

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
9 August 2023

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2006124775

About the service

Fairknowe House is registered to provide a care home service to a maximum of 40 older people who may have physical needs and/or dementia. The service provider is Mead Medical Services Limited.

Fairknowe House is situated in Maybole, South Ayrshire. The home is a large, converted villa, with purpose-built extensions. Accommodation is spread over two floors, with premium rooms on the upper floor and the majority of rooms divided into two distinct units on the ground floor. There is a choice of sitting rooms available for people to use.

The home has an accessible garden.

About the inspection

This was an unannounced inspection which took place on 7 August 2023 between 9.30am and 5pm and on 8 August 2023 between 7am and 4.30pm.

The inspection was carried out by two 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 ten people using the service and five of their family representatives
- spoke with fourteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

Staff cared for people with kindness and compassion. They had developed warm relationships with the people they support.

There was a need to improve care planning to keep people safe by effectively managing risks for individuals.

The menus needed reviewed to ensure that people were served a nutritional diet.

The management of medication needs to be improved to ensure that people's health needs are supported safely and effectively .

Quality assurance systems need to be used to drive improvement of service delivery.

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 leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

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 made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We saw warm relationships between people living in the home and the staff supporting them. The staff were kind and patient. They spoke to people in a friendly and respectful manner.

People told us,

"The staff are friendly."

"I like the staff; they are good to me."

"I'm happy with the care my relative receives."

People were well presented, and we saw that staff took care to support people with their personal appearance. This helped to promote people's dignity.

We made an unannounced early morning visit to the service. We saw that there were several people who were already up and dressed. We could not determine if people had been given the choice to be up as early. One person told us that they would have preferred to stay in their bed. Later in the day we saw that there were significant delays in assisting people to rise from their bed, which resulted in distress for some people. This does not promote people's choice.

See requirement 1.

The home does not currently have an activities worker. We saw that staff were busy delivering care and had few opportunities to engage people in meaningful activities. We had concern that engagement from staff tended to be task driven. There were long periods of time when there was no engagement from staff. This was particularly evident for those people living with dementia. This could result in people feeling lonely and isolated. Staff engagement could be improved with dementia care training such as the 'Promoting Excellence programme for dementia learning and development.' This would help staff develop the skills and knowledge to deliver responsive, person-centred care.

See requirement 2.

We spent time observing mealtimes, we saw that staff were well deployed and they were aware of people's dietary needs. People needing assistance to eat, and drink were supported well and at their own pace with no rushing. At mealtimes staff asked people for their choice of drinks, but no visual choice was offered for meals. Staff routinely asked people for their choices for lunch and dinner while they were eating their breakfast. This practice should be reviewed as it does not reflect genuine choice being offered, and people may forget the choice they made or change their mind at mealtimes.

There were issues with the timing of breakfast with people waiting long periods before breakfast was served. This needs to be reviewed to ensure that there are not long gaps between meals and people's nutrition and hydration needs are being fully supported.

While we saw that mealtimes were well managed, we had concerns about the quality of the food being served and the nutritional value of the menu choices available.

We looked at an overview of weights and nutritional risk assessments over the previous three months, we were concerned that there were several people who had lost weight over this period. We could not determine that the service had used the information in the overview to inform care or reduce the risk of weight loss. Some of the information in the overview appeared to be inaccurate and reflect incorrect risk assessment outcomes. The lack of effective assessment and monitoring of risk would not ensure that the correct decisions were being taken to minimise nutritional risks and support people's health. This does not safeguard people from harm.

Charts in place to monitor people's hydration were not being completed correctly or have targets for fluid intake over the 24-hour period. The information gathered would not be accurate enough to effectively plan the care needed to support people's hydration needs.

See requirement 3.

We had difficulty gathering information about how people's assessed needs were being managed. There was ongoing work to change from paper-based care planning to a digital system. This meant that documentation was being held in different places.

We were concerned that risk assessments including nutrition, skin integrity, falls and safe use of equipment such as bedrails were being completed regularly or accurately. The outcomes of these assessments were not informing care planning. We could not determine how risk was being effectively managed or that people were being safeguarded. There were no systems of clinical governance meetings to discuss and plan risk management. We had concerns that changes in an individual's clinical status would not be recognised and that this would negatively impact on people's health, welfare and safety needs.

See requirement 4

We looked at the management of medication within the home. There were gaps in records of medication administered. This meant that we could not always determine that medication had been administered following the prescriber's directions. There was a need to ensure that protocols were in place to guide staff regarding medication that was prescribed to be administered 'as needed'. The management and record keeping of topical medication needed to be improved to ensure correct application of creams. The auditing system to assess the effectiveness and compliance of medication was not capturing all aspects of medication management. The outcomes of audits were not informing improvement plans. These failings indicated that medication was not being managed in a consistent way to effectively and safely support people's healthcare needs.

See requirement 5

Requirements

1. By 11 September 2023, the provider must ensure that the care service is provided in a manner which promotes the principle of choice.

To do this, the provider must, at a minimum ensure:

- a) people have the choice of time they wish to rise in the morning and for all aspects of day to day living;
- b) staff understand and act in accordance with the principles of choice set out in the Health and Social Care

Standards; and

c) staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council understand and adhere to their relevant codes of conduct and practice.

This is to comply with Regulation 4(1) (a) and (b) (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 am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).

2. By 12 November 2023, the provider must improve the provision of meaningful activities and staff skills regarding dementia care.

To do this, the provider must, at a minimum:

- a) commence Promoting Excellence Framework for dementia care training for all staff;
- b) regularly monitor staff competence through direct observation of their practice; and
- c) improve access to meaningful activities which are linked to individuals' preferences and provides stimulation and validation.

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 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).

'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' (HSCS 1.25).

3. By 11 September 2023, the provider must improve the management of individuals nutrition and hydration needs to support their health.

To do this, the provider must, at a minimum :

- a) ensure staff have training to ensure they know how to complete nutritional risk assessments and fluid charts accurately;
- b) implement clinical governance systems to ensure that the outcome of nutritional risk assessments and fluid charts inform action to manage these risks effectively;

- c) ensure that care plans reflect the measures in place to support peoples nutritional and hydration needs;
- d) improve the menu to ensure that people are offered a balanced and nutritional diet;
- e) review the timing of breakfast; and
- f) ensure that people are offered choice of what they want to eat at mealtimes.

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 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)

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).

4. By 11 September 2023, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met. To do this, the provider must, at a minimum:

- a) ensure risk assessments for nutrition, skin care, falls risk and use of equipment that could be restraining are carried out for all residents are accurate and kept up to date;
- b) ensure outcomes of risk assessments are used to inform plans of care to manage risks effectively; and
- c) implement clinical governance systems to ensure that where there are indications of poor care provision and risk action is taken promptly to address this, and a record is maintained of all improvements made.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (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:

'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).

5. By 11 September 2023, the provider must ensure that medication is managed safely and in line with best practice guidance.

In order to do this, the provider must at a minimum:

- a) ensure that all staff involved in medication management undertake relevant training and competency assessments regarding safe medication management;
- b) formally assess the impact training has on staff practice to determine learning and understanding of their responsibilities to manage medication safely;

c) ensure medication prescribed to be given 'as needed' is regularly reviewed and up to date protocols are in place to guide staff;

d) improve the management and record keeping regarding topical medication; and

e) ensure that effective systems are in place to assess and monitor medication management.

This is to comply with Regulation 4(1)(a) and (d) (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 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).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

It is important that services have effective systems to assess and monitor the quality-of-service provision. This helps drive service improvement which results in better outcomes for people living in the home.

The provider has a quality assurance system which included using audit tools to assess and monitor the quality-of-service provision in the home including clinical risks, medication, care planning, infection prevention and control, and safety of the environment. Most audit tools had not been completed recently therefore there was no current overview of the quality-of-service delivery or of issues that needed addressed.

We have detailed in Key Question 1 that there was a lack of clinical governance systems to ensure that people's healthcare needs were being managed effectively and that people were safeguarded from harm.

This does not reflect a culture of continuous development.

There was a need to re-establish the quality assurance systems to ensure that the quality-of-service provision meets acceptable standards to ensure good outcomes for people using the service.

The outcome of audits should be reflected into a service improvement plan to ensure that action is taken on any issues identified. The improvement plan should take account of the outcome of complaints and adverse events.

An important part of assessing the quality-of-service provision is by using the views of people who live, visit and work in the service to inform service improvement. We saw that more work needed to be done to ensure that people's views were being sought and that these views were being used to inform service development.

Effective communication pathways between staff teams and management are key to ensuring the smooth running of a service on a day-to-day basis.

All teams need to be kept fully informed about daily events and of any issues that may impact on the care and support of people in the home. We saw that there was poor communication between staff teams and the management team. This resulted in information not being passed on which negatively impacted on outcomes for people in the home.

See requirement 1.

Requirements

1. By 8 October 2023, the provider must demonstrate that people living in the home are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service;
- b) use feedback from people living in the home, their families and staff to inform service development
- c) ensure that outcomes of audits, peoples views and adverse events are used to inform a service improvement plan;
- d) review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home; and
- e) improve communication pathways between staff teams and management.

This is to comply with Regulation 4(1)(d) (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).

How good is our staff team?

3 - Adequate

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

People we spoke with commented positively about the kindness of staff and that they were hard working. We saw that staff were patient and compassionate but needed more support with learning and development to fulfil their roles and ensure better outcomes for people.

The service had a training plan in place. There were records of training completed and tracked to ensure that updates were planned.

There was little evidence that training other than core training was taking place. We identified that the lack of learning and development for staff had resulted in failings and this had negatively impacted on peoples outcomes. This has resulted in requirements which are detailed in Key Question 1 of this report.

There was a need to ensure that competency assessments and direct observations of practice were taking place to determine that training was positively impacting on staff practice and improving outcomes for people.

See area for improvement 1.

A system of regular staff supervision gives opportunities for staff to discuss their training and development needs and reflect on their learning. This helps promote good practice and improves outcomes for people. Staff supervision had recently been re-established. The management team were starting to use the outcomes of coaching sessions to address specific areas of learning and development with staff groups. This should continue and outcomes of supervision and coaching used to inform the service improvement plan to indicate further training needs.

Areas for improvement

1. The provider should develop and introduce formal systems to continuously assess and monitor that training is supporting staff to improve their practice and this is ensuring good outcomes for people.

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).

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

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We saw that the care home was clean and well maintained. The housekeeping team demonstrated good knowledge of their role and responsibilities to ensure that cleanliness of the home was maintained. People we spoke with commented positively on the cleanliness of the home.

The maintenance records were up to date to show that checks of the equipment and safety of the home were completed. The maintenance worker had a good understanding of their role in ensuring that the home was safe, and people were protected from harm.

The home had a choice of sitting rooms and a pleasant dining room for people to use. People's bedrooms were nicely decorated and personalised. People told us about how comfortable they were living in the home. We saw that bedrooms were personalised to reflect individual taste. People were encouraged to bring in items from home which helped make their bedrooms more familiar to them.

How well is our care and support planned?**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach.

We were aware that there was work ongoing to change from paper-based care plans to an electronic system. This project was not well planned and had resulted in some plans being incomplete, not reflective of people's current care needs and lacking information about risk management.

There was minimal information about the outcomes of healthcare professional visits reflected in care plans. We could not determine if advice and directions from healthcare professionals was being followed to support people's health needs.

Care plans were not all being evaluated regularly to ensure that they were effectively supporting people's needs. This does not ensure that staff have accurate and up to date information to provide people with agreed and consistent care to meet their needs.

The personal plans should be more reflective of individuals preferences and wishes and what's important to them. This would help guide staff to respect people's choices and wishes.

We could not be assured that information in personal plans would effectively guide staff to provide the right care and support to meet people's needs and ensure good outcomes.

See requirement 1.

Requirements

1. By 12 November 2023, the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices.

To do this, the provider must, at a minimum ensure:

- a) personal plans are developed in consultation with the individual and their representative to reflect a responsive, person centred approach taking account of choices and preferences;
- b) personal plans accurately record the management of health, welfare, and safety needs and how these will be managed;
- c) personal plans fully reflect that advice from healthcare professionals has been followed;
- d) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices; and
- f) systems are in place to ensure that the quality and accuracy of information in personal plans is regularly assessed.

This is to comply with Regulation with Regulation 5(1) 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 is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

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 support people's nutrition and hydration needs effectively the provider should review and develop the management of mealtimes.

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

"I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible ". (HSCS 1.35)

This area for improvement was made on 10 August 2022.

Action taken since then

We had concerns that peoples nutrition and hydration needs were not being effectively supported . There were issues regarding the timing of meals and the quality of the food being served .

This is further detailed in Key Question 1 of this report and this issue will inform a requirement.

Previous area for improvement 2

To ensure that people's health needs are managed effectively the provider should ensure that medication prescribed to be administered 'as needed' is managed in line with current guidance.

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

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

This area for improvement was made on 10 August 2022.

Action taken since then

Medication was not being managed in line with best practice guidance .

This is further detailed in Key Question 1 of this report and this issue will inform a requirement .

Previous area for improvement 3

To promote individuals' choice the provider should ensure that if people are sharing a bedroom, agreement and consent is sought from them or their representatives.

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

'My human rights are protected and promoted, and I experience no discrimination.' (HSCS 1.2)

'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).

This area for improvement was made on 10 August 2022.

Action taken since then

At the time of inspection there were no bedrooms being shared. there was a need to ensure that policies and procedures were in place to ensure that shared rooms were managed in line with Health and Social Care Standards.

This area for improvement will be continued.

Previous area for improvement 4

To respect people's rights and promote their wellbeing the provider should ensure that any equipment that may be restraining is risk assessed to determine that it is being used in the best interest of the individual. This includes, but is not limited to, barriers on bedroom doorways.

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

'My human rights are protected and promoted, and I experience no discrimination.' (HSCS 1.2)

'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 1.3)

This area for improvement was made on 10 August 2022.

Action taken since then

The information regarding the assessment of the safe use of equipment that may be restraining was not up to date . There were issues with the completion with risk assessments.

This is further detailed in Key Question 1 of this report and this issue will inform a requirement.

Previous area for improvement 5

The service provider should enhance the quality of the care home environment to support individuals who live with dementia, and/or limited vision, linking any changes made to best practice.

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

'I can independently access the parts of the premises I use, and the environment has been designed to promote this.' (HSCS 5.11)

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

This area for improvement was made on 10 August 2022.

Action taken since then

Signage had been improved to help people find their way around the home more easily.

This area for improvement has been implemented.

Previous area for improvement 6

To protect people from harm the provider should ensure that systems are implemented to ensure that all health and safety checks of the environment and equipment are completed.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22)

This area for improvement was made on 10 August 2022.

Action taken since then

There was good evidence of the checks being carried out to ensure the safety of the building and equipment. The records were up to date. This ensured people using the service were protected from harm.

This area for improvement has been implemented.

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 and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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