

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
24 October 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 three 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.

About the inspection

This was an unannounced follow up inspection to assess the progress the provider had made to address requirements resulting from recent inspection and complaint activity.

The inspection took place on 17 October 2023 between 10:00 and 17:00 and on 18 October between 10:00 and 16:00.

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 seven people using the service
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

Staff were kind and caring in their interactions with people.

We were concerned about the lack of progress in meeting required improvements.

There was a need to establish an effective management team in the service.

There were continued concerns about the oversight and management of peoples healthcare needs.

How well do we support people's wellbeing?

During the previous inspection in August 2023, we made three requirements under this Key Question. They were about the need to improve the management of clinical risk, medication management and the support people needed with their nutrition and hydration needs.

At the follow up inspection completed on 12 September 2023 these requirements were not met. To allow the provider time to progress with the improvement needed to meet the requirements we extended the timescale for completion to 8 October 2023.

Details about the requirements can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

During this inspection we were concerned about the lack of progress in addressing these requirements. Because of the significant level of risk to peoples health , welfare and safety the Care Inspectorate served the provider with an Improvement Notice on 27 October 2023.

How good is our leadership?

During the previous inspection in August 2023, we made a requirement under this Key Question. This was about ensuring people experience consistently good outcomes, through effective quality assurance systems that inform service improvement.

Details about the requirement can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

During this inspection we were concerned about the lack of progress in addressing this requirement. Because of the significant level of risk to peoples health , welfare and safety the Care Inspectorate served an Improvement Notice on 27 October 2023.

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

Requirements

Requirement 1

By 8 October extended from 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).

This requirement was made on 9 August 2023.

Action taken on previous requirement

There had been improvements regarding the quality and choices of the food offered to people. There were further plans to review the menus. Meal times were well managed. People told us that they enjoyed their meals and that the food was tasty.

However, we could not be assured that measures in place to manage peoples nutrition and hydration needs were effective.

The outcomes of nutritional risk assessments were not reflected into care plans. Care plans lacked detail to direct staff regarding the strategies to minimise risk of weight loss. There was an overview of peoples weights and their risk level. However, the information was inaccurate. There were no regular clinical meetings to discuss the management of people nutrition needs.

We could not be assured that there was enough being done to effectively support people who had lost weight or were at risk of losing weight. We had concerns that peoples nutritional needs were not being managed effectively to support their health.

There were fluid charts in place. However, these were not being completed correctly or informing care planning. We could not determine that the systems in place to assess and monitor people's fluid intake were effective or fully understood by staff.

We had concerns that there were failings in the way that people's hydration needs were being managed and met. This could result in people becoming dehydrated which would impact on their health.

There was a continued need to support staff with training to ensure they know how to complete nutritional risk assessments and fluid charts accurately.

This requirement has not been met. The issues will inform the Improvement Notice served to the provider on 27 October 2024.

Not met

Requirement 2

By 8 October extended from 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).

This requirement was made on 9 August 2023.

Action taken on previous requirement

We could not be assured that people living in the service were safeguarded and that their health, welfare and safety needs were effectively managed and met.

Not all risk assessments were up to date. The outcomes of assessments were not reflected into the care plans. Care plans were not sufficiently detailed to reflect measures in place to minimise clinical risk and protect people from harm.

No one working in the home had responsibility to oversee the management of clinical risk. There was a lack of an overview and no regular meetings to discuss management of clinical risk.

We had concerns that existing clinical risks were not being effectively managed. There was a probability that changes in risk factors and deterioration in peoples health would not be identified quickly. This would mean delays on action being taken to minimise risk and initiate treatment for health issues. This would negatively impact on peoples health, welfare and safety.

This requirement has not been met. The issues will inform the Improvement Notice served to the provider on 27 October 2024.

Not met

Requirement 3

By 8 October extended from 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).

This requirement was made on 9 August 2023.

Action taken on previous requirement

Medication was not being managed in line with current best practice guidance. We continued to see multiple errors in medication records. We could not always determine that people had received their medication as directed by the prescriber. This would not effectively support people's health needs.

There was a continued need to improve the management of medication prescribed to be administered 'as needed'. Protocols to guide staff regarding this medication must provide sufficient details to ensure that people were receiving their medication at the right time, for the right reason as prescribed to support their health needs.

There was a continued need to improve staff practice through training and assessments of competency.

The quality audit system was not identifying errors, therefore issues regarding poor practice continued to go unchecked. There was a need to assign an appropriately qualified and knowledgeable person with responsibility to ensure that medication was being managed in line with best practice guidance. This would help ensure that people receive their medication as prescribed to effectively support their health needs.

This requirement has not been met. The issues will inform the Improvement Notice served to the provider on 27 October 2024.

Not met

Requirement 4

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, people's 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).

This requirement was made on 9 August 2023.

Action taken on previous requirement

We were concerned that people living in the home were not effectively safeguarded or that they were experiencing consistently good outcomes.

There was no effective quality assurance system in use to assess and monitor that service provision was meeting acceptable standards.

The provider needs to develop a comprehensive service improvement plan which takes into account not only the outcome of audits but is responsive to adverse events and comments from people who live, visit and work in the home. This would support service development and improve outcomes for people.

Communication between staff teams was variable. There were failings in the communication of important information between teams about peoples care and support. This did not ensure that people were being fully supported with their care needs and this would negatively impact on their health, welfare and safety.

This requirement has not been met. The issues will inform the Improvement Notice served to the provider on 27 October 2024.

Not met

Requirement 5

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).

This requirement was made on 9 August 2023.

Action taken on previous requirement

This requirement was not assessed at this inspection.

Not assessed at this inspection**Requirement 6**

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).

This requirement was made on 9 August 2023.

Action taken on previous requirement

This requirement was not assessed at this inspection.

Not assessed at this inspection**Requirement 7**

The provider must ensure all concerns received by the service are fully investigated and appropriate actions are taken.

To be completed by: 11 September 2023.

This is in order to comply with: Health and Social Care Standard 4.8: I am supported to give regular feedback

on how I experience my care and support and the organisation uses learning from this to improve. Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 29 August 2023.

Action taken on previous requirement

This requirement was made as the result of an upheld complaint.

The provider has a complaint policy and procedure which details how the management team within the care home should manage complaints. The provider has ensured that the management team is aware of the policy and their responsibility regarding the management of complaints.

Met - outwith timescales

Requirement 8

The provider must improve their practice of informing the Care Inspectorate of any notifiable events as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

To be completed by: 11 September 2023

This is in order to comply with: Health and Social Care Standard 4.18: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected. Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 29 August 2023.

Action taken on previous requirement

This requirement was made as the result of an upheld complaint.

The provider was aware of the events and incidents that they should notify to the Care Inspectorate.

The service had improved their communication to the Care Inspectorate regarding events and incidents that have adversely impacted on people living in the home.

Met - outwith timescales

Requirement 9

The provider must ensure the care home supports a positive experience and homely environment. To do this, the provider must, at a minimum ensure:

- a) People are not requested to move bedrooms to facilitate the admission of new residents to the service.
- b) People have the choice of a single bedroom; double or twin room should only be shared by people who had a prior relationship.

To be completed by: 11 September 2023.

This is in order to comply with: Health and Social Care Standard 5.26: As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend. Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 29 August 2023.

Action taken on previous requirement

This requirement was made as the result of an upheld complaint.

The provider had a policy in place to direct staff regarding the management of shared rooms . This ensured that double or twin room would only be shared by people who had a prior relationship.

There were no bedrooms currently being shared in the home.

Assurances were given by the provider that people would not be asked to move bedrooms to facilitate the admission of new residents to the service.

Met - within timescales

Complaints

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

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