

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
31 July 2024

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 five 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 inspection which took place on 29 and 30 July 2024. 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 people using the service and their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

We saw warm and caring relationships between residents and all staff teams.

Access to meaningful activities and social opportunities should be improved.

A new manager had introduced positive changes to the care home.

Peoples care needs were being supported by staff teams who worked well together.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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.

All of the staff teams demonstrated kindness and patience when supporting people. Staff engaged with people living in Fairknowe with a calm and unhurried approach. We saw examples of genuine, warm connections, which resulted in positive responses from people being supported.

Nursing and senior care staff were knowledgeable about who to call on for support and advice regarding people's health needs. Records showed the contact made with healthcare professionals. We saw that they were called promptly for advice and support when people became unwell. The outcomes of advice and changes to treatment were reflected in care plans. Changes in people's health were discussed at shift handover and daily meetings. Family members commented staff kept them up to date with any changes in their relative's health.

Personal plans were up to date which helped to guide staff about the agreed care for the person and ensured a consistent approach. Risk assessments were up to date and reflected into plans of care. This helped to safeguard people from harm.

There was a schedule of meetings in place to discuss the management of clinical issues and how risks were being minimised. This ensures that clinical risks were managed effectively, and that people were safeguarded.

There was a need to improve the management of medication in the home to ensure that people's healthcare needs were being effectively supported. There were gaps in records which meant that we could not be assured that people had received all the medication they were prescribed. We noted that unauthorised amendments had been made to medication records, this changed the doctors directions and did not ensure that people were receiving their medication as prescribed. Staff were not following best practice guidance regarding management of medication. This was not safeguarding people and could impact negatively on their health. There was a need for further medication training and competency assessments to improve practice. An effective audit tool was needed to ensure that medication management was being monitored and safe practice was being followed to protect people. **See requirement 1.**

Currently the service does not have an activity worker. Care staff were allocated to support people with some meaningful activities, but this was inconsistent. People living in the home commented that there were not enough activities to interest them. One person said, "Its a long day, there's not enough to do." This does not support people's wellbeing or promote good mental health. **See area for improvement 1.**

We saw the management and staff teams worked hard to ensure that mealtimes were consistently well managed and an enjoyable experience for people. Staff knew people's dietary needs and preferences. People who needed support to eat and drink were assisted at their own pace. This helped support people's health needs through maintaining good nutrition and hydration. People commented that the food choices were good and that they could get an alternative if they did not like what was on the menu.

Requirements

1. By 13 October 2024, the provider must improve the management of medication to ensure that people living in the service are safeguarded and that their health needs are effectively met.

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

- a) ensure that all staff involved in medication management undertake relevant training and competency assessments regarding safe medication management;
- b) ensure that staff understand current best practice guidance regarding medication management and that they follow NMC and SSSC codes of practice;
- c) formally assess the impact training has on staff practice to determine learning and understanding of their responsibilities to manage medication safely;
- d) ensure that effective systems are in place to assess and monitor medication management.

This is 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:

'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).

Areas for improvement

1. To support better outcomes for people linked to their choices and preferences, the service provider should enhance the range and access to meaningful activities throughout the home. This should include but not be limited to developing links with the local community.

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

'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).

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

3 - Adequate

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

There was a new management team in post. People we spoke with commented that the management team were approachable and listened to concerns. Staff said that they felt supported by the management team. We were told that the new management team conducted themselves in a professional manner.

It is important that services have effective systems to assess and monitor the quality of service provision.

There were a range of quality audits and checklists being completed to assess and monitor the quality-of-service provision. There was a plan to indicate the frequency of completion of the quality audits. The outcomes of audits were informing action plans. This helps drive service improvement which results in better outcomes for people living in the home.

There was a need to improve the overview of medication management and the completion of health and safety checks. These subjects have informed requirements which are detailed in Key Questions 1 and 4 of this report.

People told us that they knew how to raise a concern and who they could speak with. They said that any concerns they raised had been responded to and improvements made. We saw that complaints were managed in line with the providers policy and procedure.

A schedule of meetings with residents, relatives and staff had started. There were records of discussions and comments made at these meetings. However, there was a need to use the outcomes of meetings to inform the service improvement plan. This would demonstrate a culture of continuous improvement and promote meaningful engagement. **See area for improvement 1.**

Areas for improvement

1. To ensure that people's views are responded to and meaningfully direct service improvement the provider should ensure that the views of people who live, visit and work in the service are used to inform the service development plan.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

'I am supported to give regular feedback on how I experience my care and support, and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

4 - Good

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

People we talked with during the inspection spoke highly of the skills of staff and the care they gave. People told us:

"The staff are friendly and kind"

"Staff work very hard"

"The staff really help me and encourage me to have a walk along to the lounge."

We saw staff working hard to ensure the best of care for the people they support. There was good teamwork across the different teams working in the home which supported good outcomes for people.

Staff told us they feel supported in their role through good communication with the management team and access to appropriate training.

There were systems in place to ensure that staff were kept up to date with any change in people's health or wellbeing. This ensured people were supported by staff who were knowledgeable about care needs and could provide responsive support.

The service was using a dependency tool to assess the staffing levels and skill mix. This evidence-based assessment supports the management team to determine that there were sufficient staff available with the right skills to support people's health, welfare, and safety needs. We saw that staff were well deployed to support people and were attentive to their care needs.

The manager has introduced key working. This would help to support individuals and their families and provide stronger communication pathways.

How good is our setting?

3 - Adequate

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

People told us that the Fairknowe had homely atmosphere. They said the home was comfortable and a nice place to live and visit.

One person told us, "I love where I live, I am happy with my room."

People were able to move freely around the home, which promoted their independence. There was a range of areas in the home for people to use, including a quieter sitting room. Bedrooms were nicely decorated and personalised. Families were encouraged to bring in items from home to create a space that people would be familiar with.

There were good standards of cleanliness throughout the home. The housekeeping team had good knowledge of their role and responsibilities to ensure that cleanliness of the home was maintained. There were effective systems in place to ensure that good standards of cleanliness were maintained. People we spoke with commented positively on the cleanliness of the home.

We looked at the records of the health and safety checks on the environment of the home and the equipment people were using. There were significant gaps in the records, and we could not determine that all safety checks have been carried out recently. We could not be confident that all equipment was safe to use and that there were no deficiencies in the building's safety. We were concerned that people could be at risk of harm if prompt action is not taken to carry out a full range of health and safety checks. **See requirement 1.**

The home has communal shower rooms, and some bedrooms have ensuite showers. There is a communal bathroom. However, the bath was not accessible for people with restricted mobility. Baths are not just a facility for personal hygiene but can be therapeutic for people, providing relaxation and easing of joint pain. The provider should review the bathing facilities available for people to support more choice.

We saw that carpets in the corridors and some communal areas were stained. Consideration should be given to their replacement.

The garden at the rear of the home was accessible from the dining room, but people would need staff to support them to go outside. Thought should be given to ways to promote peoples independent access to the garden. The garden area needed attention to develop it into a safe and welcoming space for people to use. There was a need to develop an environmental improvement plan to address these issues and improve the inside and outside environment of the home. **See area for improvement 1.**

Requirements

1. By 21 August 2024, the provider must assure the Care Inspectorate that the care home and the equipment used by people are safe and people are protected from harm.

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

- a) provide evidence that health and safety checks have been carried out on the building and equipment used by residents and staff
- b) ensure that deficiencies or repairs identified inform an action plan to resolve issues
- c) ensure that systems are put in place to ensure regular health and safety checks and repairs are completed.

This is to comply with Regulation 10(2)(a) and (b) 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 environment is secure and safe'(HSCS5.17).

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

Areas for improvement

1. The provider should ensure that people experience a high quality environment that promotes their choices and meets their needs.

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

- implement a comprehensive, detailed, and dynamic service improvement plan
- ensure that actions listed in the improvement plan are specific, measurable, achievable, relevant and time bound.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support'(HSCS 5.1).

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

How well is our care and support planned?

4 - Good

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

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 noted that personal plans contained clear information to guide staff about how to best support people's health, safety, and wellbeing needs. We found the standard of personal planning and recording was good, plans were person centred and reflected people's personal choices and preference. Care reviews and evaluations detailed the effectiveness of the plan of care to manage individuals care needs. This helped achieve good outcomes for people.

Anticipatory care plans were in place and contained information about peoples wishes for their end-of-life care. This helps to ensure that peoples choices are respected.

Regular audits ensure that the quality of information was maintained at a good standard.

Appropriate paperwork was in place for people who lacked capacity, detailing who the home should be consulting with regarding the care of the person. Systems were in place to ensure that records were up to date and were supported by the relevant documentation. This protects people's legal rights and safeguards them.

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 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).

This area for improvement was made on 9 August 2023.

Action taken since then

The service had started to assess staff to determine that training was improving staff practice. There was a need to continue with formal assessments particularly regarding medication management.

This area for improvement has not been met and will continue.

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	5 - Very Good
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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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