

Fairview Nursing Home Care Home Service

9 Cowie Road
Bannockburn
Stirling
FK7 8JW

Telephone: 01786 816111

Type of inspection:
Unannounced

Completed on:
19 November 2020

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300705

About the service

Fairview Nursing Home is located in the Bannockburn area of Stirling. Sixty people can live there and care is provided for a variety of health needs including dementia. The provider is HC-One Limited.

Accommodation is provided over two floors. There are a number of daily living spaces that includes lounges, dining areas, quiet lounges and a café type room that relatives can also utilise. The home has pleasant gardens for residents to enjoy.

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.

This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

We spoke with some people's family members. They said they understood current times were difficult for the care home. Communication between the care home and family members was reported to be good. One person had a couple of ideas of how it may be improved and we shared this with the management.

Some comments were:

"Really pleased. They've done everything they could at the moment."

"Happy with the care. Sometimes difficult getting through on the phone recently."

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 wellbeing are supported and safeguarded during the COVID-19 pandemic.

We found the performance of the service in relation to this area was adequate. This means there were more strengths than weaknesses but further action will improve experiences and outcomes for people.

People were being supported to stay both physically and mentally well during the current situation. We could see from records that regular contact with family and friends through telephone calls and video chats were being carried out.

People's needs and wishes were known and respected. Their care plans contained enough detail and were regularly updated to reflect their changing needs and wishes. People's changing healthcare needs during the pandemic were responded to appropriately. There was input from external professionals to support people with non-COVID-19 related issues as well. This helped to make sure people got the care and support they required.

Due to an outbreak of coronavirus, the majority of people were isolating in their rooms therefore we were unable to speak with anyone. Our observations confirmed people were being offered regular drinks and snacks between mealtimes. Examination of records confirmed the service had contacted the dietitian for support where they felt it was necessary to ensure they were providing the proper support for people's nutritional needs and fluid intake.

For visiting, the service were responsive to both local and national guidance. Plans for end of life care had been discussed with families and reflected people's wishes whenever possible. We heard how family members were supported to be with their relative during this period and the service understood the importance of this compassionate approach.

Examination of medication administration records (MARs) identified medications were always available, however, we found several missing signatures on the charts. It is important that when there are any errors/ omissions in medication administration these are identified quickly and any issues are fully discussed with medical staff (GP/NHS 24) at the time of concern. This is to ensure people are supported to keep well and any health impact on a person is monitored. We viewed the missing signatures on the MARs and the fact they were not being identified and responded to quickly as a significant potential risk for people. We made a requirement for this (see requirement 1).

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

We found the performance of the service in this area to be good.

People can be confident that their care home was well presented, clean and tidy. This made it a pleasant environment for them, however, we did find signs of wear in certain areas such as door frames and corridor hand rails. Décor within a care home needs to be in a good state of repair to allow for easy and effective cleaning. This was subject to an area for improvement at the previous inspection. The service have taken steps to address this but due to closure of the home have been unable to complete (see area for improvement 1).

People can be confident that the additional cleaning was happening at this time. The care home was being cleaned regularly, with extra measures in place to minimise the risk of the spread of infection. Records showed this and that staff had received further guidance and training as needed. This meant that people experiencing care were supported to be safe and the risk of infection was reduced.

There was a good supply of cleaning solutions, cleaning equipment and Personal Protective Equipment (PPE). The staff understood how and when they should wear PPE to protect themselves and others. The manager demonstrated a good understanding of infection prevention and control, this helped to improve the staff awareness of the risks associated with infections such as COVID-19. As a result staff were more able to keep themselves and the people they care for safe.

PPE was easily accessible and was situated at key parts of the home, in bathrooms, toilets and near bedrooms. Guidance on PPE included the wearing of masks by staff and visitors in all parts of the home.

People were well supported at meal times. Staff were seen to always be wearing the appropriate PPE and undertaking the correct hand hygiene between supporting different people with their meals and drinks. This helps to stop infection being transmitted between people.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were two opportunities each week for staff to be tested. Staff were able to be tested during their days at work resulting in a high rate of compliance. This follows best practice and assists with the protection of people from harm.

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

People were supported to feel settled and relaxed in the care home. Staff had a warm and friendly manner when supporting individuals. Staff members expressed compassionate values and understood the difficult circumstances people were experiencing with being limited to mostly staying in their rooms and not having their regular social contact.

People were usually being supported by staff who knew them well and that they had built up a relationship with. In recent weeks this had been disrupted due to unexpected staff absence and the service was not able to offer the usual continuity and consistency of care. The service had to use external staff but had still managed to meet people's immediate care and support needs.

Staff worked well together. They confirmed that the management team had an active presence in the care home, in touch with what was going on for people and were approachable. People can feel confident that their staff members feel supported.

Staff members were given training and guidance on COVID-19 matters. This helped them to keep informed and provide appropriate support to people. This helped people to keep safe and well. However, whilst we found almost all staff had undertaken specific infection and prevention and control training, including PPE, there were some gaps in staff training records. This should be addressed. We also thought it would be useful for the provider to start reviewing training and see what could be done again as refresher training. This would help staff to continue to keep as knowledgeable and competent as possible. We made an area for improvement for staff training (see area for improvement 2).

The management team, because of additional demands in the last weeks, had not been carrying out monitoring and checking of staff's practice as much as before. Management were confident they be able to resume regular monitoring and support for staff practice.

Requirements

1. By the 17 December 2020 medication must be managed in a manner that protects the health and wellbeing of service users.

In order to achieve this, the provider must:

- ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

Areas for improvement

1. The provider should ensure the environment is maintained to allow effective cleaning.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22)

2. The service provider should make sure all staff have received all the appropriate training available in the service on infection prevention and control and on the donning, doffing and safe disposal of PPE. The service provider should set target dates for ensuring all staff are trained. In addition refresher training should now be considered.

This is to ensure that 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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

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 must eradicate noise from constant buzzers that are impacting negatively on the lives of residents.

This is to ensure that residents enjoy peaceful surroundings and is consistent with the Health and Social Care Standards which state: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18)

This area for improvement was made on 18 August 2020.

Action taken since then

On our inspection visit, we found that the service had addressed this matter. Staff were now issued with pagers and this meant audible buzzers/noise disruption was kept to a minimum for people living at the care home. This area for improvement was met.

Previous area for improvement 2

The provider should ensure that hand hygiene is carried out following all contacts with people or frequently touched areas.

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

This area for improvement was made on 18 August 2020.

Action taken since then

On our inspection visit, we interviewed staff and they were able to report training they received in this area and that management had checks and monitoring in place to also support good practice. Both inspectors had a number of opportunities to observe staff's practice in relation to hand hygiene/safe practice. We observed suitable hand hygiene practice and concluded that staff were consistently doing this and this helped people keep well and safe, minimising opportunity for transferring infection. This area for improvement was met.

Previous area for improvement 3

The provider should ensure the environment is maintained to allow effective cleaning.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22)

This area for improvement was made on 18 August 2020.

Action taken since then

The service provider was unable to address this area for improvement since the last inspection due to restrictions placed on services during the current pandemic period. This area for improvement was not met.

Previous area for improvement 4

The service should promote social distancing within all areas of the home.

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

This area for improvement was made on 18 August 2020.

Action taken since then

At this inspection visit, there was very limited opportunity to observe practice in this area as almost all residents were remaining in their rooms. We saw one or two residents in a lounge or dining area but there were insufficient numbers and activity to enable us to assess staff's practice. We were not able to assess this area for improvement. This area for improvement remains.

Previous area for improvement 5

The provider should regularly involve people in a meaningful way with the planning of any improvements to the service.

This is in order to ensure that care and support are consistent with the Health and Social Care Standards which state: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.6) and 'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (HSCS 4.8)

This area for improvement was made on 15 July 2019.

Action taken since then

This was not assessed during our inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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