

Forefaulds Care Home Care Home Service

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Telephone: 01355 220102

Type of inspection:

Unannounced

Completed on:

4 March 2020

Service provided by:

Sanctuary Care (Combined) Limited

Service provider number:

SP2007009177

Service no:

CS2007157967

About the service we inspected

Forefaulds Care Home is situated in a residential area of East Kilbride. It is registered to provide care and support to a maximum of 56 older people, which includes five for respite/short break.

There are 56 single rooms with a range of en suite facilities as well as access to shared bathrooms and shower facilities. There are lounge and dining facilities available on each floor.

A lift was available between floors and people had access to secure garden areas.

The company state: "we offer care that is of the highest standard and is tailored to meet individuals with specific wishes and choices. These choices will be respected and honoured at all times".

How we inspected the service

Two inspectors carried out an unannounced visit to Forefaulds Care Home on 3 March 2020.

We were there for two days and gave feedback at the end of day two.

The purpose of this visit was to look at progress of the requirements and areas for improvements made at the inspection on 25 October 2019.

This report should be read in conjunction with the report from 25 October 2019.

Taking the views of people using the service into account

We chatted with lots of residents over the two days we were there to gather their views about the service.

As some of the residents found it difficult to give their views we observed their reactions and interactions with staff.

Residents we spoke with were mainly happy. They told us they were well looked after, the food was good, there were things to do. They told us they were happy with staff who supported them.

Taking carers' views into account

We also spoke with four visitors. They were happy with the care and support their family member received and they raised no issues with us.

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

Previous requirements

Requirement 1

In order to ensure residents receive appropriate care and support the provider must by 1 March 2020 :

- (a) improve the quality of risk assessments
 - (b) meet all residents nutrition and hydration needs
 - (c) ensure staff respect residents confidentiality at all times
 - (d) consider the noise levels in the main lounge
 - (e) ensure staff have the appropriate level of information to enable them to fully support residents
- This is to ensure care and support is consistent with Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me'

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011

This requirement was made on 25 October 2019.

Action taken on previous requirement

We looked at risk assessments and found that although the document was good it did not give clear guidance around how to manage the level of risk identified. There seemed to be a lack of instruction around what to do when a risk was identified.

We found MUST tool scores had been added up wrongly. This could give a false reading of the persons nutritional needs resulting in the wrong dietary guidance being followed.

We looked at food and fluid charts. The paperwork for this does not lend itself to consistent recording. We found balances were incorrect, the two required daily audits were not always completed therefore no actions were identified if someone did not reach their target. The food and fluid charts were filed away very quickly so they were not used to monitor any improvement or deterioration.

We found staff were respectful and discrete when supporting residents. The lounges had been rearranged to provide smaller areas to sit and this seemed to have resulted in a quieter environment. There was a calm and relaxing atmosphere that we felt was a big improvement on the previous inspection. We have asked the management team to continue to look at the layout of the lounges.

Staff told us they had been given time to read care plans. However plans still do not have enough information to fully guide staff.

The service had worked hard to improve the areas identified in this requirement. Parts of the requirement had been met however there still remained areas that required improvement. Therefore this requirement has not been met.

Not met

Requirement 2

In order to ensure there is a stimulating environment the provider must offer a full range of activities by 1 March 2020

This is to ensure care and support is consistent with Health and Social Care Standards 1.25 which states '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'

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011 4.

This requirement was made on 25 October 2019.

Action taken on previous requirement

We felt there were now more activities taking place with outings enabling people to access the community. However staff told us there was not enough activity taking place apart from the planned activities and there were a number of people still seemed to have nothing to do.

The environment could be developed to be more dementia friendly and provide stimulation as people walked around the units. This could involve providing areas where people could pick things up that would provide stimulation and could lead to chat and reminiscence. Some residents walk about all day and this would provide places of interest to stop and look at.

We discussed better co-ordination of staff to enable them to spend more 1-1 time with residents. We acknowledged staff were busy but we felt there was time to allow for this.

When we next inspect we expect to find individual activity plans developed from interests, hobbies and ideas residents have provided to ensure the activities provided are what residents want to do. We will expect to find activities have been evaluated to enable residents to say if they enjoyed the activity, if they want to do it again or if they had ideas to make it better.

Although there had been considerable improvements this requirement is not met.

Not met

Requirement 3

In order to ensure the health and welfare of residents the provider must improve management of medication procedures by 1 March 2020

This is to ensure care and support is consistent with Health and Social Care Standards 4.11 which states 'I experience high quality care and support based on relevant evidence, guidance and best practice'

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011

This requirement was made on 25 October 2019.

Action taken on previous requirement

We found considerable improvements in medication management with no issues found.

Met - within timescales

Requirement 4

In order to ensure residents receive appropriate support with daily health needs the provider must ensure all daily charts are fully completed and reviewed by 1 March 2020

This is to ensure care and support is consistent with Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me'

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011

This requirement was made on 25 October 2019.

Action taken on previous requirement

We looked at charts for re-positioning people in identified timescales. This is to ensure skin integrity is maintained and to try to prevent skin breakdown. However there were large gaps in recordings. This meant there was no evidence the person had been moved in the agreed timescales.

We also looked at other daily charts for personal care, oral care and topical medication. We found unacceptable gaps in all of these and we discussed these with the management team.

Not met

Requirement 5

In order to ensure residents have their support and care needs fully met the provider must ensure there are adequate numbers of staff on all shifts by 1 March 2020.

This is to ensure care and support is consistent with the Health and Social Care Standard 3.15 which states 'My needs are met by the right number of people'.

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 25 October 2019.

Action taken on previous requirement

We found there were adequate staff on day shifts. However we discussed a resident with a high level of agitation that seemed to be mainly during nightshift. As this was in the upstairs unit we discussed how this was managed with two staff on shift. We have asked the management team to monitor this. This was agreed.

Met - within timescales

Requirement 6

In order to ensure resident's health, safety and wellbeing needs are documented the provider must improve the information recorded in care plans by 1 March 2020.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.15 which states "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."

It is also necessary to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland Regulations 2011

This requirement was made on 25 October 2019.

Action taken on previous requirement

The care plan document was good. It provided person centred information to ensure staff worked consistently and in the way residents preferred.

Some plans were well written with good information around how to support independence and promote choices. However they were not always completed to a high standard with the necessary level of information needed to fully guide staff.

We looked at plans for stress behaviours and found that although the person had 'as and when required' medication this was not recorded in their plan. This meant there was no information around when to administer and identified triggers within the care plan to ensure consistency.

There were care plan audits completed however they only considered if expected information was there and did not comment on the quality of the content.

Although the care plans had greatly improved there was still work to be done to ensure they were all of a consistent quality.

Not met

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

Residents should have opportunities to give their views at resident meetings.

This is to ensure care and support is consistent with the Health and Social Care Standard 2.11 which states 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'

This area for improvement was made on 25 October 2019.

Action taken since then

Minutes of resident meetings showed the only item discussed was activities. Meetings should have a full agenda to include the environment, food, staffing and management and leadership. This would give residents an opportunity to give their views on all areas of the home.

This area for improvement is repeated.

Previous area for improvement 2

All relevant incidents should be reported to the Care Inspectorate.

This is to ensure care and support is consistent with the Health and Social Care Standard 4.11 which states 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made on 25 October 2019.

Action taken since then

We found all relevant incidents had been notified to the Care Inspectorate.
This is therefore met.

Previous area for improvement 3

Staff should have opportunities to participate in 1-1 supervision sessions and team meetings.

This is to ensure care and support is consistent with the Health and Social Care Standard 4.11 which states 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made on 25 October 2019.

Action taken since then

We found all staff had now had a 1-1 supervision session with their line manager and the management team have assured us these will be maintained.

Team meetings had taken place. This gave staff an opportunity to come together to discuss any issues they may have.

This has been met.

Complaints

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

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