

Fairview House Care Home Care Home Service

Fairview Street
Danestone
Bridge of Don
Aberdeen
AB22 8ZP

Telephone: 01224 820203

Type of inspection:

Unannounced

Completed on:

10 January 2019

Service provided by:

Barchester Healthcare Ltd

Service provider number:

SP2003002454

Service no:

CS2007142892

About the service

Fairview House Care Home is owned and managed by Barchester Health Care. Fairview House is registered to provide a care service to a maximum of 103 older people and 7 named adults under 65.

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 aims and objectives of the service are: 'to provide an environment in which high standards of care and service can be delivered.'

This service has been registered since January 2007.

What people told us

We spoke to 10 residents, who stay at Fairview House Care Home. We also spent time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. Residents indicated that overall they were, in general, happy with the service they received. However, they were concerned with the high turnover of staff and the use of agency staff. One resident was very upset with the rumours that more staff were leaving. Residents told us, that they thought the staff were "good" and "very kind" and one resident said they "couldn't be any better". We were told that they thought, in general, the food was good but there were concerns about the variety of the menus. We saw residents interacting with staff in a warm, relaxed, informal, friendly manner.

We also sent 35 questionnaires to residents, of which 23 were completed. Some were completed with the assistance of staff and/or relatives. Most people indicated that they were, in general, happy with the service received. However, there were some concerns raised regarding the staff leaving and the impact that this was having on their quality of life. One resident commented "I feel happier with regular care staff, that know me well. I feel more vulnerable with lots of strangers."

We spoke to six relatives. In general they spoke highly of the staff, management and the quality of care. However, there were concerns raised regarding the impact that the turnover of staff had had on the resident's care. They felt that the core staff were "toppers, but just so busy". Relative's stated that they felt welcome and comfortable visiting. All the relatives spoken with stated they felt happy to bring any concerns to the manager. One relative said they "had faith that the new manager would make things better."

We also sent 35 questionnaires to relatives or friends of residents, of which eight were completed and returned to us. Almost all respondents indicated that they were satisfied with the service received. Again concerns were raised regarding the staffing situation and the impact this was having. One relative commented "it feels like home. Staff go above and beyond". We looked into the concerns raised during the inspection.

The views of the residents and their families have greatly informed the findings of this inspection and are included throughout this report.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | not assessed |
| How good is our staffing? | not assessed |
| How good is our setting? | not assessed |
| 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

We assessed the service to be performing at a good level. There had been significant changes within the management team and heads of departments since the last inspection. The new manager had introduced a number of changes within the service that focused on improving the outcomes for the residents. These changes will take a short while to become part of the ethos and culture of the home, but progress had been made. The outcomes for the residents have started to improve. The senior management team and new manager were fully aware of the areas of concern raised during the inspection and were committed to enhance or promote improved outcomes for the residents.

It is important that residents experience warmth, kindness and compassion. One of the main factors in the home was the ethos and culture set by the management team. We found that, in general, residents were treated with dignity and respect. However, there had been a significant turnover of staff that had led to inconsistent practice and a drop in standards. A number of residents found it difficult that many staff had left and that agency staff, who did not know them well, were being used. We were told that communication between residents, relatives and staff was beginning to improve. The new manager was highly visible within the units and addressed all concerns from residents or relatives quickly. Staff also spoke of the systems that were in place to make sure information about changes in the residents care and support needs were passed on to other staff. This had assisted in promoting continuity of care for the residents.

Residents should experience care and support that is right for them. There was a core of compassionate staff, unfortunately the staff team were also unsettled by the recent changes. It was clear, however, that the core staff knew the residents very well. They were aware of how they like to spend their time and tried hard to make sure the residents remained as independent as possible within the home. The management team should review their assessment of the environment to identify areas that could be improved to make the home more dementia friendly, as some residents found it difficult to locate the toilet. **(See areas for improvement.)** Staff were able to discuss in detail, residents abilities and how they were encouraging and supporting them. A resident described the home as being "absolutely perfect". In general, there was an ethos of kindness and compassion in the home. Staff were also fully aware of the residents' families and the dynamics of each family. This assisted in supporting and safeguarding the residents.

Residents should be able to maintain and develop their interests, activities and what matters to them in the ways that they like. There was a wide range of activities or events on offer to residents. However, these were not always readily available to all residents. Practice varied within each unit at times and the staff focused on 'events' rather than improving and enhancing the residents' quality of life. The good practice we saw in memory lane should be role modelled throughout the whole home. We discussed our concerns with the management, who with the new activities team had begun to consider ways in which all the resident's daily life could be enhanced, especially for those residents who are unable or do not wish to leave their bedrooms.

If a resident's independence, control and choice are restricted any restrictions are justified, kept to a minimum and carried out sensitively. There was culture of balancing risks and safety within the home. Residents were appropriately encouraged and supported to do whatever they would be able to do in their own home. Action taken by staff to protect some residents from harm was not always clearly assessed, recorded or evaluated. **(See How well is care and support planned?)**

Staff did not always have a clear understanding of safeguarding and the Adult Support and Protection (ASP) procedures, and the necessity to report concerns promptly. However, appropriate steps were in place to report any incidents or concerns promptly to the ASP team. The treatment or interventions that residents experience should be effective. The new manager aimed to increase the number of clinical leads in the home. This will assist in ensuring that the residents' care and support is effectively monitored and delivered in line with good practice. There had been a number of concerns identified in relation to medication errors and untimely response to healthcare needs that had been due to poor communication between staff. A previous requirement regarding palliative and end of life care had not been fully met. The management team were aware of these incidents and had taken steps to improve the communication between staff. This included a daily meeting with all departments. **(See areas for improvement.)**

It is important that residents' needs are met by the right number of staff. There were concerns regarding the number of staff on shift. The new manager had begun to make significant changes to the staff rota and how staff were deployed in the home. Initially this had caused concern amongst staff and as staff morale had been low. However, staff now felt that the changes had been beneficial. Team working, communication and continuity of care for the residents had begun to improve.

Areas for improvement

1. The provider must ensure people who are dying are cared for with respect and dignity, with their needs anticipated and managed by competent staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' and 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.7 & 1.14)

2. The provider must undertake a further assessment of the environment to assist or improve the residents' ability to remain orientated, remain independent and to further improve a 'homely' feel within home.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16)

3. The provider should ensure that all the residents have the opportunity to participate in meaningful activities that provide stimulation, maintain independence and promote a better quality of life.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

Resident's personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. We found that many elements of residents' personal plans contained a lot of details. However, this detail was not always outcome focused. Although the standard of some documentation was good and all the information required was present. There were many areas that did not always reflect the same information or the changing care and support needs. This potentially could result in inconsistent practice in supporting residents' welfare and wellbeing. The senior management had identified these concerns and were in the process of addressing them with individual staff. This should ensure that the information held for each resident is outcome focused, accurate and easy for staff to locate the most up-to-date information. The documentation should also clearly reflect where a resident's independence, control and choice are restricted the appropriate legal measures should be considered, specifically the principles of the Adults with Incapacity Act.

Residents should be involved in developing and reviewing their personal plans and it is important that residents' views are sought and their choices respected, especially if they have reduced capacity to fully make their own decisions. We found that the care review process could be used more effectively to identifying the residents' thoughts, views or wishes. The care review process should be used as a tool to improve the outcomes for residents and not as just a confirmation that all is well. **(See areas for improvement.)**

Areas for improvement

1. The provider should ensure that residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9.)

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

Requirements

Requirement 1

The provider must ensure people who are dying are cared for with respect and dignity, with their needs anticipated and managed by competent staff, and that consideration is given to the wellbeing of relatives/ friends who are attending the person.

In order to achieve this, the provider must:

- * Ensure prescribed medication is administered in a timely manner.
- * Ensure staff, receive suitable training and guidance in palliative/end of life care and bereavement support. This should include guidance on communication skills to assist staff in coping with sensitive situations and conversations.
- * The manager must ensure that the training provided is put in to practice and where any concerns are identified these are addressed and a record maintained.

This is to comply with: the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No. 210: Welfare of users 4 (1) (a) A Provider must make proper provision for the health, welfare and safety of service users, and 15 (b) (i) ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform, and: National Care Standards: Care Homes for Older People - Standard 19: Support and care in dying and death.

This requirement was made on 28 November 2017.

Action taken on previous requirement

The management team had recently audited the personal plans of residents who were receiving palliative care. The information varied significantly regarding residents' wishes and needs. Although, there was evidence that some staff had undertaken training in Palliative and End of Life Care a number of these staff have now left Fairview. The management team had taken steps to organise further training to ensure people who are dying are cared for with respect and dignity.

Although this requirement was met it will be replaced by an 'Area for improvement'.

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

The provider should undertake a 'review' or 'challenge' of their care planning documentation/processes to ensure senior management that staff were using the documentation effectively to improve and support the outcomes for residents.

National Care Standards Care Homes for Older People - Principles: Realising Potential; Standard 6: Support Arrangements and Standard 17: Daily Life.

This area for improvement was made on 29 August 2017.

Action taken since then

See report for further detail on personal plans and documentation.

Previous area for improvement 2

The provider should ensure that residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

National Care Standards, Care Homes for Older People - Standard 11: Expressing your Views.

This area for improvement was made on 29 August 2017.

Action taken since then

See report for further detail on personal plans and documentation.

Complaints

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

Detailed evaluations

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| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 4 - Good |

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| 1.2 People get the most out of life | 4 - Good |
| 1.3 People's health benefits from their care and support | 4 - Good |
| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and care planning reflects people's planning needs and wishes | 4 - Good |

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