

## Flemington Care Home Care Home Service

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Glasgow  
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Telephone: 0141 643 9600

**Type of inspection:**  
Unannounced

**Completed on:**  
13 November 2020

**Service provided by:**  
Flemington Care Home Limited

**Service provider number:**  
SP2011011539

**Service no:**  
CS2011285878

## About the service

Flemington Care Home is owned by a private company called Flemington Care Home Limited. It is a purpose-built care home on three floors. The home can accommodate 90 older people, however 16 of the places may be used for adults aged between 16 and 65 or four people receiving respite care. At the time of the inspection there were 77 people receiving care.

The home is split into five units with two on the ground floor, two on the first floor and one on the second floor. All residents have access to individual bedrooms and private en-suite facilities including a wet floor shower. Double bedrooms can be made available to those who wish to share.

The home's philosophy is to create a "warm, homely atmosphere where people can live in comfort, dignity and safety and where they can be encouraged to maintain and improve their quality of life backed by 24 hour nursing care of the highest standard."

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

## What people told us

People told us that they were happy, and staff treated them well.

Family we spoke to told us that they were happy with the care and support their relative received. They told us there was good communication and they were kept up to date about their relatives' care and any changes in the service.

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

#### 7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic

We evaluated that the support and safeguarding of the health and wellbeing of people experiencing care during the COVID-19 pandemic was adequate, with strengths just outweighing weaknesses.

People living in the home were supported by staff who were familiar with their choices and preferences. They were well cared for in a homely environment where appropriate measures to maintain social distancing were in place.

People were supported to stay in touch with family and friends using technology and social media. Garden and window visiting took place in line with the current local guidance.

Relatives spoken with said that they were kept well informed and updated regularly in relation to their family member. However, this was not clearly documented within individuals' personal plans (see Requirement 1).

Personal plans should reflect people's wishes and be regularly updated to reflect their changing needs. From the plans looked at we found the majority were up to date and included detailed information about the person and how they liked to be supported. Where information was missing, we passed this to the management team for action.

End-of-life plans were in place and had been developed in consultation with families. When a resident was at end of life, arrangements were in place to allow a family to be with them.

People's care notes lacked detail of their daily support and we noted significant gaps in these records. They therefore did not give staff the information they needed to ensure people's care needs were being met (see Requirement 1).

Where health concerns were identified the service contacted relevant health professionals for advice.

Medication was generally well managed, and, in most cases, people received their medication as prescribed which helped to ensure people received the treatment and support, they required. We identified some medication recording issues which included occasional gaps in staff signatures to indicate medication was given as well as handwritten medication administration records not being appropriately completed (see Area for Improvement 1).

We would expect that people are supported to remain active and that they benefit from meaningful activity. We acknowledge that activity staff were reviewing people's interests to develop an activity planner that reflected the interests of individuals. In the meantime, planned group activities and one to one interaction were limited, with people telling us that they were bored with little to do. A lack of social contact and meaningful activity can impact negatively on people's mood, abilities, and sense of wellbeing (see Area for improvement 2)

## 7.2 Infection control practices support a safe environment for people experiencing care and staff

During an outbreak of COVID-19, strict infection control procedures are important to make sure people are kept safe. We found that the service's performance in relation to infection control was adequate.

It was positive to see that the service took action to address the issues that had been identified by the visiting Infection Prevention & Control support teams in response to Covid-19

The home was generally clean and fresh. Housekeeping staff had a good knowledge of the appropriate cleaning materials and used these effectively. Cleaning schedules were in place and included increased cleaning of frequently touched surfaces.

Areas of the environment were regularly audited, this included weekly checks on mattresses to ensure they were not contaminated and needing replaced. Some furnishings needed repaired or were worn and needed replaced. To help ensure effective infection control practices were maintained management should ensure the Service's Covid 19 audit is completed as intended and actions identified addressed promptly (see Area for Improvement 3).

There were sufficient facilities for staff to wash their hands. However communal toilet and bathrooms were fitted with hand dryers and not paper towels as is recommended at this time to reduce the spread of infection (see Area for Improvement 3).

We saw good practice in relation to donning and doffing of personal protective equipment (PPE) and hand hygiene. In most areas we saw staff use PPE as needed, keeping themselves and others safe. Where we identified practice issues that had the potential to lead to cross contamination this was raised with management for action (see Area for Improvement 4).

Routine weekly staff testing for COVID-19 took place in line with guidance. Staff were aware of the arrangements to put in place should a resident test positive for COVID-19 and how staff and residents would be cohorted in the event of an outbreak. This followed best practice and assisted with the continued protection of people and staff from harm.

A safe system was in place for laundering of clothes and linen and followed best practice guidance in relation to infection prevention and control.

### 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

#### Evaluation

We evaluated that the staffing arrangements were adequate in how they responded to the changing needs of people experiencing care.

There were strengths to the staff group in their commitment to the service. We observed staff promoting social distancing and their interactions with residents were kind and respectful.

A dependency tool was being used to determine staff numbers and the appropriate skills mix. However, this did not consider where people were self-isolating or how people's social needs could be met where there were restrictions in groups coming together and staff moving between units. Despite the best efforts of staff, they had little time to speak with people or support them to maintain their interests. Care that lacks regular interactions and engagement from staff does not promote independence and choice and can impact negatively on people's sense of wellbeing, mood and motivation (see Requirement 2).

The service had a staffing contingency plan if staff were absent because of illness, self-isolation or exclusion following a positive COVID-19 test.

Where agency staff were being used staff were block booked to ensure they did not work in other homes to reduce the risk of cross infection.

Staff were aware of current legislative/best practice guidance in relation to COVID-19 and told us they felt fully informed and supported.

All staff had received appropriate training in relation to Covid 19 including the use of PPE. We noted that not all staff put what they had learned into practice in a way that helped to keep everyone safe. Management agreed to address this issue.

Staff spoken with said that they worked well together, they felt safe at work and had good support networks in place. This included access to peer support. Some staff felt that they could be supported more by management, and management agreed with this feedback. These supports had helped staff to cope and to work effectively during a challenging time.

In some of the units staff were using communal areas or occupied bedrooms for breaks. We observed staff removing their PPE prior to taking their breaks within communal areas with residents approaching staff during this time. Areas used by people who live in the service, especially bedrooms, should not be used by staff on their official break. This reduces the ability of those involved to practice social distancing and increases the risk of transmission of COVID 19 (see Area for Improvement 5)

#### Requirements

1. By the 4 December 2020 the provider must ensure that within individuals personal plans staff record clear and precise care notes detailing the care provided during each care shift. This must include all communication with other parties including relatives and health professionals.

This is to ensure confidence in the organisation providing my care and support and is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

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;

2. By the 4 December 2020 the provider must ensure that staffing levels within the home are assessed considering people who are self-isolating and the social and emotional needs of those living in the home.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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 3 - Principles; Regulation 15(a) - Staffing;

## Areas for improvement

1. The provider and manager should ensure that all medication records are correctly completed and where handwritten records have been put in place that these are appropriately referenced in line with current guidance.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)

2. The provider and manager should ensure that a range of appropriate and meaningful activities are provided daily to engage people living in the service. This should be regularly reviewed to ensure activities provided remain relevant and met their wishes.

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

3. The provider and manager should ensure that furniture and equipment be checked routinely and any damaged items replaced. Paper towel dispensers should be fitted to all communal bathrooms and toilets instead of hand dryers to reduce the spread of infection.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: 'I am able to access a range of good quality equipment and furnishings to meet my need, wishes and choices.' (HSCS 5.21)

4. The service must ensure that all staff wear PPE as stated in Health Protection Scotland guidance entitled "COVID-19 Information and Guidance for Care Home Settings.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: I experience high quality care and support because people have the necessary information and resources (HSCS 4.27)

5.  
The provider and manager should ensure that staff have appropriate designated areas where they can have their breaks away for those living in the service.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: If I live in a care home there are separate facilities for people who support and care for me, these are in keeping with the homely environment (HSCS 5.14)

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

### Requirements

#### Requirement 1

The service provider must ensure that the health and welfare of residents residing in a specific unit of the service, by ensuring that people are treated as individuals and that the care and support provided meets peoples care and support needs.

This ensures 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 "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6). It also complies with Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2011/210 Regulation 4 (1)(a) Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. This has to be achieved by the 1 November 2019.

**This requirement was made on 1 October 2019.**

#### Action taken on previous requirement

From our observations and discussions with staff we were satisfied that people living in this unit were being treated as individuals and that there was sufficient staff interaction to ensure that their care and support needs were being met in a calm and dignified manner.

**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 review the environment to ensure that the facilities available are appropriate and help to maintain peoples independence This ensures 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). (repeated)

**This area for improvement was made on 7 August 2019.**



**Action taken since then**

Work to address this Area for Improvement had been put on hold due to the current COVID 19 pandemic. Management planned to relook at this in the future.

**Previous area for improvement 2**

The provider should ensure that people are supported to access the garden areas from all parts of the accommodation, with attention paid to those living on the upper floors. This ensures care and support is consistent with the Health and Social Care Standards, which state "if I live in a care home, I can use a private garden (HSCS 5.23)

**This area for improvement was made on 7 August 2019.**

**Action taken since then**

Access to outside space had been limited for resident's as this space was being used for outside visiting. Some service users were being supported to go on walks around the grounds accompanied by staff. Management spoken with accepted that they needed to look at how other people could be supported to access outside space. We will monitor how this has been achieved at future inspections.

**Previous area for improvement 3**

The service should continue to review and improve personal planning to ensure that it reflects people's needs and wishes and how these are to be met. This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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 " (HSCS 1.15) (repeated).

**This area for improvement was made on 7 August 2019.**

**Action taken since then**

We continued to identify issues in relation to peoples personal planning and have made a further Area for Improvement at this inspection (see Area for Improvement 1)

**Previous area for improvement 4**

The service should consider how the keyworker role can be developed to ensure that all residents have opportunities to spend time with their named worker on a regular basis. This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with" (HSCS 3.8) (repeated).

**This area for improvement was made on 7 August 2019.**

**Action taken since then**

The service were currently discussing the further development of the key worker role with staff. We will monitor how well this is implanted and benefits to residents at future inspections.

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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