 14 - Care Homes for Older People - Healthcare**

4. The service should ensure that reviews include information pertaining to a supporting residents with their finances and referrals to relevant agencies should this be necessary.

**This is to meet National Care Standard 6, Care Homes for Older People - Supporting Arrangements**

5. The service must improve the induction training offered to new staff by evidencing what has been undertaken during the induction period, with an overview of this being in place. New staff should be given the opportunity to have their induction period recorded, reviewed and discussed as set out in the provider training manual.

**This is to meet National Care Standard 5, Care Homes for Older People - Management and Staffing Arrangements**

## Complaints

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

## Inspection and grading history

Date	Type	Gradings	
19 May 2016	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good

Date	Type	Gradings	
		Staffing	5 - Very good
		Management and leadership	5 - Very good
25 Jan 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
20 Feb 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
22 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
29 Oct 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
18 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
20 Jun 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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