

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:
9 February 2023

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, 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 dementia. The home has well maintained landscaped grounds.

About the inspection

An unannounced follow up inspection took place on 8 February 2023 between 10:30 and 15:30 As part of the inspection we assessed the progress the service was making since the last inspection on 7 September 2022.

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

To inform our evaluation we:

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

Two inspectors carried out the inspection.

Key messages

- Staff were warm, welcoming, pleasant and working hard to try and meet people's needs.
- The management team were collaborating with statutory partners into an unexplained event that resulted in a person receiving a significant injury.
- The service was making good progress at addressing the requirements and areas for improvement made since the last inspection.
- There was more oversight and leadership within the units.
- The quality assurance processes needed to be more transparent to ensure improvements are sustained.
- The care planning systems should be further developed to reflect the more person-centred aspects of care planning.

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
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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 evaluated this key question as weak because we identified areas of weakness that impacted on people's outcomes.

The provider had started an internal investigation and was collaborating with external investigations into an unexplained event that resulted in a person receiving a significant injury. We have asked that learning from this process is shared, with appropriate actions taken to prevent any such recurrence **(see requirement 1)**.

A requirement was made since the previous inspection. The service had put an action plan in place to manage the improvements needed. The service met this requirement. **(See 'What the service has done to meet any requirements we made at or since the last inspection'.)**

An area for improvement was made since the previous inspection. This was in relation to personal planning. The service has not met this and will be restated. **(See 'What the service has done to meet any area for improvement we made at or since the last inspection' and area for improvement 1.)**

The timescales for a further two requirements and two areas for improvements had not been met. However, we reviewed the progress as part of this inspection. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and 'What the service has done to meet any area for improvement we made at or since the last inspection'.)**

Requirements

1. By 6 April 2023, the provider must ensure that the service uses learning from internal and external investigation as a result of an unexplained injury to improve the quality of care and support for people. To do this, the provider must, at a minimum:

- Identify learning from the event that resulted in a person sustaining an unexplained injury.

This is to comply with Regulations 18 (3) 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:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.' (HSCS 4.21); and

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

Areas for improvement

1. To ensure that personal plans are updated and have sufficient detail to reflect people's individual needs, rights, choices and wishes, the provider should ensure that people's personal plans are regularly reviewed

and changed where necessary, to direct care based on people's current situations. This should include, but is not limited to:

- a) ensuring that all risk assessments are accurate and updated regularly;
- b) ensuring that people's care plans reflect their wishes and where appropriate, those of their representatives;
- c) ensuring that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.

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 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).

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

Requirements

Requirement 1

The provider must ensure that the approach to managing falls is improved to keep service users safe. In order to do this the provider must:

- a) Ensure that falls risk and care planning is accurate, complete and reflects current needs.
- b) Demonstrate that appropriate advice has been sought promptly from health professionals.
- c) Ensure that staff are aware of the information contained in best practice guidance.
- d) Demonstrate that persons employed in the provision of the care service receive regular training appropriate to the work they perform.
- e) Ensure that managers are involved in the monitoring and audit of falls and falls prevention.

To be completed by: 28 February 2023

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

This requirement was made on 11 November 2022.

Action taken on previous requirement

This inspection took place within the timescale for this requirement, however, we reviewed the progress as part of this inspection.

Progress has been made in how the service was managing and reducing the number of falls that people were having. Equipment to prevent people falling was in place and being appropriately used by staff. However, staff needed to have a wider oversight of the risks to people who avoid using this equipment, such as side stepping over call mats or not using their walking aids.

The falls good practice guidance and associated paperwork had been implemented. Although completed, some information was found to be inaccurate or contradictory. This could lead to inconsistent care and support by staff and an increased risk of falls.

Not assessed at this inspection

Requirement 2

The provider must demonstrate that they will actively support people to live in a bedroom that meets their needs. In order to do this, the provider must;

- a) Review their overarching policy regarding bedroom flooring in line with National Care Standard 4.1 'My human rights are central to the organisations that support and care for me' and 5.18 'The premises have been adapted, equipped and furnished to suit my needs and wishes.'
- b) Fully consider how people can be supported to continue to live in their bedroom of choice when needs change.
- c) Provide guidance to managers in respect of considering the needs and preferences of residents and/or their representative at all times.

To be completed by: 28 February 2023

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard 5.16: The premises have been adapted, equipped and furnished to meet my needs and wishes.

This requirement was made on 11 November 2022.

Action taken on previous requirement

This inspection took place within the timescale for this requirement, however, we reviewed the progress as part of this inspection.

People's furniture had been situated to suit their needs and choice. Staff were undertaking regular routine safety checks on people who preferred to stay in their bedrooms. However, there were some concerns that we discussed with the management team. This included broken furniture, the lack of respect of people's belongings as wardrobes were untidy and cluttered, and the lack of fluids or drinks in bedrooms. We did not review meaningful activities at this inspection, this will form part of the process when we assess this requirement.

Not assessed at this inspection

Requirement 3

By 19 August 2022, the provider must ensure that the service can fully meet the needs of all new admissions to the service, especially those who require interim care. To do this, the provider must ensure the staffing levels and skill mix are reviewed and the needs of the other service users already residing in the service are taken into account.

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

'My need, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 12 July 2022.

Action taken on previous requirement

Assessment of needs from care management and pre-admission assessment were undertaken for each potential new resident. The management team reviewed each assessment to ensure the service could fully meet people's needs. Consideration was also given to the limitations of service provision due to the skill mix of staff. This requirement was met.

Met - outwith 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 service should ensure that people are consistently supported to maintain a high standard of personal care and support that is right for them. In doing this, the service should;

- a) Review personal care and support plans to ensure that residents and their representatives (where appropriate) are involved in the care planning process.
Care plans should;
- b) Provide clear information in respect of how people wish to be supported to look and feel their best. This should include how people wish to dress and style their hair.
- c) Clearly detail how people wish to be supported to maintain a high standard of personal hygiene.
- d) Consider how dignity can be supported at all stages of personal care.

- e) Provide appropriate training and support for staff.
- f) Ensure appropriate quality assurance systems are in place to ensure consistently high standards of support.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 11 November 2022.

Action taken since then

An improvement was noted in the way people were supported with their personal care. People were dressed smartly and well presented. There were still concerns that people may not be having baths or showers on a frequent basis. The documentation in place, did not reflect that staff were always fully responsive to people's needs and preferences. (See 'How well do we support people's wellbeing?')

This area for improvement was met.

Previous area for improvement 2

The service should demonstrate that people benefit from a culture of continuous improvement by having robust and transparent quality assurance processes. In order to do this, the service should;

- a) Review the complaints procedure regularly, ensuring that the information it contains is current and appropriate for Fairview House Care Home.
- b) Ensure that residents and their representatives are provided with a copy of the complaints procedure.
- c) Develop staff awareness on how to recognise, investigate and respond to complaints and concerns.
- d) Ensure that complaints are fully investigated in accordance with the organisation's policy. Written responses should clearly detail the findings of the investigation, action taken and lessons learned to improve outcomes for people.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 11 November 2022.

Action taken since then

A new concern form had been implemented for staff, to ensure that any concern raised was addressed immediately or directed to the management team for them to address. Formal complaints were being investigated, by the manager. However, there were no actions or improvement plans in place regarding the learning outcomes from these concerns. As a result, there was a risk that any improvements may not be sustained.

The manager needs to ensure the Duty of Candour log is maintained accurately and reflects the discussions with relatives.

The management team need to ensure the quality assurance processes, are more transparent and are effective in not only identifying areas of concern promptly, but also improving the outcomes for people.

This area for improvement was not fully assessed at this inspection and will remain in place.

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, the provider should ensure that people's personal plans are regularly reviewed and changed where necessary, to direct care based on people's current situations. This should include, but is not limited to:

- a) ensure that all risk assessments are accurate and updated regularly;
- b) ensure that people's care plans reflect their wishes and where appropriate, those of their representatives;
- c) 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 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 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 26 October 2022.

Action taken since then

Care and support plans held some relevant information, but there remained significant and important gaps within some people's plans. The documentation was poorly managed, there was no consistent pattern to where staff were recording vital information. Some information was inconsistent or inaccurate. As a result, staff would find it very difficult to locate essential information or provide the care and support that was right for that person. There was a potential that people's care was not being evaluated accurately.

This area for improvement was not met and will be restated.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

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