

Fullarton Care Home Care Home Service

Ayr Road
Irvine
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Telephone: 01294 273 555

Type of inspection:
Unannounced

Completed on:
26 October 2022

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349801

About the service

Fullarton Care Home is registered to provide a care home service (with nursing), to a maximum of 90 older people. The provider is HC-One Oval Limited. This service registered with the Care Inspectorate on 12 October 2017.

The service is located in a residential area of Irvine, North Ayrshire, close to local amenities, shops, and transport links.

The care home is purpose-built with accommodation across four units in two buildings. Each building has two floors connected by a passenger lift. All bedrooms are single with ensuite facilities.

Assisted bathing and showering facilities are provided in each unit. There are several smaller lounges in addition to the main lounge/diner. There is access to enclosed garden areas.

About the inspection

This was a follow up inspection which took place on 25 and 26 October 2022.

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

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

In making our evaluations of the service we:

- Spoke with four people using the service;
- Spoke with 10 relatives;
- Spoke with staff on duty, including the manager and external manager;
- Observed practice and daily life;
- Carried out an environmental inspection; and
- Reviewed a range of documents.

Key messages

- People continued to be happy with the standards of care and support provided.
- Communications from the management team and staff had improved.
- Good progress had been made with an activities programme, better informed by the wishes and abilities of people living within the service.
- Quality assurance systems had been used more effectively to keep people safe and well.
- A systematic approach had been used to ensure that support plans were accurately reflecting the current needs of people. Staff were better informed on how they should meet people's needs.
- An ongoing programme of auditing and evaluating care plans should be fully implemented.
- Staff had received planned supervision sessions which included looking at their ongoing development needs.

How well do we support people's wellbeing?

We completed a follow-up inspection to measure the action taken in response to one outstanding requirement connected to this key question. The requirement related to developing a personalised programme of activities.

The service had used a number of approaches to take this area forward, including the wellbeing team undertaking additional training, utilisation of tools to assess the needs and abilities of each person, and developing networks outwith the home.

We observed people participating and engaging positively in a range of activities during the inspection. Feedback from relatives indicated that activities offered, and approaches used by staff better matched the needs of their loved ones:

- "My relative enjoys dancing and anything that involves music. There is plenty of that on offer."
- "My relative likes to play cards and that is available for him."
- "My relative doesn't really come out of the bedroom. The activities staff go and spend time with her on an individual basis."

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Based on our findings, we did not change the service's evaluations.

How good is our leadership?

We completed a follow-up inspection to measure the action taken in response to one outstanding requirement connected to this key question. The requirement related to quality assurance processes.

The management team had worked hard to improve how they carried out audits, and more robustly checked if assessments were accurate. This meant they had a better overview of the changing needs of people using the service. They had developed robust procedures for checking the effectiveness of measures to keep people safe and well.

Relatives shared that they had been kept up to date with changes in their loved ones' health and wellbeing, and what was being done:

- "My relative has particular dietary needs and I am kept up to date about how this is being managed."
- "The staff phone if anything happens that I need to know about."

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Based on our findings, we did not change the service's evaluations.

How well is our care and support planned?

We completed a follow-up inspection to measure the action taken in response to one outstanding requirement connected to this key question. The requirement related to accurate completion of assessments to inform care plans for staff to follow.

The management team had focused on care plans of people with the most complex care needs. This meant that health assessments and associated care plans had been audited, improvements identified, and information updated to guide staff on how they should meet people's current needs.

The service should complete the programme established for updating and evaluating all care plans. See area for Improvement 1.

Areas for improvement

1. The service provider should ensure that all care plans are updated and informed by accurate completion of associated assessments. Care plans should be regularly evaluated to ensure that support identified consistently meets individual's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 1.15) and "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

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

Requirements

Requirement 1

By 14 October 2022, you, the provider, must ensure that a personalised programme of activities is in place for each person who uses the service. Account should be taken of the individual's abilities and preferences.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day." (HSCS 1.25).

This requirement was made on 1 August 2022.

Action taken on previous requirement

Since the previous inspection, each person has had a review to ensure activities match their current interests, needs and abilities. This information had been used to tailor an activities programme for each unit.

Additional training had been provided to the wellbeing staff to help them develop skills on matching activities to each person. This meant that people were offered meaningful activities in a group or individual basis which took account of their abilities and preferences.

Networking had been established with other services within the organisation to help with staff development and exchange ideas. Further work had been identified to help care staff better understand the role they play in the promotion of activities. The management team should ensure staff consistently identify actions to overcome challenges which they highlighted when completing sunshine scales.

External agencies had been used to help deliver activities. These offered opportunities to participate in physical activity by people who use the service. A walking group had been established and we observed people going outwith the home and enjoying being part of the group.

The service had also worked at developing activities to help keep people connected with their community.

Families confirmed that they were better informed of what activities had been offered to their loved ones, and saw the benefit that their loved ones gained from participating.

Based upon our findings we concluded that the requirement is met.

Met - within timescales

Requirement 2

By 14 October 2022, you, the provider, must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provisions of the service. To do this, you, the provider, must ensure:

- a) Internal quality assurance systems are effectively identifying any issue which may have a negative impact on the health and welfare of people supported.
- b) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- c) Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

This is to comply with Regulation 4(1)(a) (Welfare of 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 Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

This requirement was made on 1 August 2022.

Action taken on previous requirement

The highly motivated manager demonstrated a greater understanding of the internal and organisational quality assurance processes, and had applied these effectively since the previous inspection.

Additional support had been provided externally from other services within the organisation, and representatives from the quality team had provided support. The appointment of depute manager had a positive impact in taking this area forward. Audits had been completed to a better standard which meant the changing needs of people were identified at an early stage.

A number of systems had been employed to check if people were being kept safe and well. This included a three o'clock stop to check if planned supports had been carried out. Clinical meetings had been used to good effect to check if planned interventions had been effective.

Action plans had been re-designed and completed to a better standard, which meant that overall, there was a clearer picture of who was tasked to take it forward and within defined timescales.

Systems had been developed to review if action plans were completed or needed to be amended.

Based upon our findings we concluded that the requirement is met.

Met - within timescales

Requirement 3

By 14 October 2022, you, the provider, must ensure service users' health, safety and social care needs are appropriately assessed, documented and effectively communicated between all relevant staff and met.

This must include, but is not limited to ensuring that:

- a) Staff complete and record an accurate assessment of individuals' health, physical and social care needs.
- b) Stress and distress plans are in place for each person who require this, along with a medication protocol, where this is required.
- c) Support plans are implemented, and care is delivered, in accordance with the assessed needs of each individual service user.
- d) Daily recordings are to be accurately completed, to evidence safe and effective care is being provided.
- e) Improved monitoring and review systems are implemented to evaluate the effectiveness of care interventions, and the outcomes being achieved for individuals who use the service.

This is to comply with Regulations 4(1)(a) (Welfare of Users) and 5 (Personal Plans) 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 Health and Social Care Standards (HSCS) which state that: "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 1.15) and "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

This requirement was made on 1 August 2022.

Action taken on previous requirement

Health assessments were being accurately completed for people with the most complex needs and used as exemplars to guide staff. The deputy manager had put in place monitoring systems to promote consistency and accuracy when staff completed assessments.

Stress and distress plans were now in place for specific people using the service.

Support plans were being better informed by the content of the assessments, however, the planned programme of care plan audits should be rolled out to all people using the service, with regular evaluation to ensure that support identified consistently meets individual's needs. See area for Improvement 1, under 'How Well Is Our Care and Support Planned' section.

People were receiving care as planned. The management team identified changes to records for staff handovers, to promote consistency of support to people using the service.

Daily flash meetings and clinical review meetings had been used effectively to ensure people were receiving care as planned.

Daily monitoring records for people identified as being at particular risk had been completed to a good standard. These had been checked as completed by the management team.

Based upon our findings we concluded that the 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

The staff supervision process should demonstrate more fully how staff are supported to continually develop their knowledge and skills, along with evidence of meaningful reflection on the impact of their learning on practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

This area for improvement was made on 1 August 2022.

Action taken since then

We looked at five staff files. These all contained records of supervision. These had been used to discuss training undertaken, contained elements of reflection, and asked what the staff member would like to achieve in advance of their next supervision session. Records could be developed further by discussing more fully with each staff member, learning through training undertaken, how it shapes day to day practice, and what training is available to help with their current and potential future roles.

Based upon our findings the area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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