care inspectorate

Fairknowe
Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882308

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2006124775

HAPPY TO TRANSLATE

About the service

Fairknowe House is registered to provide a care home service to 40 older people who may have physical needs and/or dementia. Inclusive in the maximum numbers are four places which may be used for respite/short breaks for the same client group. During this inspection we discovered that care and support was being provided to individuals younger than stated in the registrations certificate, and have advised the service to submit a variation to support this. The service was previously registered with the Care Commission, transferring its registration to the Care Inspectorate on 1 April 2011.

Fairknowe House is situated in a residential area of Maybole, South Ayrshire. The home comprises of a large converted villa, with purpose-built extensions. Within the home there are two communal lounges, quiet lounge (garden room), and large communal dining room. Accommodation is spread over two floors, and consists of six rooms for shared occupancy, with the remainder being used for single occupancy. Two of the single occupancy and four of the shared rooms do not have access to en-suite toilet facilities. Communal toilet and bathing facilities are accessible throughout the home. From the last inspection to this, a new manager had been employed by the provider.

People who live in Fairknowe have access to a well established secure garden at the rear of the property, which can be accessed via the dining room. The garden was well-appointed, with large areas of raised flower beds, allowing easy access and maintenance by those who live in the home.

The service states its aims as:

'To provide a highly professional and experienced staff to look after residents in a caring and sympathetic way, so that their privacy and dignity are respected and active independence encouraged where possible. To regard all residents as individuals with the right to make decisions regarding their care and choices where possible and to be fully involved in drawing up their own care plan'.

What people told us

We gained the views of people who live in, and visit the service through returned Care Standards Questionnaires, and face-to-face discussions.

An inspection volunteer supported this inspection to help gain the views of those who use the service. Inspection volunteers are individuals who have first hand experience of care services. They spend time talking with those who live in the home, their relatives/friends, and provide information that supports feedback to the service.

The feedback we received was as follows:

- "Since moving in I have seen positive improvements in my relative"
- "Staff are really friendly, and my relative is very happy with everyone"
- "I get on well with lots of the staff but not all of them"
- "I love my new room"
- "The food is first class, and plenty of it"
- "It's hard to make a menu to suit everyone"
- "If you use the nurse call system, you have to wait your turn"
- "I enjoyed the 'Ladies that Lunch' outing last week"
- "There doesn't seem to be enough carers on the floor, especially at the weekends"

- "Staff appear rushed off their feet a lot of the time"
- "There are limited activities within the home"
- "All I have to fill my time is Bingo, once every two weeks"
- "My relative feels loved by carers, nurses, and senior carers"

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 3 - Adequate

During this inspection we reviewed how well the service was performing to support people's well-being, and found the standards to be adequate.

People who use care services should experience compassion, dignity, and respect. To assess how well the service was performing in this regard, we spoke with those who live in, and visit Fairknowe House. It was helpful to hear from those living in Fairknowe about their experiences of care and support. We were told: "My keyworker is very nice"; "Staff are good, and they work very hard"; "Staff are really friendly, and my relative is very happy with everyone"; and "My relative feels loved by carers, nurses, and senior carers". However, this was not the consensus of all who live in, or visit the home. Others told us: "If you use the nurse call system, you have to wait your turn"; "I get on with most staff, but not all of them". During this inspection we discussed these findings with the service manager, and suggested they explore where negative/detracting experiences of care exist through internal quality assurance processes, and take necessary action to address.

Within Fairknowe House there was a developed plan of activities displayed within the lounge. This followed an 'am/pm' format, and catered mostly to structured type activities (bingo, dominoes, sing-along, movie nights, pampering). Although structured activities can support well-being, vocational activities linked to social roles/occupation (household domestic tasks, gardening, care giving, etc) can help individuals to feel validated, included and affirm identity. We reviewed how often individuals were accessing activities from records, and through discussions with those who live in the service. Activities records were limited in their quality, only detailing dates, activities offered and a list of attendees names. These did not measure the impact of the activity

completed, or outcome for individuals. Moreover, these did not evidence that access was equitable for all those who live in the home; with some individuals only having access to 2 activities throughout a month. Those who live in Fairknowe House told us: "I like the bingo, but only get every two weeks", "There is a lack of activities I would go to". Failing to support individuals to maintain interests, hobbies and social roles can result in social isolation and withdrawal (Requirement 1).

Individuals who use care services should feel confident their health and well-being will benefit from the care and support provided. We saw that individuals had good access to medical professionals, with the service making appropriate referrals to support good health outcomes. However, we found some cases where access to others within the healthcare team was limited (detailed in 'How well is our care and support planned'). Accidents and incidents were internally well-managed within the service, with appropriate actions being taken to explore cause and interventions to mitigate further occurrences. Where accidents and incidents required a notification to the Care Inspectorate, this was not always completed timeously. To ensure that individuals are protected from harm, neglect, abuse, bullying and exploitation, there are responsibilities placed on providers to notify the Care Inspectorate of accidents or incidents. (Area for Improvement 1).

An area for improvement was made at the last inspection for the service to enhance their practice in regard to medications management. People who use care services should feel confident any intervention will be safe and effective. During this inspection we found incidences where individuals medication was out of stock for several days, which may result in poorer outcomes linked to management of acute and long-term conditions. 'As required' and 'variable dose' medication require staff to undertake some form of assessment of individuals prior to administering, and therefore should have a clear protocol in place that details the process. The service had not yet established a mechanism for this, meaning that outwith the working knowledge of staff, there was no process to follow to support consistent and safe administration of these types of medications. Records for the administration of topical medications were found to have several gaps where signatures ought to have been entered, indicating administration. Furthermore, these did not always provide sufficient illustration for staff to follow for appropriate administration/application. The lack of guidance provided may rationalise gaps in signature sheets, as staff do not have the required information to administer topical medications prescribed in a safe and effective way. This may result in altered health outcomes, as a therapeutic level of medications is not achieved to effectively manage the condition for which they are prescribed (Requirement 2).

Fairknowe supports individuals who have both nursing and residential care needs. There are nursing staff present within the home from 08:00 - 20:00. Outwith these times the home operates an 'on-call' nursing service, with senior care staff escalating concerns regarding the health and well-being of individuals to nursing staff off-site using video conferencing technology. People who use care services should feel confident their care and support will be provided in a planned and safe manner, including if there is and emergency. We found that the service did not have a clear criteria for when concerns should be escalated to nursing staff, or when individuals should be referred to medical/emergency services. Using a validated criteria, such as the 'National Early Warning Scoring System' (NEWS) can support staff to make better clinical decision about individuals health; making referrals to others within the wider healthcare team timeously, supporting early intervention and management of deterioration, which can result in better outcomes for individuals (Area for Improvement 2).

Requirements

1. The service provider must enhance the provision of activities throughout the home to include, but not limited to:

- equitable access for all those who live in Fairknowe
- activities linked to individuals preferences, which provide stimulation and validation
- detailed documented accounts of activities engaged with
- measurement of the efficacy of activities offered

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can chose 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); and 'I can take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21); and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This is in order to comply with:
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3, Principles; and Regulation 4(1)(a) Welfare of users.

Timescale for completion: 30/06/2019
2. The service provider must enhance their practice for medications management. This should include, but not limited to:

- adequate stock within the home to permit continued administration of medications as prescribed
- clear guidance for administration, including as required, variable dose and topical medications
- accurately completed documentation illustrating administration of medications as prescribed

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This is in order to comply with:
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users.

Timescale for completion: 31/05/2019

Areas for improvement

1. The service provider should enhance their practice of informing the Care Inspectorate of any notifiable event as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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. The service provider should develop a clear and robust criteria for escalating health and wellbeing concerns to nursing staff, and at what point concerns should be escalated to medical/emergency services.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13); and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

How good is our leadership? 3 - Adequate

During this inspection, we reviewed how well quality assurance and improvement was led, and found the standards to be adequate.

It was positive to see the service had developed, and were using, quality assurance processes to observe staff practice; attempting to link to outcomes for individuals who live in the home. During this inspection we spent time discussing with the service manager how this may be enhanced further through the use of validated tools such as the 'Quality of Interactions Scale' or 'University of Bradford Wellbeing Profile'. These tools help measure how effective interactions between staff and those who live in the home are in eliciting positive outcomes, and how engagement in certain structured or vocational activities affects individuals wellbeing.

People who use care services should feel confident organisations will have a culture of continuous improvement through robust and transparent quality assurance processes. The service used a wide range of audits to ensure that healthcare needs were being addressed. However, these tended to be focused on inputs rather than outcomes, and the service should consider reviewing this with a more holistic and SMART approach. Moreover, these should also take into account the views of those who live in Fairknowe House, enabling them to feel included and that they are contributing to the safe running of their home. Following completion of audits, the service had developed and implemented plans of action to address areas where deficit existed. These lacked specificity, meaning that change ideas implemented to address areas for improvement could not be measured. In the absence of measuring the efficacy of change ideas/interventions, the service will not be able to determine which elicit more positive outcomes (Requirement 1).

We reviewed how the service managed people's finances. It was good to see the service provided receipts for money received into the home for individuals use. However, no receipts were retained for reference as individuals money was spent. In the absence of receipts for money spent, we could not be certain that individuals money was being used appropriately to enhance quality of life as the individual deemed appropriate (Area for Improvement 1).

Requirements

1. The service provider must ensure quality assurance processes are enhanced to include, but not limited to:

- measurement of quality of operational aspects of the service/work completed
- detailed action plans/service improvement plans, which contain specific and measurable actions to address areas where improvements are required
- involvement of those who live, visit and work in the service

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.8).

This is in order to comply with:
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) - Welfare of users.

Timescale for completion: 31/07/2019.

Areas for improvement

1. The service provider should ensure the mechanisms for managing individuals finances is improved so all income and expenditure is traceable, with appropriate records to substantiate.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

How good is our staff team? 2 - Weak

During this inspection we reviewed the staffing provision within the service and found the standards to be weak.

The staff who work in Fairknowe House were generally well-regarded by those who live in the home. During this inspection those who live in, and visit the service told us: "Staff are good, and they work very hard", "I know who my keyworker is, and they're very nice", "Staff are all nice", and "I get on well with lots of the staff, but not all of them".

Organisations have a duty to ensure those who require care and support are provided this by the right number of people/staff; allowing care and support to be outcome-focused, person led, and responsive. From our observations of staff delivering care we concluded that the dependency tool used by the service did not adequately calculate the required staff provision. We observed staff adopting a task-focused approach to care delivery, having limited time to engage and support individuals in meaningful activity, and individuals having to wait for extended periods of time to have needs or desires met (over 30 minutes). During this inspection we observed long periods of time when lounges remained without a staff presence (over 20 minutes); helping to ensure the safety and well-being of those present. However, during these times we found staff were busy supporting individuals within their bedrooms. Through discussing these finding with the staff group, they informed us that they felt stretched, and highlighted their frustration at only being able to provide fundamental care to those who live in the home. Those who live in Fairknowe House informed us "They are sometimes short-staffed, especially at the weekends", and "Sometimes you just have to wait". The comments provided by those who live in Fairknowe House illustrate that at times there is inadequate staff provision to meet the expectations and needs of those who live there. We reviewed the staff rota, and found days where staffing provision would not be sufficient to meet the needs of those who live in the home linked to dependency assessments completed, increasing the risk of less enhanced outcomes being experienced by those who live there (Requirement 1).

During this inspection, we heard from several staff who work in the service. They informed us that at present the morale within the staff group was low, with many feeling unsupported. It is recognised that positive person-centred care burgeons from effective staff-centred support. Therefore the service provider should explore these issues with the staff group, taking feedback into consideration, and making alterations as required (Area for Improvement 1).

Requirements

1. The service provider must review the dependency assessment used within the home, ensuring this remains in-line with validated tools available, and that there is adequate staff to meet the needs, choices and wishes of those who live in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My needs are met by the right number of people' (HSCS 3.15).

This is in order to comply with:
- The Social Care and Social Work Improvement Scotland (Requirements for Care

Services) Regulations 2011 (SSI 2011/210), Regulation 15(a) - Staffing.

Timescale for completion: 31/05/2019.

Areas for improvement

1. The service provider should explore issues experienced within the staff group, addressing feedback gained to support more enhanced staff morale.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience care and support where all people are respected and valued' (HSCS4.3).

How good is our setting? 3 - Adequate

During this inspection, we reviewed how effective the setting was in supporting individuals independence, and found the standards to be adequate.

Organisations who provide care and support should ensure environments are enhancing, and support peoples independence. To support services in this regard, the Care Inspectorate has developed guidance 'Building better care homes for adults'.

Throughout this inspection it was positive to see individuals who were able to move around the home freely accessing the secured outside garden independently, or leaving the home to go to the local shops.

We saw some good evidence of individuals having been encouraged to personalise their bedrooms with varying decoration, soft furnishings and ornamentation. This can help people to maintain a sense of belonging, create spaces which are familiar, and support orientation and wayfinding.

To help support better outcomes for individuals, the service had placed wayfinding signage throughout the home, offering individuals some visual cues to different areas they may wish to access. However, these did not always offer direction to areas of importance, such as toilets, which may result in less enhanced outcomes: inadequate directional signage for toilets can lead to functional incontinence as individuals are unable to locate independently as and when required. This, put in context and linked to some rooms within the home not having en-suite facilities, may result in managing incontinence opposed to promoting continence.

For people who live with dementia, and/or limited vision, environments should be decorated to offer sufficient tonal contrast throughout, helping individuals to navigate their environment safely, and independently. For example, using a colour which contrasts with the background can help to draw attention to key features, such as bathroom/bedroom doors, toilet seats, handrails and chairs etc. Throughout the home we found several areas where the service could make adjustments to support individuals to navigate their environment independently, particularly white bedroom/toilet doors and pine handrails against the pale green and cream hallway walls, white toilet seats on white toilet bowls and cream coloured floors, and light green dining chairs against the light dining room floor (Area for improvement 1).

People who live in a care home, should have their own bedroom which meets their needs; however, can choose to live with and share a bedroom with their partner, relative or close friend. Personal space can support outcomes linked to independence, as individuals can spend their time as they wish in their private room. Within Fairknowe House there were 6 bedrooms which can be used for shared occupancy. On review of those individuals who use these rooms, we found there was not always a pre-existing relationship prior to moving into

the home. Moreover, within these rooms it was difficult to evidence the use of adequate privacy screening, with two individuals observed sleeping with the door of the bedroom open, and no division to maintain privacy noted. This can lead to less enhanced outcomes, as individuals may feel unable to express themselves as they wish in private, resulting in embarrassment and frustration (Requirement 1).

Requirements

1. The service provider must review the provision of shared occupancy bedrooms, ensuring that those who live in these have a pre-existing relationship prior to moving in to the care home. Furthermore, there should be adequate provision within these rooms to support privacy.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend' (HSCS 5.26).

This is in order to comply with:
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 10(1) - Fitness of premises; and Regulation 14(b) - Facilities in care homes.

Timescale for completion: 31/10/2019

Areas for improvement

1. The service provider should enhance the quality of the care home environment to support individuals who live with dementia, and/or limited vision, linking any changes made to best-practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I can independently access the parts of the premises I use and the environment has designed to promote this' (HSCS 5.11); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned? 2 - Weak

During this inspection, we reviewed how well the service assessed individuals needs, and planned care which was inclusive of choices and preference, and found the standards to be weak.

All individuals who use care services should have a developed plan of care (sometimes referred to as a support plan) which outlines needs, choices and preferences, and should be developed in accordance with the person and their representatives as required. Plans of care should support enhanced outcomes for individuals who use care services, as they provide staff with the required information to support people in a meaningful, person-centred and outcome-focused way. As outcomes were not clearly defined within the plans of care we reviewed, we are unsure how the service were supporting individuals to achieve these.

The service was completing a range of assessments to help identify risks associated to different areas of health and wellbeing. We found these were often incorrectly completed, having a negative impact on individuals timeous access to external professionals from the wider healthcare team. For example, we found several nutritional assessments where individuals risk had not been calculated correctly resulting in delayed referral and

input from dieticians, and continued weight-loss. Moreover, where some individuals had been referred to external professionals, there was limited evidence of staff following up on reviews, or actions set. To ensure healthcare outcomes are maximised, it is imperative that external healthcare professionals expert knowledge is sought and followed.

Plans of care should detail the specific actions to be undertaken to meet individuals needs, linked to choices and preferences. Of the support plans reviewed during this inspection, we found interventions lacked specificity, and efficacy of these was not adequately measured through evaluations and care reviews. Generalist plans of care may lead to task focused care delivery, less enhanced outcomes for individuals, and reduced recognition of individuals likes and dislikes. Furthermore, not adequately measuring the efficacy of interventions set reduces understanding of what actions support more enhanced outcomes.

At the last inspection we highlighted the service required to improve the quality of the support plans implemented, and this continues at this inspection (Requirement 1).

Requirements

1. The service provider must ensure that individual's health and social care needs are correctly assessed in conjunction with the person and their representative as required, and supported by specific interventions which are linked to choices and preferences. The efficacy of interventions set must be appropriately measured through evaluation and review processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13); and 'My personal plan (sometimes referred to as 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); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This is in order to comply with:
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(1) - Personal plans.

Timescale for completion: 30/06/'2019.

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 manager should continue to develop and monitor the content of personal plans to ensure that they accurately and specifically reflect individual needs and preferences, how these are to be met and are properly evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'My personal plan (sometimes referred to as my 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); and, 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 13 March 2018.

Action taken since then

There was little progression with care plans from the previous inspection. Clinical risk assessments were incorrectly completed, and where these identified risk, this was not always clearly planned for. Clinical needs within the plans were generally identified; however, outcomes remained deficit focused, and interventions were not specific. Evaluations were not always being completed timeously, and did not measure the efficacy of interventions detailed. We saw some evidence at the beginning of the inspection where individuals who lacked capacity had signed consent forms (after section 47 certificate date), resulting in ambiguity of duress. This was rectified during the inspection, with advocates signing on their behalf. There was limited evidence of resident, or family involvement in the development or on-going review of plans of care.

This area of improvement is not met, and is incorporated into Key Question 5 - Requirement 1 & 2.

Previous area for improvement 2

The service provider should enhance practice for medications management to ensure there is sufficient medicine available to administer as prescribed, and clear guidance exists for each individual, and medication, prescribed 'as required' or as a variable dose.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me' (HSCS 1.19); and, 'Any treatment or interventions that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 13 March 2018.

Action taken since then

Practice of medications management continues to require attention. We saw several individuals who had no clear guidance for the administration of as required, or variable dose medications. Moreover, some protocols were in place for medications which had been discontinued. We saw some individuals for whom medications were out of stock, posing a challenge to maintenance of therapeutic levels to maintain health. The treatment room and medications trolley were all in good order.

This area for improvement is not met, and incorporated into Key Question 1 - Requirement 2.

Previous area for improvement 3

The service provider should ensure there is adequate staffing to meet the need of individuals within the service.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards, which state: 'My needs are met by the right number of people' (HSCS 3.15); and, 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17)

This area for improvement was made on 13 March 2018.

Action taken since then

We saw from staff rotas that there were days when the service had minimal staff available. The dependency assessment tool used by the home was one developed by the service, and not validated. This did not adequately afford care provision of hours linked to potential needs of individuals. We heard from several staff who work in the service about their concerns regarding staffing provision, triangulating this to feedback gained from those who live in, and visit the service.

This area for improvement is not met, and incorporated into Key Question 3 - Requirement 1.

Previous area for improvement 4

The service provider should ensure that any assessment of dependency is a true reflection of individuals needs, especially where this informs staffing levels/staff deployment.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards, which state: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 13 March 2018.

Action taken since then

The dependency assessment was one which had been developed independently, and therefore not validated or reliable. This did not afford adequate care provision of hours, linked to needs identified (individuals who may require maximum assistance with personal hygiene, eating and drinking and continence care were awarded 2 hours of care within every 24 hour period). Scores achieved within the dependency assessment had been linked to care hours as follows:

- 1 - 27 = 2 Hours/24 hours
- 28 - 37 = 3.5 hours/24 hours
- 38 - 52 = 5 hours/24 hours
- >53 = 5 hours/24 hours

This area for improvement is not met, and incorporated into Key Question 3 - Requirement 2.

Previous area for improvement 5

The service provider should ensure that action plans are developed to include specific and measurable actions consistent to findings from quality assurance processes.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards, which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 13 March 2018.

Action taken since then

The service were using a breadth of quality assurance audits to set and assess standards of operational practice. These were generally input driven, measuring quantity (had a task been completed/was the right document in place) opposed to quality linked to outcomes. Actions set following to address areas for improvement lacked specificity, with efficacy of achieving desired outcome not being measured. These were not tracked over time, allowing the service to be responsive to quality improvement, supporting sustained and embedded change.

This area for improvement is not met, and incorporated into Key Question 2 - Requirement 1.

Previous area for improvement 6

To ensure residents receive responsive care and support all care staff should be competent in procedures to be followed when a resident needs to attend hospital.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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)

This area for improvement was made on 4 February 2019.

Action taken since then

We saw limited evidence of an effective protocol for the management of individuals who deteriorate. The language used within the protocol in place was weak, stating 'if you feel the resident is becoming unwell call on-call or ADOC', 'if you feel the resident is very unwell, call emergency services'. There was no evidence 'Early Warning Scoring Systems' being used by the service to rationalise escalation of individuals who's condition had deteriorated.

This area for improvement is not met, and incorporated into Key Question 1 - Area for Improvement 2.

Previous area for improvement 7

To ensure residents are fully involved in all decisions about their care and support, care plans should detail where and when representative's views have to be sought and include detail of any legal powers representatives may have. Staff should be fully aware of the details in these plans.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12)

This area for improvement was made on 4 February 2019.

Action taken since then

We saw little evidence of individuals and their representatives being encouraged and involved in the care plan and review process. Of the support plans reviewed, we found evidence of individuals signing consent forms, where section 47 certificates of incapacity existed, illustrating duress. There was limited evidence within care reviews of the discussions had between the service, individual and their representatives, exploring how care and support was helping to achieve personal outcomes and desires.

This area for improvement is not met, and incorporated into Key Question 5 - Requirement 2.

Previous area for improvement 8

To ensure residents receive responsive care and support all levels of management should ensure that where any concerns are raised regarding the service these are investigated fully and in line with the service's complaint procedure.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This area for improvement was made on 4 February 2019.

Action taken since then

We reviewed the services complaints policy, which we deemed to be comprehensive. The service were able to demonstrate a good overview of all complaints raised, and actions taken to address these in line with the policy published. There was evidence of the complaints investigation through letters sent to complainants; however, we have discussed with the service about ensuring all evidence is stored together, allowing ease of tracking the process from complaint to conclusion.

This area for improvement is met.

Previous area for improvement 9

To ensure residents receive responsive care and support a robust assessment of their wishes and preferences should be carried out to inform care planning and should include the views of representatives where appropriate.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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.

This area for improvement was made on 4 February 2019.

Action taken since then

Of the support plans reviewed we found care assessments were not always completed correctly, or timeously. We could see evidence where incorrect assessment had negatively impacted on outcomes for individuals through timeous referral to healthcare professionals, such as dieticians. As some assessments were not completed correctly, they therefore did not effectively underpin appropriate care interventions.

This area for improvement is not met, and incorporated into Key Question 5 - Requirement 1.

Previous area for improvement 10

To ensure residents' care and support meets their needs all care staff should be knowledgeable in good foot care and know when to refer for further assessment or intervention.

This is to ensure care and support is consistent with the Health and Social Care Standards with state: '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) and 'I am assessed by a qualified person who involves other people and professionals as required' (HSCS1.13).

This area for improvement was made on 4 February 2019.

Action taken since then

The service were unable to demonstrate access and completion of training linked to foot care. On discussion with the service manager, they highlighted that they had found sourcing this type of training difficult. We advised the service manager to liaise with the local NHS podiatrist.

This area for improvement is not met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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