

Fairview House Care Home Care Home Service

Fairview Street
Danestone
Bridge of Don
Aberdeen
AB22 8ZP

Telephone: 01224 820 203

Type of inspection:
Unannounced

Completed on:
10 January 2022

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142892

About the service

Fairview House Care Home is owned and managed by Barchester Health Care. Fairview House is registered to provide a care service to a maximum of 103 older people. Within the maximum of 103 places above, seven places may be provided for named people under the age of 65.

Fairview House Care Home is a purpose-built home located within the residential area of Danestone, Aberdeen. The service is close to local amenities and transport links. The accommodation consists of a variety of communal sitting rooms and dining areas. The home is divided into six smaller units. The unit, 'Memory Lane', is specifically for older people with mental health problems. The home has well maintained landscaped grounds.

This was a follow up inspection to assess what improvements had been made, and whether the provider had met the requirements made at our inspections on 15 November and 23 November 2021. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection. To inform our evaluation we:

- spoke with ten people using the service in the passing
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

This inspection was carried out by three inspectors from the Care Inspectorate.

What people told us

During the course of our inspection, we spoke with people who live at Fairview House in the passing.

Some people had difficulty using verbal communication to give their views, therefore we spent time observing how they interacted with staff. We observed kind and caring interactions and people appeared contented.

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?	2 - Weak
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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?

2 - Weak

The service had implemented a detailed action plan following our previous inspection. This meant there was a focus on making the changes that were necessary in order to improve people's wellbeing and outcomes. (See 'What the service has done to meet any requirements'.)

There were still concerns about the service's quality assurance systems and processes and how people were supported to get the most out of life. We have restated these requirements to reflect our findings with agreed extended timescales of 18 April 2022. **(See requirements 1 & 2 'What the service has done to meet any requirements'.)**

The Omicron variant has been extremely challenging, particularly in terms of staffing. We acknowledge that the service needs to prioritise people's care and support. Staff were kind and caring but were focused on moving from one task to another. This meant they had little time to interact with people or to check they were settled, comfortable or happy. As a result, people were left sitting in transit wheelchairs or on hoist slings for extended periods of time as staff had no time to change their position. Staff need to support people to live a dignified life, including assistance to move around, sit comfortably and take care of their appearance. We expect services to support people to get the most out of life, with social interactions and activities. We accept that when staff absences happen this can be difficult, however, the service should still be able to deliver safe, dignified, and respectful care. **(See requirement 3.)**

We found the service had made significant improvements regarding the four outstanding areas for improvement. Two of these were addressed. However, the improvements relating to infection control practices and care planning were not fully embedded into practice. We have restated these areas for improvement to reflect our findings. **(See area for improvement 1 & 2 and 'What the service has done to meet any areas for improvements'.)**

Staff were responsive to changes in people's presentation and the Covid-19 guidance around the need to self-isolate. This helped the team consider what actions had to be taken to keep people safe. We were concerned that the approach to managing people who lacked the capacity to isolate themselves was not appropriately managed to reduce the risk of spreading the virus. **(See requirement 4.)** A further requirement was made about the infection prevention safeguards in relation to the self-isolation of residents who have limited communication or understanding of Covid-19.

Requirements

1. By 3 January 2022 (7 weeks) you must ensure the proper provision for all service users to get the most out of life. To do this, the provider must ensure that they:

- a) implement meaningful activities specific to service users' likes and wishes ;
- b) support joint working with external partners to facilitate social interactions; and
- c) fully implement the Open with Care guidance.

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

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

which state that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1:16);

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be.' (HSCS 2.2).

2. By 4 January 2022 the provider must ensure that the quality assurance systems and processes in relation to Infection prevention and control and care practices are further enhanced. In order to do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15 (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

An extension to this timescale has been agreed of 18 April 2022.

3. By 18 April 2022 the provider must ensure that all people living in the care home experience dignity and respect in all aspects of their daily life. To do this the provider must, at a minimum ensure that:

- (a) Staff must be able to demonstrate through their practice a clear understanding of their values, role and responsibilities to ensure everyone is treated with dignity and respect at all times.
- (b) People's human rights are respected and promoted at all times.

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

This is to ensure that care and support is consistent with the principle of 'dignity and respect' as stated within the Health and Social Care Standards (HSCS).

4. By 18 January 2022, the provider must ensure that appropriate infection prevention safeguards are in place in relation to the self-isolation of residents who present with limited communication or understanding of Covid-19. To do this, the provider must ensure that:

- (a) Detailed individual risk assessments based on best practice guidance on the Covid-19 Pandemic.
- (b) Implement an effective procedure regarding how staff manage service users who are unable or unwilling to self-isolate.
- (c) System must be in place to ensure staff understand and fully implement the above risk assessments and procedure.

(c) Provide the Care Inspectorate with evidence of the above by 19 January 2022.

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

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

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

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life' (HSCS 2.24).

Areas for improvement

1. To ensure that the service is visibly clean, free from non-essential items and equipment to help make cleaning effective, well-maintained and in a good state of repair and routinely cleaned in accordance with the specified cleaning schedules, the provider should ensure that the Safe Management of the Care Environment Cleaning Specification for Older People and Adult Care Homes is fully implemented into practice.

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

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

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24); and

'My environment is safe and secure.' (HSCS 5.17).

This area for improvement was made on 23 November 2021.

2. To ensure that personal plans are updated and have sufficient detail to reflect people's individual needs, rights, choices and wishes. To improve people's outcomes, personal plans must be regularly reviewed and changed where necessary to direct care based on people's current situations. In particular the provider must:

a) ensure that all risk assessments are accurate and updated regularly, including Covid-19 risk assessments;

b) ensure that people have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives;

c) ensure that people have a visiting plan to reflect their individual choices and preferences; and

d) ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.

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

(HSCS) which state that:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7);

'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 3.07); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.08).

This area for improvement was made on 23 November 2021.

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

Requirements

Requirement 1

By 4 January 2022 the provider must ensure that service users receive the nutritional and hydrational support they require. To do this, the provider must ensure that:

- a) Staff who complete observation charts, such as daily fluid balance and weight monitoring charts, have the knowledge and understanding to do so; and
- b) Staff have the knowledge and understanding of specialist diets and IDDSI: The International Dysphagia Diet Standardisation Initiative framework.
- b) Staff must evaluate the content of the charts and plan care accordingly.

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

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34);

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37); and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21).

This requirement was made on 23 November 2021.

Action taken on previous requirement

Staff were monitoring people's food and fluid intake in a way that supported people's health and wellbeing, especially those people who needed assistance and stayed in their bedrooms. The documentation in place to monitor people's intake was being completed appropriately. As a consequence staff were able to fully evaluate and respond promptly and appropriately to the changing needs of those they support.

There was a good understanding of the practicalities around specialist diets. For example, ensuring those people who have difficulty swallowing receive the correct texture of food and fluids as detailed by the specialist advisor. As a result, people were receiving the nutritional and hydrational support they required.

This requirement was met.

Met - outwith timescales

Requirement 2

By 3 January 2022 (7 weeks) you must ensure the proper provision for all service users to get the most out of life. To do this, the provider must ensure that they:

- a) implement meaningful activities specific to service users' likes and wishes ;
- b) support joint working with external partners to facilitate social interactions; and
- c) fully implement the Open with Care guidance.

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

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1:16);

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be.' (HSCS 2.2).

This requirement was made on 23 November 2021.

Action taken on previous requirement

People enjoy catching up with their families and friends, so it was good to see that Open with Care was being fully implemented. We heard that some activities were in place, for example a celebration of Elvis's life. Some of the life enhancing aspects of support were missing. People were not benefiting from meaningful conversation or enjoyable activities on a frequent basis. Staff need to support people with living a dignified life. **(See Requirement 1 under How good is our care and support during the Covid-19 pandemic?)**

Although some improvements were made, these have been significantly hampered with the Omicron variant and the impact on staffing levels and resources. We expect services to support people to get the most out of life, with social interactions and activities. However, when staff absences happen, the service should still be able to deliver a safe, dignified, respectful care.

This requirement was not met and will be restated with a new agreed timescale of 18 April 2022.

Not met

Requirement 3

By 4 January 2022 the provider must ensure that the quality assurance systems and processes in relation to Infection prevention and control and care practices are further enhanced. In order to do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15 (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

An extension to this timescale has been agreed of 18 April 2022.

This requirement was made on 23 November 2021.

Action taken on previous requirement

There were effective quality assurance tools in place in relation to infection prevention and control practices. The management team had been working to try to ensure these are completed regularly. However, the cleaning schedules, equipment cleaning records and the infection prevention and control audit were not always completed in line with their quality assurance guidance. This meant that there was not always sufficient oversight or assurance that the infection prevention and control practices were in line with best practice guidance. For example, enhanced cleaning was not always completed in line with current guidance. We understood that this was partly due to staffing changes within the management team, and fully appreciated the staffing challenges across all areas on the day of the inspection due to COVID-19 related absence.

It was positive to note that the senior management team had identified areas for improvement through the environmental improvement plan, and that three of the four bathrooms identified for refurbishment have now been completed. The management team is continuing to work towards the further areas identified through the improvement plan.

The management team had taken prompt action to address a concern raised by a family member regarding care provision. Further improvement could be made by reviewing the actions taken to assess if these actions have been effective and have led to improved outcomes for those living at Fairview. A more proactive approach to seeking and gathering feedback from people and families will also ensure that there is a process for continuously implementing and reviewing improvements.

We acknowledged that the new manager had just started in post on the day of the inspection. We therefore agreed with the management team that reinstating this requirement for a further 12 week period will give her the time to further implement and embed improved practice in relation to quality assurance processes.

This requirement was not met and will be restated with a new agreed timescale of 18 April 2022.

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 that the service is visibly clean, free from non-essential items and equipment to help make cleaning effective, well-maintained and in a good state of repair and routinely cleaned in accordance with the specified cleaning schedules, the provider should ensure that the Safe Management of the Care Environment Cleaning Specification for Older People and Adult Care Homes is fully implemented into practice.

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

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

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24); and

'My environment is safe and secure.' (HSCS 5.17).

This area for improvement was made on 23 November 2021.

Action taken since then

The home and equipment were significantly cleaner. However, there remained some minor concerns around the maintenance of good infection control practices. For example, a shower chair, bed frame and a chair within a person's bedroom were dirty and stained. Radiator grills were also dusty and some Christmas decorations were still up. This made cleaning more difficult. Staff had a good understanding of infection prevention and control practices and the National Cleaning Specification. A daily environmental audit was being undertaken and most areas of concern were addressed promptly. As a consequence, the potential risk of spreading any infection remained.

Personal protective equipment (PPE) was being used in line with good practice. However, some staff were not always compliant with the safe disposal of PPE. As a result, there was potential increased risk of cross infection.

This area for improvement was not met and will be restated to ensure these practices become embedded into culture and practice and to ensure that these improvements are sustained.

Previous area for improvement 2

To ensure service users experience well-coordinated care, the provider must undertake a review of how information is shared with staff to ensure consistent care is maintained. This should include promoting good practice, role modelling and supporting a positive culture within the service.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15).

This area for improvement was made on 23 November 2021.

Action taken since then

The communication between staff within the home had significantly improved. Systems and processes were being used to ensure that all staff, including bank or agency staff were made aware of important information regarding people's care and support. These included using, verbal and written handover sheets, whiteboards, and other information at point of use i.e., dietary information within the kitchenettes. This meant that information was readily available to all staff. As a consequence, people's individual preferences, choices and care needs were being consistently met.

This area for improvement was met

Previous area for improvement 3

To ensure that personal plans are updated and have sufficient detail to reflect people's individual needs, rights, choices and wishes. To improve people's outcomes, personal plans must be regularly reviewed and changed where necessary to direct care based on people's current situations. In particular the provider must:

- a) ensure that all risk assessments are accurate and updated regularly, including Covid-19 risk assessments;
- b) ensure that people have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives;
- c) ensure that people have a visiting plan to reflect their individual choices and preferences; and d) ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.

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

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7);

'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 3.07); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.08).

This area for improvement was made on 23 November 2021.

Action taken since then

Progress had been made to review, evaluate, and update personal plans. Care and support plans held some important and relevant information, but there remained some significant gaps within some people's plans. Subsequently, there is still a risk that care and support could be compromised or people's wishes and views are not respected due to the limited or incomplete information available. We acknowledge that this remains a work in progress and will be restated to ensure these practices become embedded into culture and

practice and to ensure that these improvements are sustained.

This area for improvement was not met.

Previous area for improvement 4

In order to ensure that service users have a nice place to stay, the provider must, in consultation with residents, staff and relatives, continuously develop and implement an environmental improvement plan, with timescales for completion. All work undertaken must be completed to an acceptable standard.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1); and

'I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6).

This area for improvement was made on 23 November 2021.

Action taken since then

An environmental improvement plan has been developed. Three of the four bathrooms identified for refurbishment have now been completed. The management team are continuing to work to enhance the environment by identifying areas through the improvement plan and quality assurance processes.

This area for improvement was met.

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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