

# Faithlie Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 September 2019

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003000306

## About the service

Faithlie Care Home is a purpose-built, two storey care home for older people. The service is provided by Aberdeenshire Council. The home is registered for 35 people, with one place for respite care. At the time of this inspection there were 31 people living in the service.

Faithlie is set in landscaped gardens and has an enclosed sensory courtyard garden. The home is located in the fishing town of Fraserburgh. People have easy access to the town bus service and to local shops, churches and cafes.

There is a communal sitting room and dining room that are furnished to a very good standard. People have a good choice of alternative smaller lounges and quiet areas to relax in. The bedrooms have no en suite facilities.

The aims and objectives of the service are to:

- fulfil the rights of people using the service and meet their needs as far as possible
- provide a safe and secure environment which does not over-protect but makes people aware of any risks
- respect people for who they are
- make full use of resources available to assist people to reach their potential
- always listen with empathy to any views and to act accordingly.

This service registered with the Care Inspectorate on 1st April 2011.

## What people told us

Faithlie Care Home was asked to participate in our New Care Surveys. This involved residents and visitors completing surveys online or as a hard copy. We received six completed surveys from residents and one from a relative. We received mixed feedback including five residents indicating they were bored and only two residents feeling valued. We used comments made on the surveys to inform our inspection, for example:

"I am happy with the way everything is."

"Quite happy with the way things are."

"Too much choice at mealtimes."

"Just leave it like it is."

"I would like outside more."

"Very happy."

"I like spending time in my room reading my paper."

"Sometimes don't like the food."

"There are a couple (of staff) I don't get on with."

"I prefer to be by myself most of the time."

"If I want peace I go through to my room."

"There needs to be better communication regarding things such as hospital appointments and nurse visits."

"Very friendly towards us as visitors in the home."

"Small sitting rooms are excellent for allowing residents to receive visitors and have their own space."

"Communication could be improved when incidents happen."

During our inspection one inspector and an inspection volunteer spoke with nine residents and with five visitors. We used their comments to inform our inspection, for example:

"The staff are very good. Definitely good food."

"The staff look after me well. There is nothing much to do all day."

"I get up and go to bed when I want. I enjoy my life here."

"People take my papers (newspapers) and I have paid for them. The manager sorted it out though. If I am ill, I get medical attention quickly."

"She was always well dressed and clean but not so much now since moving in here. Her mood has gone down since being here."

"I went to relatives meeting raised lack of activities. That's my only complaint, the lack of activities."

"We all get on fine here. I enjoy a chat and a laugh."

"I have been out twice but they were for appointments."

"Made to feel welcome when we visit. Always a cup of tea and a fine cake."

"We have peace of mind that she's safe. Always neat and tidy."

## 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?	4 - Good
How good is our staffing?	5 - Very Good
How good is our setting?	3 - Adequate

How well is our care and support planned?	3 - Adequate
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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**

We found the service to be performing to an adequate level in how it supports people's well-being. There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths while addressing areas of performance that are not contributing to positive experiences and outcomes for people.

Throughout our inspection we observed a homely, calm and relaxed atmosphere in all areas of the home.

Staff were observed engaging with residents with compassion and respect. Conversations were warm and often resulted in laughter. We could see the pleasure this brought to people.

There were high levels of satisfaction with meals. We were told the meals were of good quality and there was plenty of choice. Meals appeared appetising. It was positive that due to the changes in medication times, staff were now able to enjoy their meals with residents. This helped make mealtimes sociable occasions.

Residents looked well. Residents clothing appeared clean and in a good state of repair. Time had been taken to make sure that people's hair was styled, jewellery was on and handbags were within reach. Two residents we spoke with said it was very important for them to "look nice." Staff had supported people retain a sense of identity and person-hood.

We read that a variety of activities had taken place. Throughout the ground floor there were photographs of past events that had taken place. However two residents told us "the day can be long with not much to do." We observed a volunteer folding napkins and setting tables. This was a missed opportunity to encourage residents to take part in day-to-day tasks. In the afternoon when there was a change of staff there was a period of an hour where the staff numbers were very high. This would have been an opportunity for 1-2-1 activity or engagement to take place however the majority of staff gathered in the lounge area where a group conversation with some residents took place. The service should look to provide activities in a consistent and meaningful way and support people to get the most out of life. **(see area for improvement 1).**

We had concerns with how staff cared and supported people who experienced behaviours which may be distressing. One person had left the home unsupported, this put them at risk of harm. We read that the care plans, risk assessment and communications records did not show how this person's distress presents, possible triggers and what measures to take to reduce the risk to the person leaving the building unsupported. As a result this person had continued to leave the home unsupported, on one occasion this was for a significant period of time.

One person who's first language was not English was not supported appropriately when displaying behaviours which may be distressing. We found that the actions taken by staff did not reduce the anxiety and distress of one person who expressed their distress in their first language. The actions taken by staff did not demonstrate compassionate or respectful care and did not reduce the distress of the person. The service should look to have records of translated key words for example: pain, hungry, cold and use these records to help staff to communicate with individuals in their first language to establish the possible cause of anxiety or distress.

Although referrals had been made to allied professionals to provide additional support to people who experience distress there was insufficient information available to them. This may mean that the necessary and appropriate support may not be provided. **(see requirement 1).**

### Requirements

1. The provider must ensure that people who experience behaviours which may be distressing have detailed care plans and assessments in place that demonstrate how each person may present, possible triggers for the behaviour and how best to support the person to reduce their distress. There also must be improvements made to how any episodes of distress are recorded and what actions the staff have taken to care and support for the person.

Timescale: to be implemented by 30 November 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states: "My person 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" HSCS 1.15 and "My care and support meets my needs and is right for me" HSCS 1.19 and 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) - requirement for the health and welfare of service users.

### Areas for improvement

1. The service should have a consistent approach in giving residents opportunities to participate in meaningful activities and engagement and support them to get the most out of life.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can choose 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 take part in daily routines, such as setting up activities and mealtimes, if this is what I want" HSCS 2.21.

## How good is our leadership?

## 4 - Good

We have graded the quality of improvement and quality assurance as good. This means that there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

People should be able to use a service that is well-led and managed. The management team was now fully recruited. This had brought stability to the staff team and to the service. Tenants told us that the management were visible and also approachable. This meant that tenants felt they could raise any concerns and that they would be listened too.

There should be a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The service had a detailed development plan in place. We found the plan was clear and easy to understand. It demonstrated how improvements would contribute to enhancing outcomes for people.

People should be supported to give regular feedback on how they experience care and support. The service continued to complete regular surveys. Each month one aspect of the care provision was chosen to get feedback

on. This enabled people to identify areas of positive practice and the areas they thought that could be improved. When an improvement was suggested, we could not always see if it had been acted on. This meant that some aspects of the service provision was static and did not always reflect what people wanted.

The service had assessment tools in place that recorded falls and pressure sores. The assessment tools were completed accurately and were used to inform the overall risks to people. This enabled staff to provide the right care and support to residents to reduce the risk of falls and skin breakdown.

The service was developing champion roles. This would mean that some staff would become more skilled in some aspects of care for example: falls, enablement and medication. We could see the positive impact this had already had on medication management. A robust system for addressing medication errors was now in place. This improved system would reassure residents that their medication was being administered safely.

We will review at our next inspection the progress in the development of all the champion roles and review the impact this has on the overall quality of service provision.

## How good is our staff team?

## 5 - Very Good

We evaluated the service as performing at a very good level for the quality of the staff team. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes.

People's needs should be met by the right number of people. Staff were visible throughout our inspection. We observed staff take time to stop and engage with people. We saw the pleasure this brought to people. We were told "the staff are just lovely". There were high levels of satisfaction and confidence in the staff team.

During our previous inspection staff appeared busy and at times struggled with the work load. However during this inspection, the delivery of care and support was not hurried and completed at a time that was chosen by the person. This had led to increased levels of satisfaction. We concluded that there were the right number of staff working to meet the needs of residents.

We observed a staff handover and found that it was informative and used as a platform for staff to share and discuss any changes to people's care and support needs. This meant that staff coming on duty were aware of the up to date needs of people.

Staff were seen to support each other for example, when a resident required assistance to move using equipment, staff would be organised and two staff would be present to carry out the procedure. This was an improvement. Previously staff often had to wait until a colleague was free to assist, meaning that residents sometimes had to wait too long. The team work and organisation of the staff had resulted in improved outcomes for people.

The management team were now following absence management processes. This mean that sickness absence management was being dealt with properly. Although there continued to be the use of agency staff, the moral in the permanent team appeared higher due to the positive steps the management team were taking.

**How good is our setting?****3 - Adequate**

We found the service to be performing to an adequate level in the quality of the environment. There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths while addressing areas of performance that are not contributing to positive experiences and outcomes for people.

If people experience care and support in a group, they should experience a homely environment and should use comfortable areas with soft furnishings to relax in. The main lounge was large and the furnishings appeared comfortable. Most people chose to spend time in this area however the service had upgraded and furnished smaller sitting rooms on both floors. This gave residents and their families a choice of where they wanted to enjoy their time. The service needs to be mindful that clinical items and equipment are not stored in these smaller sitting rooms. This gives the impression of a mixed use space and may put people off from using these smaller sitting rooms.

The improvements to the flooring had brightened the environment and made hallways appear wider. Lighting was good and handrails were distinctive. This contributed to supporting residents mobilise independently throughout the service.

Directional signage was in place. These were signs that helped direct and orientate people to key areas and rooms for example: toilets, the lift and lounge. The service needs to be mindful that these signs are appropriately placed. We found that some signs could confuse people and misdirect them.

People we spoke with said that they had been supported to bring items in to make their bedrooms more personal and homely. We saw some lovely examples of rooms that were very homely. This gave residents a sense of belonging and made people feel at home.

We had made a requirement at our previous inspection with regards to the absence of bathing and showering facilities in one of the wings upstairs. We were made aware during our inspection that approval had been granted and that funding was in place for these essential works to take place. However the works had yet to begin and the lack of bathing and showering facilities in that area remained. This continued to impact on the dignity and the care and support of residents who lived in that wing. The requirement we made at our last inspection regards the lack of bathing and showering facilities remains in place and will be followed up at our next inspection.

**How well is our care and support planned?****3 - Adequate**

We have graded the quality of the care and support planning as adequate. This means that there were some strength and these just outweighed the weaknesses. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

My care plan is right for me because it sets out how my needs will be met, as well as my wishes and choices. All residents had a set of care notes that were neat, organised and followed the same format. This made it easier for staff to find relevant information in the care notes.

The service had introduced prompt boards in the staff office. This helped give staff updates on any immediate changes to people's care and support needs. However we found that all the relevant care plans had not been updated to reflect these changes. This had the potential to cause confusion and inconsistency in how some people received care and support.

Reviews occurred frequently. We read that residents, relatives and key workers were involved in the review meeting. This is an opportunity to discuss areas of care and support that had resulted in positive outcomes and also to highlight areas that were not working so well. It concerned us that during one person's review there had been no discussion or record made of an incident that had occurred that put that person at risk. The service needs to improve how reviews are managed to ensure that they are meaningful and that all parties present are given the opportunity to make informed decisions about any changes that they want to make to the care and support provided.

Care plans were in place for people who experience distressed behaviour however these required developing to include: how individuals may present if distressed, possible triggers for the behaviour and the ways in which the staff can best support that person to reduce any distress. This would have enabled the staff to have an appropriate and consistent approach in caring and supporting people who may experience distress.

Staff updated daily contact records to document the care and support a person had received. We found that some entries were not recorded in a respectful or compassionate manner with some inappropriate terminology used. Although we are confident that these entries were not indicative of the standards in all daily records, it is important for the service to ensure all daily records are written in a respectful and compassionate manner.

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

### Requirements

#### Requirement 1

The provider must ensure there are sufficient shower and bath facilities in the service to meet the needs of service users. The provider must submit: an action plan detailing timescale for completion of works and a plan of action on how the service intends to meet people's personal care in a dignified way, by 31 March 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I experience a high quality environment.' (HSCS 5), and 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 and Regulation 10 - Fitness of premises.

**This requirement was made on 19 October 2018.**

#### Action taken on previous requirement

The plans and funding for the additional bathing/showering facilities had been approved. However works had yet to begin with no date identified for the start and completion of the works. This meant that there continued to be insufficient showering/bathing facilities in one wing of the service. We will follow-up at our next inspection if the planned works have been completed thus improving the facilities available for residents to use.

**Not met**



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	5 - Very Good
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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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