

Finavon Court – Forfar Care Home Service

5 Carseburn Road
Forfar
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Telephone: 01307 466 060

Type of inspection:
Unannounced

Completed on:
4 May 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300707

About the service

Finavon Court - Forfar is a 60 bedded care home, which is owned and operated by HC-One Limited. The service provides nursing care for older people who have care needs related to dementia and other similar conditions. Care is also provided for several people under the age of 65 years with care needs related to, for example, learning disabilities.

The service is in the Angus town of Forfar and provides a warm and friendly atmosphere for people living there. The service aims to provide care which promotes choice, dignity, and safety.

The service has been registered since 31 October 2011.

What people told us

We spoke to people using the service in passing they told us they were happy living in the home and with the staff who cared for them. We also spoke with two relatives by telephone and they told us:

'My husband has lived here for 2 ½ years. We have had just window and garden visits which were well organised.'

'I have had an occasional letter from head office to inform about general things but I am not overly concerned about communication issues. The staff do call if anything happens, or they are worried.'

'I am happy with everything; the staff have PPE and they complete a questionnaire and we have to wear a mask. I am choosing not to go into the service at the moment as this will limit the amount of people who can visit. We are continuing with outside visits.'

'We have had Skype calls; we would call when we wanted to have call. It was easy to arrange, and we just had to book a slot for when the computer was free.'

'I am quite happy and my husband seems quite content.'

'We are allowed in twice per week. I was really worried about him moving but it has been a good move so far. The staff are all very nice. They call me to keep me informed about him.'

'It's all good, I do a test before I go in and I get kitted up with PPE. It all appears clean when I go in, it all seems very good. No complaints or concerns.'

'He used to do a lot colouring in, and they have started that again, and he is getting his whisky at night. He is feeding himself more now and getting to stay up late when he wants to, which was not happening at his previous home. I think he is content, and now that we are able to visit more that all helps and he seems to be interacting with other residents more now'.

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.

Our focus in this inspection was to establish if people's health and wellbeing benefited from their care and support in relation to the COVID-19 pandemic. We found some strengths that just outweighed weaknesses resulting in an evaluation of 'adequate' in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

People were being supported to stay both physically and mentally well during the current pandemic. Relatives told us communication was good. Indoor and outdoor visits were taking place in a way that kept people safe and the use of technology and phone calls helped people to stay connected which contributed to people's feeling of wellbeing.

People were supported, where appropriate, to move freely throughout the open spaces within the home to help reduce any stress or distress. People were supported to have access to food and drink while in their own rooms and, if they needed help, this was carried out in a dignified way with their personal preferences respected. People who required support received this and this was clearly documented. We saw many sensitive and warm interactions from all staff.

The way people spend their day should promote feelings of purposefulness and wellbeing. Staff were supporting people to take part in one-to-one activities as well as small group activities. We saw people interacting well during a group musical activity organised by the local church using Zoom. We saw that people were comfortable with staff which enhanced people's feelings of wellbeing.

Although the service had anticipatory care plans in place, these could have been improved by adding more details of people's personal preferences. These care plans provide an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell. In one instance we found a resident who sometimes displayed behaviours relating to stress/distress had no care plan in place to inform staff of how best to support the person. This had been highlighted during a recent internal care plan audit but had not been addressed. One person's PEEP (Personal Emergency Evacuation Plan) did not contain enough information to inform staff of how to support the person to evacuate the building safely in the event of a fire. **(See Area for Improvement 1).**

Examination of medication administration records identified medications were always available and people were supported to receive their prescribed medications. We found that staff had an overview of key areas including weights, falls and skin integrity which can alert others to significant change in people's health and wellbeing. This provided assurance that people could get the treatment they needed.

We could see that the service was responsive to people's healthcare needs during the pandemic. There was evidence of input from external professionals to support people with non-COVID-19 related issues. It was also clear that staff were considering possible COVID-19 related symptoms that people presented with and were discussing these with the relevant people. We were able to confirm that testing was being carried out as part of this approach. This helped people to get the treatment and support they required.

We were confident that there were enough staff to meet people's needs. However, we found areas of concern in relation to IPC (Infection, Control and Prevention) which we have taken into account whilst awarding the grade for this quality indicator. **(Please see Quality Indicator 7.2).**

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

During an outbreak of COVID-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is a large building with many rooms and communal areas. In the main communal areas, corridors and lounges were clean and free from clutter. However, we found the service to be performing at an adequate level, with concerns about a bed mattress and a number of mattress covers which required to be addressed as a matter of priority. The provider told us they would have new mattresses on site which would replace the identified contaminated mattress and mattress covers. Other areas of concern included unclean crash mats and a pillow that was contaminated with foodstuffs and body fluids. **(See Requirement 1).**

We found the service had good supplies of Personal Protective Equipment (PPE) and staff knew how to access it. The PPE was situated at the entrance of the home and at many PPE stations. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors wearing masks appropriately to reduce the risk of transmission of airborne infections.

We saw staff performing hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to people before tasks such as serving meals and after touching frequently touched surfaces. This is required to break the transmission path between people.

There was a good supply of cleaning equipment, products, and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines.

We saw that laundry was managed appropriately. We found the external clinical waste bins were not locked; this presents a risk to the public. The manager arranged for these to be locked immediately and advised that all staff would be reminded to ensure these were always locked.

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.

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

The findings from Quality Indicator 7.2 have affected the grade in this area and we have awarded a grade of 3 - adequate.

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes. During this inspection we found there were some weaknesses in performance (see 7.2), which required prompt attention to ensure that people were protected, and experiences enhanced.

Staff told us about the training that they had received in relation to infection control practice, including, putting on and taking off Personal Protective Equipment (PPE) and handwashing. We saw staff were mostly using PPE correctly. An instance where staff had gone outside for a break and had not changed their masks was dealt with immediately by the manager.

We saw that staff were using the training they had received to inform practice; we saw staff working hard to ensure the environment and equipment was clean. However, in checking mattresses we saw some that were stained and bedlinen that was not clean. This should have been picked up by the services infection control audits and checks, and by staff who were changing beds. These missed opportunities resulted in avoidable risk to residents and staff. **(See Quality Indicator 7.2 - Requirement 1).**

Staff we spoke to formally and in passing were knowledgeable about their roles and responsibilities. During the inspection we saw warm and friendly interaction between them and the people they were caring for. Support was provided to people discreetly and in a way that protected their dignity and privacy.

We saw that the staff team had completed training about COVID-19, this training supported staff to keep residents and themselves safer from infection or cross-contamination. The provider had identified Infection Control and Prevention lead workers in the home and they carried out spot checks on things like the correct use of PPE and handwashing. They also provided support for ongoing learning and development across the staff team.

During the inspection we saw that the home was providing support to people with a diverse range of specialist care needs such as people with a learning disability, acquired brain injury, and Huntington's disease. Staff told us that they had not had specific training on how to support people with these conditions. To improve outcomes for people staff should have the necessary skills to support people effectively. It is important that staff receive training in these areas in order to do so. We have made this an area for improvement. **(See Areas For Improvement 2).**

Staff told us that they had access to regular supervision. As a tool for supporting staff, regular supervision helps the workforce to improve outcomes for people and to address practice concerns. For example, in relation to the checking of mattresses. (See 7.2).

They also told us they had access to regular team meetings to discuss practice, share ideas, and discuss concerns. These processes helped staff to stay up to date with best practice guidance and be able to support people better.

Staff told us they felt well supported and safe at work, they felt working through the Pandemic has pulled them closer together as a team. They told us management of the home was accessible and supportive, however should they wish they all had been provided with contact details of independent support should they require it. These processes had helped them to stay well and at work.

Requirements

1. In order to mitigate the risk of people experiencing care not being appropriately protected because there was inadequate cleaning of equipment. The provider must by 11 May 2021:

- a) Ensure regular, robust audits of all mattresses are carried out and any found to be contaminated are replaced immediately.
- b) Ensure regular audits of the equipment used by people and cleaning records ensure good standards of cleanliness in the home and of the equipment used by people are sustained.

This is to comply with: Regulation 4. (1)(a) Make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. Personal plans which outline how people's health, welfare, choice and safety needs are to be met must be in place and the service provider should ensure that people using the service and/or their representatives are routinely involved in the assessment, planning, and review of their care and support needs.

This is to ensure that 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).

2. So that staff can meet the needs of the people they care for effectively and safely the provider should provide training for staff in supporting and caring for people with a learning disability, Huntington's Disease, and acquired brain injury.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow professional and organisational codes.' (HSCS 3.14).

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

Requirements

Requirement 1

The provider must make proper provision for the Health, Welfare and Safety of people using the service, in particular, the Provider must: i) Ensure that all risks in relation to Oral Health are assessed on admission to the service, frequently and when needs change. ii) Ensure that Oral Health care is subject to Care Planning, including specific 9 of 11 medications and directions for it's use.

To be completed by: 01 April 2021.

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).

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

This requirement was made on 3 March 2021.

Action taken on previous requirement

Actions to meet this requirement were not assessed as part of this inspection.

Not assessed at this inspection

Requirement 2

The provider must make proper provision for the Health, Welfare and Safety of people using the service. In particular, the provider must:

i) Ensure that recognised assessment tools are adopted to identify and anticipate Palliative Care and End of Life needs.

ii) Ensure validated assessment tools are adopted to identify and anticipate symptoms associated with Palliative and End of Life needs.

iii) Ensure the full involvement of the person's family, Powers of Attorney and those close to them in the care planning and reviewing of outcomes.

To be completed by: 01 April 2021.

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 3 March 2021.

Action taken on previous requirement

Actions to meet this requirement were not assessed as part of this inspection.

Not assessed at this inspection

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 service should undertake a review of the admission processes, in order to 10 of 11 ensure the formal involvement of service users and/or their representatives and WPOA, in assessing and planning the care and support to be provided.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I am recognised as an expert in my own experiences, needs and wishes.' (HSCS 1.9).

This area for improvement was made on 3 March 2021.

Action taken since then

Not assessed as part of this inspection.

Previous area for improvement 2

The service should review key processes in relation to communication with residents' WPOA, family and other representatives. In order to ensure that people and those close to them are fully involved and informed of their care and support needs and care planning.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11).

This area for improvement was made on 3 March 2021.

Action taken since then

Not assessed as part of this inspection.

Previous area for improvement 3

The service should review key processes to ensure that images of people are taken only when consent has been given. Images should be managed and used sensitively with individual circumstances considered.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I am supported to understand and uphold my rights.' (HSCS 2.3).

This area for improvement was made on 3 March 2021.

Action taken since then

Not assessed as part of this inspection.

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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