

Forefaulds Care Home Care Home Service

33-39 Blackbraes Road
East Kilbride
G74 3JY

Telephone: 01355 220 102

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

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CS2019378609

About the service

Forefaulds Care Home is situated within a residential area of East Kilbride. It has 53 single rooms spread between two floors. There are 12 rooms located on the first floor and 40 rooms located on the ground floor.

People have access to a range of en-suite facilities as well as access to shared bathrooms and shower facilities. Lounge and dining facilities are available on both floors. There is a lift available between both floors and individuals have access to three secure courtyard/garden areas.

The service is registered to provide care and support to a maximum of 53 older people, which includes two places for people younger than 65 with neurological or physical disabilities.

At the time of inspection there were 43 residents.

Sanctuary Care state that they aim to offer care that is of the highest standard and is tailored to meet individuals specific wishes and choices. These choices will be respected and honoured at all times.

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

Some people were unable to tell us about their experience in the home, however we were able to observe respectful interactions between staff and the people they supported.

We also received comments from eight relatives on their views about the quality of care delivered to their loved ones.

Positive comments were made by relatives about the caring staff and the nutritional food provided. Some raised areas for improvement regarding communication, cleanliness of the environment, management and activities.

Comments from relatives included:

"when I try to phone...arrange a visit of change the time the phone rings and rings and no one answers"

"ongoing battle regarding laundry...items going missing...have been short (domestic staff) bedroom isn't being cleaned...(my relative) doesn't look clean"

"No communication about the new management"

"pleased that (my relative) has put on weight since living there...food looks ok"

"buzzers are going off all the time"

"standards have declined significantly"

"They are quite short staffed at the minute"

"confident (my relative) is getting food and fluids, always a jug in her room. Always a tea trolley with cakes and things"

"staff are lovely and try their hardest"

"lack of communication, too many changes of managers"

"used to get regular email updates but these have stopped"

"the activity coordinator left...there is less to do now...doesn't appear to be as much activity going on"

"I am happy with the care (my relative) is receiving"

"No concerns about the cleanliness of the home. Never any unpleasant smells...always people around cleaning and mopping...room is lovely, really nice"

"I haven't been involved in any reviews"

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

We generally observed warm, compassionate and supportive interactions between people living in the home and staff during the inspection. Some families commented positively on the practice and good relationships they had formed with staff.

We were advised that, during previous periods of lockdown, communication was generally good and people were supported to maintain contact with family and friends through phone calls and other technology. However, some relatives advised that communication recently has been poor. They advised that often the telephone goes unanswered and there has been minimal communication from the service relating to the changes in management structure recently.

Open with Care guidance was published by the Scottish Government in February 2021, supporting care

homes to open with care to visitors. Forefaulds Care Home had implemented this guidance and we observed, during the inspection, visitors being welcomed into the care home. However, we also observed that visiting arrangements were being poorly communicated to staff. We observed one visitor waiting almost 20 minutes into a pre-arranged visit, as staff had not assisted a person to change clothing after lunch. As a result we concluded that visiting did not always provide maximum contact and engagement.

Families told us that often they were unable to make contact with the care home to arrange or change the time of a visit. Relatives told us that sometimes staff responded abruptly to their queries or concerns and that this caused them distress.

(see requirement 1)

We observed staff using their knowledge and skills to deliver care and support with warmth and kindness. However, staff were not seen to spend enough time sitting speaking with people. We felt if this had happened more frequently, staff would have been able to reduce stress/distress by offering reassurance when people appeared anxious.

Some people spent a considerable amount of time in their rooms, and it was a concern that staff appeared to not have time to engage and provide support to people. This potentially could lead to a feeling of isolation and have an impact on their mental and physical wellbeing.

Activity care plans were not in place nor assessments carried out to ensure the activities offered to people were appropriate and meaningful to them. Meaningful occupations provide opportunities for people to feel included and attached and contribute to validating the person's identity, wellbeing and psychological comfort. More could be done to ensure that people had meaningful days, are encouraged to move more and supported to spend time outdoors in the garden. The service has very recently recruited a new activity co-ordinator, we will review progress during the next inspection (see requirement 2).

Care plans held sufficient detail to enable staff to meet residents' needs and support them in a person centred way. People were supported by regular assessments, for example dietary and nutrition, pressure care, and falls.

People's legal arrangements were clearly documented, along with the evidence of the powers a legal representative had, for example, Power of Attorney, or Welfare Guardian. We found that, generally, Anticipatory Care Plans held appropriate information in order to capture individuals wishes and preferences for end of life care.

Care plans also included specific guidance to enable staff to support residents experiencing stress and distress effectively. However, practice we observed did not follow care plans and people who lived within the service were at risk of poor outcomes. We observed a person living in the home displaying stress and distress. A very well written care plan was in place to assist staff to minimise any distress, however, we did not see any of the techniques recorded in the care plan being used by care staff. Subsequently, we were not assured that people's current needs were being met.

Some of the language recorded in care plans used terms that would not be considered best practice, this therefore meant that people's behaviours could be judged and could have a negative impact on the support that they received. We have discussed our concerns with staff skills and training further within section 7.3.

Requirements

1.

The provider must ensure by 03 November 2021 that people living in Forefaulds Care Home have their rights promoted and protected, around family life and visiting.

To do this, the provider must:

1. communicate to family and friends about 'Open with Care'; and
2. ensure that every staff member is clear about their role and responsibility.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'If my independence, control and choice are restricted this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.4); and 'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2).

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

2. In order that people are appropriately stimulated and engaged, and to improve and maintain their quality of life, the provider must, by 29 November 2021, ensure people have access to activities and pastimes that are meaningful and purposeful to them.

To achieve this, the service must ensure:

1. care plans include information about activities that are meaningful, purposeful and appropriate for people;
2. support plans regarding people's social and emotional needs are developed;
3. care staff roles and remits should be reviewed to include key worker time to provide meaningful activities; and
4. records are kept of one-to-one support with meaningful activities for people who require this level of support.

This is in order to ensure 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).

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

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

3 - Adequate

We assessed the performance of the service in this area as adequate. There were some key strengths, which were just outweighed by weaknesses the provider needed to address to improve people's experiences.

There was sufficient supply of Personal Protective Equipment (PPE), and use of PPE was generally adequate, but some staff were using gloves when not needed. Staff did not wash their hands before supporting people or serving food. People were not offered the opportunity to wash their hands before their meal. Staff should

be able to dispose of PPE at the point of use, but these were located some distance away, particularly in the upstairs unit (see requirement 1).

Staff told us that shared equipment was cleaned after each use, but there were no records of this. This presented a risk of cross infection.

Cleaning schedules were in place but these lacked the necessary detail required to prevent and control the spread of infection. There were no management oversight taking place to monitor the cleanliness of the home or the prevention and control of infection. These improvements would reduce the risks of cross infection, helping to keep people safe.

Staff carrying out housekeeping and cleaning were familiar with required decontamination processes specific to the Covid-19 pandemic. The cleaning of the care home was not always done to an acceptable standard, and this was impacted by staffing levels at times. For example, some bed linens were soiled and mattress covers were not clean. This meant that residents did not always experience an environment that was well looked after and cleaned properly. An increase to the hours domestic staff worked would improve infection prevention and control (see area for improvement 1).

Staff were able to recognise signs and symptoms of Covid-19 and respond to people in the event of suspected or confirmed cases. This included knowing about local reporting procedures and contacting local Health Protection Teams. They were clear about when and if they should self-isolate. This would help to prevent the spread of infection should an outbreak occur.

People working in the service did not always have the right level of skills or training. The majority of training was available to staff via a digital platform. This included a wide range of courses to provide staff with the knowledge to meet residents' needs. However, we observed that there were gaps in staff's knowledge even when training had been completed. This meant outcomes for people living with dementia or displayed stress and distress were poor (see requirement 2).

People should benefit from a team that works well together, however, we found there was a lack of team work and opportunities for team building. For example, team meetings were not taking place regularly, and colleagues with shared responsibilities had no opportunities to discuss how things were going, or to put plans in place to develop the unit they oversaw (see area for improvement 2).

Staffing levels were not always flexible or sufficient to meet people's changing needs. Staff reported occasions where people were unsettled, which made it difficult to meet everyone's needs. A dependency tool was used to calculate the staffing levels required, but they did not explain how decisions about staffing were reached. We were not confident that staffing levels were calculated when people's needs changed, and this could have a negative impact on outcomes for people (see requirement 3).

A staffing contingency plan was in place in the event of a covid outbreak.

The service had worked proactively to cover staff vacancies, and agency staff had been block booked to ensure consistency. However, these staff were unfamiliar with the residents and their needs. This put additional pressure on staff and increased the need for clear leadership.

There was a lack of effective leadership in the home. The manager recently left post and there was no permanent deputy in place. There was limited opportunity to identify staff's learning and development needs or offer practice development or guidance to improve outcomes for residents.

This situation was having a detrimental effect on the morale of staff. Staff described a task orientated day where they felt under pressure to complete all aspects of care and support. Staff support was inconsistent and the majority of staff told us that improvement was needed. Supervisions were not being conducted on a regular basis (see area for improvement 2).

The management team were not visible role models and were not always well known to people, their relatives, and staff. This had potential to impact on how people's needs and wishes were supported, because leadership, direction, and support to staff was lacking.

Improvements should be made to the culture within the service. Staff should seek support and report any concerns, demonstrating the codes of conduct for registered professionals. We had concerns about the leadership and oversight of the service. Clear communication, support for staff and direction was lacking. The current management team advised that they were putting support in place for residents and staff until a permanent manager was in post (see requirement 4).

Requirements

1. To ensure that people experience care and support in an environment that is safe and meets necessary infection prevention and control standards, the provider must ensure by 03 November 2021, that:

1. procedures for good infection prevention and control practice are implemented to ensure practice reflects the guidance from Health Protection Scotland entitled, 'COVID-19 Information and Guidance for Care Home Settings';
2. all care equipment is clean and safe for use. This includes but is not limited to all mattresses, bed linens, shower chairs and shared equipment;
3. there is a reliable system in place to provide assurance that all resident care equipment and the environment is clean and intact;
4. ensure PPE is disposed of appropriately; and,
5. ensure that all staff carry out good hand hygiene practices to reduce possible infection transmission between individuals.

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

This is to comply with Regulation 4 (1) (d) of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

2. To ensure that people who experience stress and distress are fully supported, the provider must ensure by 29 November 2021 that they:

1. further develop staff skills to support service users by receiving training on mental health conditions, including dementia, and how to support service users who experience stress and distress.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19); and, 'I have confidence in people because they are trained, competent, and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

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

3. The provider must ensure by 03 November 2021, that they have taken steps to ensure the needs of people are met by the right number of staff. To do this, the provider must undertake the following:

1. carry out an analysis of the overall support required by people who live in Forefaulds Care Home and use this to identify robustly where staffing hours are requiring increased. This analysis should take into account the number of people who prefer to remain in their rooms, the layout of the environment and the provision of meaningful activity; and,
2. review their recruitment plan to ensure maximised opportunities to recruit people into the vacant posts

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'My needs are met by the right number of people' (HSCS 3.15); and, 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This is 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).

4. By 29 November 2021, the provider must ensure that service users and staff experience a service that is well led and managed. In particular they must:

1. set out clear roles and responsibilities, ensuring residents, staff and families are informed of this;
2. ensure effective leadership and communication between all grades of staff which is responsive to the changing needs of the service users and the service. There should be regular assessment of staff performance; and,
3. where areas for improvement have been identified within the managers auditing system, there is sufficient information to show actions taken to minimise risk and progress made until fully resolved.

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

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 2010 (SSI 2011/210).

Areas for improvement

1. People should experience an environment that is well looked after which is clean and tidy. The provider should review housekeeping arrangements to make sure they have effective arrangements in place, taking action to make the necessary improvements.

This is in order to ensure that the safety and wellbeing of people was taken into account and is consistent with the Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2.

The provider must demonstrate that staff supervision is provided in accordance with the provider's policies and procedures in order to ensure that staff are supported. Staff practice should be monitored by management on a regular basis.

This is to ensure 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 their professional and organisational codes.' (HSCS 3.14).

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	2 - Weak
1.2 People get the most out of life	2 - Weak
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

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