

Fleet Valley Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Fleet Valley Care Ltd

Service provider number:
SP2019013364

Service no:
CS2019376881

About the service

This service registered with the Care Inspectorate on 21 August 2020. Since the last inspection, the service has undergone a change of provider. The service is now under the ownership and management of Fleet Valley Care Ltd.

Fleet Valley Care Home is a care home for 43 older people and provides nursing care to residents. It is situated in the small town of Gatehouse of Fleet, Dumfries and Galloway. Fleet Valley is well located on the main road through the town, with views over the countryside and has easy access to the local community, shops and services. Some residents living at Fleet Valley are living with dementia or have other mental health and physical needs. At the time of this inspection, the service had 42 residents living in the home.

All residents have a single room with en-suite toilet facilities; support is provided over two floors with a lift to the first floor. There are a variety of sitting rooms on both floors.

The service states it's aim is to:

"Achieve a happy, homely and welcoming atmosphere. To maintain a safe comfortable environment. To deliver the highest possible standard of professional care. To respect each residents independence, freedom of speech, dignity, beliefs and individuality. To encourage residents to reach and maintain their potential independence and maximum quality of life".

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

People spoke very highly of the care they received with all saying they were very happy living there. Residents said that staff were good to them and the food was very good and they had no concerns. Some residents had difficulty using verbal communication to give their views therefore, we spent time observing how residents and staff interacted with each other. We observed very positive interactions and a staff team who enabled those they were supporting to engage in a range of daily activities.

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?	4 - Good

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

We evaluated how well the service supported people's wellbeing and found them to be performing at an adequate level. There were some strengths but these just outweighed weaknesses.

People should expect to be treated with compassion, dignity, and respect. Those living in the service confirmed they had very good relationships with staff, and that they were offered the right level of care to support their needs. We saw people being treated with sensitivity and supported to do as much as possible, for themselves by a committed, well-trained and value driven staff team. This ensured people felt valued and respected, which helped maintain their wellbeing.

People were supported to stay in touch with family and friends using technology and social media, and indoor visiting took place in line with Scottish Government Open with Care guidance. We saw that relatives were supported to provide direct care and support to their family member, where it was beneficial for the individual living in the home.

We found the information in the care plans was very detailed, with relevant information on people's health, well being, life history, and social interests. 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 using the service should be confident their health needs will be supported. We saw this was provided through ready access to external professionals such as Dietician, CPN's, District Nurses, and others when needed. If people were assessed as being at risk, this was well monitored by staff. Where advice was sought from external health professional this was acted upon.

Effective systems were in place to manage people's medication. This meant that people could be confident their medication was being administered safely and their wellbeing promoted.

Those living in the service made their own decisions about how they wished to spend their days, and staff provided the appropriate support to ensure their choices were met. For example, we observed one person watering the plants in the garden and another maintaining his previous lifestyle, by playing the keyboard in the lounge. However, we thought the range and availability of activities could be improved, along with the activity coordinators availability to support people in meaningful occupation. We found very good information in care plans of people's likes and dislikes, and this information should be used to inform an activities programmes going forward (see Area for Improvement 1).

We found that the care home had a detailed and comprehensive quality assurance system to inform and improve care delivery. However, we found a number of examples where referrals should have been made to Social Work Under Adult Support and Protection and notifications made to the Care Inspectorate that had not been completed; details of which were shared with the provider during feedback (See Requirement 1).

We found the service was having issues in relation to staffing as a result of sickness absence and maternity leave. We asked the service to provide a plan of how they propose to address these issues, and this was provided during the inspection.

Requirements

1. By 15/10/2021, you, the provider, must ensure people experiencing care have confidence they are protected from harm. This must include, but is not limited to:

- a) Putting in place and implementing a system for the robust oversight of any adverse events occurring;
- b) Taking appropriate actions following to reduce risk;
- c) Appropriate staff deployment; and,
- d) Timeous referral to external bodies such as the Care Inspectorate and Local Authority.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20).

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), and Regulations 21(2)(a-d) of The Regulations of Care (Requirements as to Care Services)(Scotland) Regulations 2002 (SSI 2002/114).

Areas for improvement

1. The service should ensure that it has a relevant and meaningful programme of activities in place to support the ongoing stimulation and psychological well being of people.

This is 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).

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

4 - Good

We evaluated how well infection control practices support a safe environment for people experiencing care, and staffing. We found strengths that had a significant positive impact on people's experiences and outcomes. We concluded that the service's performance in relation to infection control was good.

It was positive to see the service took action, where possible, to address the issues that had been identified by the visiting Infection Prevention & Control support teams in response to Covid-19. The home was found to be clean and fresh, and housekeeping staff had a good knowledge of appropriate cleaning materials and used these effectively. However, on the day of the inspection we found only one domestic was available. This was discussed during the inspection and it was good to see that the home addressed this immediately. It was positive to see arrangements were in place, to ensure that frequently touched surfaces were cleaned at least twice daily.

We found that Personal Protective Equipment (PPE) was readily available and saw good practice in relation to donning and doffing of PPE and hand hygiene. This ensured staff kept themselves and others safe. Handwashing facilities and hand sanitiser were available throughout the home.

Areas of the environment were regularly audited which included regular checks on mattresses to ensure they were fit for use. Continually auditing and identifying furniture and items that needed replaced helped to ensure effective infection control practices were maintained in the service and people kept safe. During

the inspection we identified some carpets, flooring, and ceiling areas needed to be fixed/replaced. We identified areas of the care home which would benefit from a programme of refurbishment, in order to further enhance peoples quality of life and to further reduce the risk of infection. It was good to hear that a programme of refurbishment was due to commence soon (see Area for Improvement 1).

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.

Staffing levels were regularly assessed to ensure they were responsive to the changing needs of people. We asked the service to look at the staffing levels upstairs, where two staff were required to assist people to mobilise leaving the floor uncovered. The care home has made a commitment to examine providing additional staffing. The service had a contingency plan to be used if staff were absent because of illness, self-isolation or exclusion following a positive COVID-19 test. Staff benefited from a supportive and approachable management team, and we saw the service was very aware of the need to support staff wellbeing and resilience at this time.

Training had been provided in all key areas of infection prevention and control, and staff highlighted they had found this to be very informative and reassuring. Staff commented they were also supported to keep up to date with current best practice. People could be confident staff put their learning into practice. It was clear from our discussions with staff and our review of records that there were robust and transparent quality assurance processes and competency assessments in place to keep people safe.

Areas for improvement

1. The care home should develop a programme of refurbishment, to address the issues identified at this inspection. This should include making plans to provide en-suite facilities where possible in the home.

This is to ensure 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).

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?	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	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
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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