

Matthew Fyfe Care Home Care Home Service

Broomhead Drive
Dunfermline
KY12 9AQ

Telephone: 01383 602 333

Type of inspection:
Unannounced

Completed on:
24 June 2021

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006834

About the service

Matthew Fyfe Care Home provides 24 hour residential care to a maximum of 32 older people with accommodation provided across two floors. Each of the four interconnected units benefit from a communal living/dining area as well as a small kitchen/servery. A large, bright entrance hallway provides additional seating and people can access a covered seating area to the front of the building. The home is situated in large grounds in a residential area of Dunfermline, close to local shops and amenities.

What people told us

We were assisted by an inspection volunteer who kindly phoned family members of people living in the service, please see the comments below.

"The staff sing to my mum, who is blind, and can't do enough for her."

"The laundering process could improve."

"Staff contact me regularly."

"I can't praise the staff too highly."

"My dad is always well presented."

"Staff keep me well informed, especially about the changing visiting arrangements."

Comments from people living in the service:

"Staff are all lovely, I couldn't fault any of them."

"Meals are first class, there is a great choice."

"My (family members) usually window visit but one came alone so we could book a room and we got to visit there."

"I get out in the garden when staff let me."

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 care and support during the COVID-19 pandemic? | 3 - Adequate |

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

The focus of this inspection was to evaluate the care and support which people have received during the COVID-19 pandemic. We wanted to explore whether people's rights have been respected and whether their physical, mental and emotional health has been promoted. We found that the service was performing at an adequate level in this area, with strengths that could be built upon to improve positive experiences for

people.

1.1 People experience compassion, dignity and respect.

People should be treated with dignity and respect. We saw warm and respectful interactions from all members of the staff team. Domestic and maintenance staff made a positive contribution by taking time to engage with people living in the service whilst undertaking their roles. People were valued and acknowledged during these interactions. The overall environment was calm and people used various areas of the home to sit in peace and quiet which meant people could choose their preferred environment. The mealtime experience could be improved by some consideration and reduction of background noise, however people expressed their enjoyment of the food choices on offer. Drinks and snacks were readily available and staff were responsive to the increased need for fluids on a hot day.

1.2 People get the most out of life

People were able to spend time outdoors and a large secure garden area had been created. This area could be further developed and we were told of proposals to increase outdoor furniture and create a vegetable garden. Some people were supported to walk outdoors each day and a number of people accessed the local community with staff or family members, giving people the opportunity to have an active life outdoors.

People were supported to engage with one to one and small group activities during the day. The presence of additional redeployed staff had allowed more activities to take place. Consideration had been given to people's individual needs and wishes and we saw that activities were adapted to suit each individual.

Although the home had a number of visiting options available for relatives, such as indoor and garden visits and going out with their loved one, they were not yet fully meeting the 'Open with Care Guidance'. The expectation is that bedroom visits are available for everyone and not just for essential visits. The home had yet to achieve this. People's need for privacy and emotional connection were not able to be fully met as a result.

1.3 People's health benefits from their care and support

People's health should benefit from their care and support. Medication was managed accurately and staff were able to discuss people's medication needs confidently. People could be assured that they were getting the right medication at the right time. Links with other health professionals had been maintained over the period of the pandemic and we saw that referrals were made promptly when required, so people could be confident in those caring for them.

Care plans would benefit from more regular and detailed evaluation of people's care in order to reflect changes and monitor wellbeing. Risk assessments were in place however regular evaluation of these would help to make sure that people's changing needs were being met.

Care plans for end of life care were in place however these could be developed further to provide more detailed guidance for staff. This would make sure that people's choices and preferences were understood and that families were fully involved.

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

3 - Adequate

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

We evaluated how well infection control practices support a safe environment for people experiencing care and support. 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.

The environment was clean with a fresh aroma which meant people could enjoy a pleasant and safe setting. Some staff touched the outside of their mask frequently which was an infection control risk. Some bins in use were not foot operated which could increase the risk of infection. We asked the manager to look at this and find suitable alternatives. Care equipment was mainly clean, although we did see that the underside of some toilet risers were soiled which increased the risk of infection. The service had been following out of date guidance with relation to the management of waste and linen. With the absence of a clinical waste contract, the service was correctly double-bagging PPE or potentially infectious waste. However, rather than storing this in a secure location it was stored in people's en-suites for 72 hours before disposing of it. This increased the risk of infection to people and was not a dignified process. The same applied for potentially infectious linen. Following discussion the manager acted quickly and waste was moved to a dedicated, locked area. The service is now aware of the correct procedure for infectious linen management.

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

The service was staffing over the usual staffing levels as two staff had been redeployed from other services. This had made a clear, positive difference to wellbeing outcomes for people; one man was going out for a walk every day and a lady with reduced capacity was accompanied in singing lullabies to her doll, which staff described as bringing her obvious joy.

Housekeeping staff had been increased so that there was one staff member per unit which improved infection prevention and control. There were some inconsistencies between what the manager said was happening and staff's understanding which could have meant that people did not receive consistent care. We were unable to assess if staffing levels were appropriate to people's needs as there was no clear process of continual assessment; this meant that people may not have received the care needed to suit changing vulnerabilities.

We discussed the requirement of introducing continual assessment of need with the manager. Staff were visible on the day and responsive to people's needs which enhanced people's wellbeing.

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

Requirements

Requirement 1

To ensure positive outcomes for people who use this service the provider should further develop robust systems to effectively demonstrate how all residents' individual care and support needs are being met. In order to achieve this:

- (a) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- (b) Be able to demonstrate that all staff have a clear understanding of the appropriate management of falls and falls prevention.
- (c) Ensure that staff have a clear understanding about their role and responsibilities when a resident has fallen and can demonstrate this through their practice.
- (d) Ensure that company policy is followed, including when a resident may have a head injury, implementing the appropriate protocol, maintaining clear records of observations to assess for any neurological changes and any decisions made regarding seeking additional medical advice and the outcome of this decision.
- (e) Be able to show evidence of on-going monitoring of healthcare concerns and show how this is being regularly evaluated.

To be completed by 09 April 2021

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

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 18 March 2021.

Action taken on previous requirement

This requirement was made following the outcome of a complaint that was upheld.

Good progress had been made towards achieving this requirement with the introduction of a falls spreadsheet and a visual tool to enhance understanding of where, when and how often falls were occurring.

Evaluation of this information highlighted where staff needed to take action to reduce the risk of falls so that residents were safer.

Medical advice was sought when required so people could be confident that staff responded promptly when they needed help. Staff had completed training on the procedure for when someone falls and were able to tell us the correct information when asked about this. This meant people could expect consistent care and support.

The record of falls documented for each person showed a clear pattern of falls, enabling staff to anticipate times the person is likely to fall and add safeguards in to protect the person at risk. Not everyone had a falls risk assessment in place and care plan evaluations had scant or no information. This lack of written information meant that staff who had been absent, relief or visiting staff would not be able to gain the most up to date information of a person which could increase their risk of falling.

We have extended the timescale for this requirement to 5 August 2021.

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

To ensure positive outcomes for people who use this service. The service should further develop robust systems to ensure that company policy is followed, and that staff can demonstrate through their practice that they have a clear understanding about their role and responsibilities when a resident has passed away.

This is to ensure care and support is consistent with Health and Social Care Standard 1.7: I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.

This area for improvement was made on 18 March 2021.

Action taken since then

This area for improvement was made following the outcome of a complaint. The service had a visiting protocol which was being followed, however the protocol allowed only essential visits to take place in bedrooms which does not embrace Scottish Government's 'Open With Care' document. This meant that there was not equal access to bedrooms for all residents. Anticipatory care plans were in place but these had been inconsistently completed and some lacked detail about a person's wishes for end of life care.

This meant that a person may not have their wishes met in relation to end of life. The manager told us that the service had been encouraging relatives to complete these documents prior to admission but could see that this process needed further development and was considering allocating a member of staff to develop this important work. We will look at this area for improvement at our next inspection.

Complaints

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

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 | 3 - Adequate |
| 1.3 People's health benefits from their care and support | 3 - Adequate |

| | |
|---|--------------|
| How good is our care and support 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 |

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.