

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
15 July 2021

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2006124775

About the service

Fairknowe House is registered to provide a care home service to 40 older people who may have physical needs and/or dementia. The service provider is Mead Medical Services Limited. Fairknowe House is situated in a residential area of Maybole, South Ayrshire.

The home comprises of a large, converted villa, with purpose-built extensions. Accommodation is spread over two floors and consists of rooms for shared and single occupancy. Not all bedrooms have access to en-suite toilet/bathing facilities.

The service states its aims as:

'To provide a highly professional and experienced staff to look after residents in a caring and sympathetic way, so that their privacy and dignity are respected, and active independence encouraged where possible. To regard all residents as individuals with the right to make decisions regarding their care and choices where possible and to be fully involved in drawing up their own care plan'.

There were 29 people living at the service when we visited.

What people told us

We spoke informally to six people living at Fairknowe during this visit. They commented favourably on the care they received. People said they got on well with staff, one person commented that there was a lot of different staff.

Their comments included:

'I like living here, staff are kind'.

'It's ok here, good food'.

'I'd like more to do - I get bored'.

'The staff are very busy, but find time for a quick blether'.

We also spoke with five family members. Their comments included:

'I think people are well looked after'.

'My relative has only lived here a short while, has a lovely room, food is good'.

'Staff have been helpful, she gets reasonable attention in her room'.

'Not happy, care is not up to scratch'.

'Always understaffed'.

'Too many different carers'.

'Activities are non existent'.

'I frequently find my relative does not have their hearing aids in or the batteries are flat'.

'Communication has increased since the new manager started'.

'Most of the staff are very pleasant but there is a lot of new faces'.

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? | 2 - Weak |
| 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?

2 - Weak

1.1 People experience compassion, dignity and respect.

Staff were generally kind and caring taking time to ensure people were comfortable with direct care carried out well.

Whilst most staff treated people with dignity and respect there were aspects of support that were less respectful. This included staff chatting to each other and not including residents when providing support. Television channels being changed without the agreement of people and a resident being moved in their chair from behind with no discussion. These actions were not respectful of people. (See area for improvement 1).

1.2 People get the most out of life.

People had been supported to keep in touch with their relatives using technology and social media. Visiting had been facilitated following government guidance. At the time of this inspection the service were supporting two thirty minute visits per week either indoors or in the grounds for up to 4 visitors indoors or 6 outdoors. People can also be supported on trips out. Visiting arrangements should continue to be progressed in line with guidance.(See area for improvement 2).

There was a plan of activities in the lounge, however, it wasn't easily available for people to view. This was based on group activities such as exercise sessions and bingo. During planned activities the activity co-ordinator was frequently interrupted to attend to visitors or other tasks. This disrupted the flow of activity for people and some lost interest.

Some people did enjoy independent activity, two people were enjoying playing dominoes, others had enjoyed the recent football tournament and Wimbledon.
(See area for improvement 3)

1.3 People's health benefits from their care and support.

People had access to food and fluids throughout the day, with snacks and drinks available in lounges out with meal times. The recording of fluid intake still requires further improvement. It was not always clear that people had been offered regular drinks or that assessment of intake had been made. This would help to ensure people's hydration needs have been met.
(See area for improvement 4)

People were supported to seek support from other health professionals as needed. Health assessments were in place and appropriate and most care plans reflected people's assessed needs. Care plans had recently been updated and mostly contained good detail about how to support people well. We discussed where a specific health issue had not been included in a care plan and required to be.

Medication had not consistently been to an appropriate standard. This had included a number of errors which had been notified to the Care Inspectorate during the previous month. This included wrong dosages of medication or missed medication. Errors could impact on people's wellbeing.

An area for improvement had been made at the previous inspection to ensure that people received topical preparations as required. This aspect of medication administration had improved.

Homely remedies were available to people with the agreement of their GP. However, we noted that some medications were duplicated on both the homely remedy sheet and the medication administration record. This increased the risk of error. There was an instance where a person's medication had run out of stock. This was being addressed with the GP. (See requirement 1).

We identified at the last inspection that topical medication administration records (TMARS) had not been completed appropriately. This area for improvement had been met.

During this inspection we observed periods of time when lounges remained without staff presence for over 20 minutes, some people could not independently seek staff support and had no means of summoning assistance as no nurse call system was available to them. This could cause distress to people if they needed support.

Some staff commented that low staffing levels meant that people's care and support was basic with few opportunities to spend with residents in meaningful ways. This was also commented on by relatives.

The service had a significant staff turnover across different departments. In direct care the service had used both agency nurses and carers. In the previous three weeks over 20 agency staff had been used. This meant that people could not be assured of stability of care and support from people who know their needs and choices well.

In making this requirement we took into account the findings in Quality Indicator 1.2 and staffing levels in the domestic team. (See requirement 2).

Requirements

1. By 20 August 2021, you must ensure that medication is managed and administered well. This includes (but is not limited to) :

- a) Ensuring people receive their medication as prescribed.
- b) Ensuring all medication is in stock.
- c) Ensuring homely remedies agreements are up to date and not duplicated from the medication administration sheet.

This is in order to ensure that 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)and

In order to comply with Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

2. By 20 September 2021 you must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users, ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers and are deployed suitably as appropriate for the health, welfare, and safety of service users.

This is in order to comply with regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210

Areas for improvement

1. To ensure people are supported well the service should ensure that staff treat people with dignity and respect at all times.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which state that:

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention. (HSCS 3.1).

2. To ensure people are supported well and can see friends and family as they choose the service should progress Scottish Government Guidance on 'Open with Care'.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which state that:

'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing'. (HSCS 2.18).

3. To ensure good outcomes for people experiencing care, the manager should ensure a range of meaningful activities are available for everyone living in the home. Account should be taken of the abilities and preferences of individuals. Staff should be fully aware of their role and responsibility in providing opportunities for social and recreational opportunities to people throughout the day and within the socially distanced environment.

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

'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. (HSCS1.25).

4. To ensure people's needs are being met effectively, records of fluid intake must be up to date, regularly reviewed and evaluated.

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

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14).

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

3 - Adequate

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

The system for staff testing was organised and in line with guidance. Relatives told us that when they arrived for visiting they were supported with the testing process.

Shared lounges and dining areas were clear of clutter and seating was arranged to support social distancing. Some areas were not as clean as possible on the first day of inspection. This was highlighted to the leadership team and action was taken immediately. This included equipment in bathrooms and tables and chairs in dining areas. It was recognised that some areas were not as clean as they should be due to staffing levels in this team.

Staff had completed training on effective handwashing, the use of personal protective equipment (PPE) and infection control, this learning was evident in their practice.

PPE was located throughout the service. This made it easy for staff to access the PPE they needed to do their job.

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

As described the numbers of domestic staff on duty were insufficient to help maintain the enhanced standards of cleanliness expected. This increased the risk of cleaning standards not being maintained. The management team had acted on this prior to the conclusion of our inspection.

We will review domestic numbers on our next inspection to ensure that the cleanliness of the home is maintained to a good standard.

As highlighted in Key Question one, staffing levels in the home meant that staff provided basic care and support and that staff were not always available in communal areas for extended periods. Suitable levels and deployment of staff should be assessed to ensure that people are well supported.

The service used an on-line training system for staff learning. Whilst most staff had completed the necessary training, systems had still to be established for the leadership team to monitor the effectiveness of much of this training. This was important to ensure that staff know how best to support people.

Staff had been trained using e-learning modules on IPC. This included the donning, doffing and safe disposal of PPE. The leadership team undertook observations of practice which identified good practice.

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 quality assurance processes are enhanced to include, but not limited to:

- a) measurement of quality of operational aspects of the service/work completed;
- b) detailed action plans/service improvement plans, which contain specific and measurable actions to address areas where improvements are required; and
- c) involvement of those who live, visit and work in the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.8); and

This is also 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.

This requirement was made on 4 April 2019.

Action taken on previous requirement

The service had a range of audit tools in place. This helped to monitor standards across the home. A home improvement plan had been implemented for February to August 2021. This was being progressed. This focussed on key areas of recruitment and training, stability, quality assurance and the environment. Health and wellbeing was included and covered keyworkers who would work on risk assessments and care plans. This aspect had been progressed. When updating the home improvement plan from August it would be beneficial to focus on improving outcomes for people.

Met - outwith timescales

Requirement 2

To ensure that people who experience care receive the right care for them, the provider must, by 31 March 2021, review and, where necessary, update risk assessments and improve personal plans to ensure they contain accurate and up-to-date information to direct staff on how to meet individuals' care and support needs. Regular evaluations to measure the effectiveness of personal plans in meeting personal outcomes should be completed.

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

'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 my choices.' (HSCS 1.15); and

This is in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This requirement was made on 5 February 2021.

Action taken on previous requirement

The service had updated risk assessments and care plans satisfactorily. Reviews of individual care plans were in place and we saw some evidence of care plans being updated between reviews. The service should review all people's health care needs to ensure that there is a suitable care plan in place to meet all needs. On balance we are satisfied this requirement is met.

Met - within 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

To ensure people's needs are being met effectively, records of fluid intake must be up to date, regularly reviewed and evaluated.

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

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14).

This area for improvement was made on 5 February 2021.

Action taken since then

People were offered regular drinks through the day, however, where fluid intake records were kept these did not always reflect the expected intake or total intake each day. Some nursing notes did show some evaluation of intake but not consistently.

This area for improvement is continued.

Previous area for improvement 2

To ensure good outcomes for people experiencing care, the manager should ensure a range of meaningful activities are available for everyone living in the home.

Account should be taken of the abilities and preferences of individuals. Staff should be fully aware of their role and responsibility in providing opportunities for social and recreational opportunities to people throughout the day and within the socially distanced environment.

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

'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).

This area for improvement was made on 5 February 2021.

Action taken since then

The activity co-ordinator supported group activities such as bingo and exercise sessions. The activity planner was not easily accessible for people to see what was available. Two residents enjoyed playing dominoes together and others had recently watched a football tournament and Wimbledon.

There was less evidence of how people were supported to enjoy individual activities and this should be taken forward.

It is important that there are enough staff to support activities without interruption. The activity co-ordinator had to suspend activity several times to attend to visitors.

Previous area for improvement 3

To support good skin care practice, the recording of topical preparations should be improved to evidence application.

This is in order 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 5 February 2021.

Action taken since then

A sample of topical medication records showed that people were receiving topical preparations as and when required. This area for improvement has been met.

Previous area for improvement 4

The provider should submit an action plan, with timescales, regarding the removal of all shared bedrooms within the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 5 February 2021.

Action taken since then

The manager confirmed that this had not been completed. One room was being shared at the time of this inspection. The manager and provider were in discussions about the use of shared rooms going forward.

This area for improvement is continued.

Previous area for improvement 5

The service provider should enhance the quality of the care home environment to support individuals who live with dementia, and/or limited vision, linking any changes made to best practice.

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

'I can independently access the parts of the premises I use and the environment has designed to promote this.' (HSCS 5.11); and

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

This area for improvement was made on 5 February 2021.

Action taken since then

The manager told us she had recently completed a Kings Fund Tool. This was in order to identify how the environment can be developed to take account of best practice supporting people living with dementia. We will follow this up at the next 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 well do we support people's wellbeing? | 2 - Weak |
| 1.1 People experience compassion, dignity and respect | 3 - Adequate |
| 1.2 People get the most out of life | 3 - Adequate |
| 1.3 People's health benefits from their care and support | 2 - Weak |

| | |
|---|--------------|
| 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 iarrtas.

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.