

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:
27 April 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

This was an unannounced inspection which took place on 18 April 2023 between 15:30 and 16:45. With further visits on 20 April between 08:30 and 15:30 and Friday 21 April 2023 between 06:30 and 09:30. One inspector and an Inspector volunteer carried out the inspection.

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 14 people using the service
- contacted and spoke to 20 relatives or guardians of people who stay at Fairview House
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- There was an experienced manager in place, an open and transparent culture was being promoted with professionals and families.
- The service has met both requirements made at the last inspection.
- Communication with people, relatives, visiting professionals and other staff was improving.
- There was a lack of oversight at times, meaning people's needs were not always being fully addressed.
- There had been a focus on staff training and improving practice.
- Staff were not always addressing concerns or issues raised by people or families, causing frustration and a loss of confidence.
- People and families were not fully involved in planning or meaningfully reviewing their care.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The culture within the home had significantly improved. The staff were happy and friendly, and this was having an impact on the welfare of people. Staff were attentive to people's needs and took time to speak with them. These conversations at times were humorous and greeted with smiles. People were starting to form positive relationships. As a result, this helped create a warm and friendly feeling in the service.

We received very mixed feedback about the service and carers. People said that they felt that the staff knew their relative well and that they were well looked after. Relatives said "We are very pleased with the care which she is receiving", "The staff have been very patient with her and they have won her over" and "My Mam is very well looked after at Fairview Care Home". However, there were concerns raised regarding lost or missing clothing, inconsistent essential care, and issues or problems reoccurring.

There was a wide variety of events and activities planned and organised. People said, "We appreciate the weekly church services arranged and delivered by the Activities Team" and "Mum is not one to voluntarily join in with the activities, but the activities team do their best to involve her which we are grateful for". Staff were becoming more proactive in ensuring that people had access to outside spaces. More could be done to support those people who do not or cannot readily participate in these group events. A relative said "The focus appears to be on the residents that are more able and not those who need more support." The management team recognised that there was more to be done to ensure that people get the most out of life. Although staff had gathered information on how each person would like to spend their time. This was not being used effectively to form the basis for individual support as well as group events and activities. As a consequence, staff were not supporting people to get the most out of life in a way that was meaningful to them. **(See area for improvement 1.)**

Staff were supporting people to ensure they enjoyed their meals. We saw some kind and caring interactions by staff to encourage and support people with eating and drinking. As a consequence, people said they were enjoying the food and meals offered.

People's personal hygiene needs were not being supported in a consistent, timely manner. Relatives raised concerns about toiletries not being used and people not being supported to get up out of bed at a reasonable time in the morning. A relative said "It really depends on who is on shift, some senior staff have a better oversight and check if the carers are doing what they should be doing". As a result people were not consistently receiving the care and support that was right for them. **(See requirement 1.)**

We found that communication between visiting professionals and the staff had improved. This had led to people's healthcare needs, treatments and any interventions being addressed promptly and managed effectively. In particular, staff had worked with tissue viability specialists to ensure that people's wounds were treated in line with best practice and healing promoted. Significant work had been undertaken to ensure people's skin was being appropriately assessed. As a result, any concerns or issues were reported promptly, and action taken to address or prevent any deterioration or further break down of people's skin.

Medication practices and storage were in line with best practice. Staff had a good understanding and oversight of medication policies and procedures. As a result, people were receiving their medication as prescribed.

Requirements

1. By 15 May 2023 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, essential, personal care is delivered in a consistent timely manner.

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 Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1:19).

Areas for improvement

1. To ensure that people get the most out of life, the provider should ensure that people's individual aspirations are taken into account and there is a clear outline of the holistic 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:

'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); 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

One requirement and one area for improvement were made since the previous inspection. The requirement was in relation to ensuring the learning from internal and external investigations. The area for improvement was in relation to continuous improvement. The service has put an action plan in place to manage the improvements needed. The service had met both the requirement and the area for improvement. **(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 areas for improvement we made at or since the last inspection'.)**

There was a new experienced manager in the service. An open and transparent culture was being promoted with professionals and families. As a result, communication with families was improving. Staff and families spoke highly of the changes that have occurred within the service, a relative said "Some sense of order has returned". However, some families had lost trust and had a lack of confidence in the service being able to improve the outcomes and experiences for people. A relative said "Things have improved at the home but only due to complaining time and time again so there is still room for much improvement but it's heading in the right direction for now". **(See area for improvement 1.)**

Formal complaints and concerns were addressed appropriately and promptly by the management team. Appropriate action was taken to address poor practice and learning was shared throughout the home. This assisted in preventing poor practice or concerns reoccurring. However, issues or concerns highlighted to staff by relatives, such as missing items or clothing or bedrooms and personal items not being looked after were often not fully addressed. Staff were unaware of the actions required to ensure that concerns were fully addressed. As a result, relatives' questions or queries were often not acted upon causing frustration and a loss of confidence. **(See area for improvement 2.)**

The quality assurance processes and procedures continued to be an integral part of how the service operated. Audits had been undertaken and action plans were in place to address concerns identified. These plans assisted in the development of the service's improvement plan. There is a focus on implementing a whole team approach to improving the service. This included detailed investigations into incidents and accidents and sharing the learning with the whole staff team. The management team had begun to develop a culture of continuous improvement. All the suggestions we made throughout the inspection process were promptly addressed or appropriate steps were taken to implement.

Areas for improvement

1. The provider should ensure that people feel confident in raising any concerns by developing trusting and transparent relationships with people and families.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

2. The provider should demonstrate that staff have an understanding of how to recognise and respond to complaints and concerns.

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff morale and teamwork had significantly improved since the last inspection. Staff spoke highly of the support from the manager and deputy manager. They were enthusiastic about informing us of the many changes that have happened in the service since the last inspection. A staff member stated "I think that we are improving immensely. The team still needs a lot of guidance, but the overall care has improved a lot". As a consequence, people's experiences of care have begun to improve.

The service was staffed primarily by their own care staff. Regular registered nurse agency staff were used when required. This ensured people were cared for by people who knew them. The staffing rota and how staff were being deployed were under constant review. This aimed to ensure that people were being cared for by staff with the right skills, knowledge, and experience. It also assisted new or inexperienced staff

develop through role modelling. However, the lack of leadership or supervision within the units varied considerably at times. Relatives said that care was inconsistent and depended who was on shift. As a result, people were not always receiving the care and support that was right for them. **(See requirement 1.)**

Staff group supervision and one to one support was well established. Practice was being monitored and concerns were addressed where necessary through supervision. The lessons learned were then shared with the rest of the staff team. The supervision mainly focused on practice issues with the aim of addressing and improving the quality of the care and support provided. However, this should be widened to supporting and developing staff in their role. **(See area for improvement 1.)**

The management team had a good oversight of staff training. There had been a focus on staff training, with a mix of eLearning and face to face taking place. Significant training had been undertaken on skin integrity, the importance of reporting any changes, wound assessment, and management. Staff competencies, monitoring of practice and sharing of learning had all taken place. As a result, staff were knowledgeable and able to discuss their roles and responsibilities around reducing the risk of people's skin breaking down and that they were receiving the care that was right for them.

Requirements

1. By 6 June 2023 the provider must ensure that there is effective leadership in each of the units to support and deliver consistent standards to people experiencing care.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

Areas for improvement

1. The provider should ensure that all staff receive individual supervision or one to one sessions that focus on support and development as well as practice issues.

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

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

A requirement was made since the previous inspection. The requirement was in relation to actively supporting people to live in a bedroom that meets their needs. The service has put an action plan in place to manage the improvements needed. Systems and processes have been updated. Full consideration and consultation had taken place with people and their families when any room change or a change to the

flooring was being considered. This requirement was met. (See 'What the service has done to meet any requirements we made at or since the last inspection'.)

The home was clean and tidy, and staff were starting to take a pride in the home. However, the home has had a previous issue with the management of unpleasant smells. Some areas within the home were found to smell of urine. Staff need to be vigilant to ensure that continence concerns and issues are addressed and managed appropriately to ensure the issues do not reoccur. (See area for improvement 1.)

The service had begun to take into account the best practice guidance for people with dementia. However, more could be done to improve the environment for people, especially in the upstairs units. The signage and visual markers could be reviewed, to enable people to move more easily and independently around the home. The lighting and decor in the main seating area should be reviewed to ensure these areas are welcoming, sociable and a nice place to spend time in. The management team need to continually review the environment, through their improvement plan, to ensure these spaces enhance and promote a good quality of life for the people who live there. (See area for improvement 2.)

Any issues or repairs reported were actioned quickly by the maintenance team, promoting people's health and safety. Maintenance records were in very good order, with a clear process for highlighting any required work. The maintenance team had good oversight of all equipment in the home. As a consequence, the general environment was safe and secure.

Areas for improvement

1. To ensure people have a nice place to stay, the provider must ensure that the whole home is kept free from offensive odours.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noises and smells' (HSCS 5.18).

2. To ensure people have a nice place to stay that is suitable to meet their needs, the provider must:

a) ensure the environment is reassessed in line with the best practice guidance of 'Is your care home dementia friendly?'

b) take appropriate action to address any concerns or improvements identified.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

An area for improvement was made since the previous inspection. The area for improvement was in relation

to ensuring personal plans are updated and have sufficient detail to reflect people's individual needs, rights, choices and wishes. **(See 'What the service has done to meet any area for improvement we made at or since the last inspection'.)** Progress continued to be made to further develop people's personal plans. These were now used as working documents by the staff team to actively direct people's individual support. Care and support plans held some important and relevant information, but there remained some gaps within some people's plans. Continuous development is required to the documentation to ensure this clearly assesses and identifies how to meet all the individual's needs, wishes and choices. This remained a work in progress and was a focus within the service's improvement plan. These practices need to continue to be developed and embedded into culture and practice, to ensure that the improvements are sustained. This area for improvement was met.

Families were not always consulted about changes in people's health and welfare. Some documentation was in place for those families who held Power of Attorney (POA). However, a lack of important information meant that the families had not always been able to exercise their legal duty to oversee lifestyle, health, and welfare decisions about their relative. As a result, people were not experiencing the care and support that was right for them. **(See area for improvement 1.)**

People were not always fully involved in developing or reviewing their personal plans. This should set out how a person's assessed needs will be met, as well as their wishes and choices'. By supporting and encouraging people to be meaningfully involved in 'what matters' to them will ensure that their care is right for them. **(See area for improvement 2.)**

Areas for improvement

1. To support positive outcomes for people who use this service, the provider should further develop robust systems to improve lines of communication. To achieve this:

a) staff must be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney

b) staff must be able to put into practice their role and responsibilities where Power of Attorney are in place.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

2. To support positive outcomes for people who use this service, the provider should support and encourage people to be meaningfully involved in their care reviews.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my

carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

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

Requirements

Requirement 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).

This requirement was made on 22 March 2023.

Action taken on previous requirement

This requirement was met. See 'How good is our leadership?'.

Met - within timescales

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 requirement was met. See 'How good is our setting?'

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

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).

This area for improvement was made on 26 October 2022.

Action taken since then

This area for improvement was met. However, there were concerns regarding people and families being involved in planning and reviewing their care. A further two areas for improvement were made, see 'How well is our care and support planned?'

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

This area for improvement was met. However, there were concerns regarding how staff recognised and respond to complaints and concerns. A further area for improvement was made, see 'How good is our leadership?'

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	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.