

Forbes House Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 August 2024

Service provided by:
Heathfield Care and Residential
Homes Limited

Service provider number:
SP2010011376

Service no:
CS2010280151

About the service

Forbes House is registered to care for 47 older people and 33 people with non acute mental health conditions. The provider is Heathfield Care and Residential Homes Limited which is part of the Enhance Healthcare group.

The care home is in Ayr, close to the town centre. The accommodation is divided over two floors into four smaller units: Ocean and Bay (ground floor); and Coast and Shore (first floor). Access to the first floor is available by a lift.

Bedrooms all have en-suite shower facilities. Each floor has communal lounge/dining areas, toilets, assisted bathing facilities.

The ground floor has a sunroom with access to the garden and the upstairs lounge has a balcony allowing access to outdoor space.

About the inspection

This was an unannounced inspection which took place on 19 and 20 August 2024. The inspection was carried out by three 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 12 people using the service and their visitors
- 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.
- Staff would benefit from support to develop their dementia care skills and understanding.
- Changes to the layout of the home now supports small group living which has resulted in better outcomes for people.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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.

People we spoke with were generally positive about staff who supported them. They told us that staff were friendly and worked hard.

We saw that staff were kind. We saw caring relationships between staff and the people they supported. Staff across all teams engaged with people, there were meaningful conversations between people and the staff working in the housekeeping and catering teams.

Care staff were not as discreet as they could be when supporting people, this does not maintain 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. This does not promote choice or respect people's preferences regarding their care.

Staff would benefit from dementia care training such as the 'Promoting Excellence Framework for dementia care' and from direct supervision by team leaders and nurses. See area for improvement 1.

The permanent staff working in the home knew people well and there was warmth and friendliness in their approach. There was one activity worker, and we saw that they were working hard to engage with people and when on duty they were supporting people in meaningful activity. However, for people not being supported by the activity worker there was little going on. We saw that people who spent most of their day in their own bedrooms and for people living with dementia there was minimal engagement from staff. People commented that there was not enough to do and people told us about feeling fed up and bored. This could leave people feeling lonely and isolated because of the lack of meaningful engagement. See area for improvement 2.

There had been work carried out in the home to reduce the size of communal areas. People benefited because these areas were quieter and less crowded. We observed that mealtimes were calmer because of the reduction in the number of people using the dining rooms. Staff were well deployed and were aware of people's dietary needs. People were positive about the quality of the food served and the menu choices. There were improvements that could be made to ensure that people living with dementia were better supported at mealtimes to ensure that their nutritional needs were fully met. See area for improvement 3.

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 and we saw that they were called promptly for advice and support when people became unwell. There were records of the outcome of advice and changes to treatment were discussed at shift handover and flash meetings. Family members commented that they felt reassured about their relative's health care and that staff acted promptly and keep them up to date with any changes.

There were systems in place to ensure that medication was being managed safely and effectively. Staff involved in medication management understood their responsibilities to follow best practice guidance regarding safe medication administration.

Information in personal plans regarding clinical care was up to date. The outcomes of risk assessments were reflected into personal plans and informed the measures to minimise risk. This helped to safeguard people from harm.

There were systems in place to ensure that clinical issues were regularly discussed, and plans of care updated. This ensured good outcomes for people's healthcare.

Areas for improvement

1. The provider should support staff training and development to ensure that the care service is provided in a manner which maintains the dignity of service users and promotes the principles of respect and choice.

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

- a) commence Promoting Excellence Framework for dementia care training for all staff; and
- b) regularly monitor staff competence through direct observation of their practice.

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).

'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).

2. 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)

3. To support better outcomes for individuals linked to choices and preferences, the provider should enhance the provision of activities throughout the home.

This should include but is not limited to:

- a) opportunities for everyone to have access to meaningful activities
- b) improve availability of one-to-one support with meaningful activity
- c) all staff having responsibility for activity provision
- d) activities linked to individuals' preferences, which provide stimulation and validation.

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

"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?

4 - Good

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

The management team were visible and were actively guiding staff to provide good standards of care and support. People we spoke with commented that the management team were approachable. Staff told us that they found the management team to be supportive.

We noted that a schedule of meetings with residents and relatives had started. There were records of discussions and comments made. However, we could not determine how this information had been used to drive improvement of the service.

People living in the home told us -

"I don't feel involved in how the service is run."

"There is no consultation, we need more information about what is going on."

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 a spirit of genuine partnership with people who are being supported. See area for improvement 1.

The management team were using the provider's quality assurance system to assess and monitor the quality of service provision. This included use of resident of the day systems to ensure that all departments are involved in people's care and support. We saw that the outcomes of quality audits were being used to inform action plans and clear direction being given to relevant staff about the steps needed to address issues and improve outcomes for people.

The outcomes of ongoing quality assessments were being used to inform the service improvement plan which helps drive service development. The management team supported by the provider's regional management and quality teams have a clear vision of service development. This helps to ensure that people are supported by a service and organisation that are well led and managed.

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?

3 - Adequate

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

People we talked with during the inspection were complementary about staff working in Forbes House.

People told us -

"Some carers go above and beyond to help."

"The staff are great so helpful."

"Staff are kind and hard working."

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 changes 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 helped to support the management team to determine that there were sufficient staff available with the right skills to support people's health, welfare, and safety needs. The service's staffing tool was based on individual dependency assessments to regularly assess and evaluate the effectiveness of staff numbers, skill mix and employment to support effective staff planning.

The manager confirmed that additional relevant information was considered when making decisions about staffing, including accidents and clinical risks. However, this was not part of the current formal assessment process. The use of the 'Staffing Method Framework for adult care homes' would improve the assessment and more effectively inform decisions about staff levels, skill mix and deployment in the home. The provider should continue to develop their staffing assessment tools in line with this framework to guide decisions about staffing in the home. We will continue to monitor progress with this at the next inspection.

Currently the home is using a significant level of agency care staff because of vacancies within the care team. We saw that efforts were being made to ensure continuity with agency staff and to some extent this has been achieved. However, people told us that they found the changes in staff unsettling. One person said, "The nurses are good and that the staff are well trained except the agency staff and though they are nice they do not know me, and I have to explain things about my care to them."

The provider was working hard to recruit to vacant posts to establish a permanent staff team. We will be monitoring progress with this.

To ensure that agency staff were working in the service safely the provider had an induction checklist to be completed by agency workers on their first shift. However, this was not being completed consistently. See area for improvement 1.

Areas for improvement

1. The provider should safeguard people living in the home by ensuring that agency staff are consistently supported through an induction checklist when they commence their first shift in the service.

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 setting?

4 - Good

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

There had been significant building work completed in Forbes House to make changes in the layout of the home. The changes resulted in the development of smaller units which supported small group living. We noted that communal spaces were quieter and less crowded which was of benefit for people living in the home. Work was continuing to develop sitting rooms and communal areas to provide a homely environment for people.

There had been refurbishment of bedrooms. People we spoke with said that they like their rooms and were comfortable.

The garden area had been developed and people living downstairs had access to secure outdoor space. People living upstairs had access to a balcony area which had also been improved. Having access to outdoor space supports people's wellbeing.

There were good standards of cleanliness throughout the home. The housekeeping team had good knowledge of their role and responsibilities to ensure that good standards of cleanliness of the home were maintained. People commented positively about the cleanliness of the home.

Maintenance records were up to date to show that checks of the equipment and safety of the home were completed. The maintenance team were aware of their role in ensuring that the home was safe, and people were protected from harm.

How well is our care and support planned?**3 - Adequate**

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

Personal plans included detailed information about individual's healthcare needs and guidance for staff about how best to support these needs.

Monthly evaluations were brief, non-evaluative and often just repeated what was detailed in care plan actions. This does not ensure that there was an assessment of the effectiveness of the plan of care in supporting the person's needs.

Plans need to be further developed to reflect a person-centred approach to people's care, ensuring that people's choices are recorded and respected. This would provide valuable information to guide staff to ensure that people were supported in an agreed and consistent way and that their wishes were respected. See area for improvement 1.

People and their representatives were involved in regular care reviews. This gives people opportunity to formally discuss their care and support and make decisions about their future care.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. This helps to protect people's legal rights and safeguard them from harm.

Areas for improvement

1. The provider should ensure that personal plans clearly set out how individual's 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 strength based, person centred approach taking account of choices and preferences;
- b) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices;
- c) systems are in place to ensure that the quality and accuracy of information in personal plans is regularly assessed.

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 better outcomes for individuals linked to choices and preferences, the provider should enhance the provision of activities throughout the home.

This should include but is not limited to:

- a) opportunities for everyone to have access to meaningful activities
- b) improve availability of one-to-one support with meaningful activity
- c) all staff having responsibility for activity provision
- d) activities linked to individuals' preferences, which provide stimulation and validation.

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

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

This area for improvement was made on 17 January 2024.

Action taken since then

There was a continued need to support people with access to activities that are meaningful to them.

This area for improvement is not met and will be repeated. This is detailed under Key Question 1 of this report.

Previous area for improvement 2

The provider must ensure people's nutritional needs are well supported to maintain their health and wellbeing. To do this, the provider must, at a minimum, ensure:

- a) Food and fluid records are accurately completed when required and in accordance with their own internal processes.
- b) Food and fluid records are monitored by senior staff to identify any additional support which may be necessary.
- c) Care plans contain detailed information about people's likes, dislikes and any modifications required.

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

"I experience high quality care and support because people have the necessary information and resources."
(HSCS 4.27)

This area for improvement was made on 17 January 2024.

Action taken since then

There were records of food and fluid intake completed consistently to inform the management of peoples nutritional and hydration needs.

Personal plans contained details how best to support peoples nutrition and hydration needs.

Care and catering staff were aware of peoples preferences regarding food and drink . This information was reflected into personal plans. This area for improvement has been implemented.

Previous area for improvement 3

The provider should ensure support with medication is safe and effective. This should at a minimum include:

- a) Staff responsible for supporting people with medication clearly understand their role, the process of and importance of recording medication accurately.
- b) Ensuring appropriate legal powers are in date for residents, where this is required.
- c) Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

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, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

This area for improvement was made on 17 January 2024.

Action taken since then

There were systems in place to assess and monitor medication administration, record keeping and staff competency. When any issues were identified, the management team acted promptly to address the issues.

This ensured safe and effective medication management. This area for improvement has been implemented.

Previous area for improvement 4

The provider should 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 should at a minimum:

- a) ensure risk assessments for pain, skin care, falls risk are carried out for all residents and 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) ensure staff are aware of and are equipped to undertake, record and follow up on specialised risk assessments required.

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 area for improvement was made on 17 January 2024.

Action taken since then

Risk assessments were up to date and outcomes of the assessments were reflected into care plans. There was information in care plans to direct staff about how best to minimise risk and safeguard people from harm.

The service called on external healthcare professional for additional support and advice when needed. This area for improvement has been implemented.

Previous area for improvement 5

The provider should 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 should, 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 and
- d) review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home.

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 area for improvement was made on 17 January 2024.

Action taken since then

There were effective quality assurance systems in place to assess and monitor standards of service provision. The outcomes of audits were used to inform action plans and there was evidence that issues identified were being addressed to improve the service. The management team were using the outcomes of adverse events to inform service improvement. There was a service development plan in place.

There was a continued need to ensure that the views of people using the service were being used to inform the development plan. This will be the subject of a continued area for improvement and is detailed under Key Question 2 of this report.

Previous area for improvement 6

To improve the quality of support, the provider should explore and clearly define roles and responsibilities for each grade of staff and in particular the senior team. This should include the functions of the clinical lead, support and supervision, clinical care and assessment.

This is ensure 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)

This area for improvement was made on 17 January 2024.

Action taken since then

Staff were aware of their roles and responsibilities. We saw that that senior team leaders and nurses were involved in clinical assessments and governance.

A supervision schedule had been implemented to support all staff to reflect on their practice and plan training. This area for improvement has been implemented.

Previous area for improvement 7

The provider should ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported. To do this the provider should at a minimum:

- a) Conduct a training needs analysis identifying the knowledge and skills desired for each job role.
- b) Ensure staff receive core training as directed by the needs analysis - including stress/distress, mental health and condition specific training.
- c) Monitor staff competence through training, supervision, team meetings and direct observations of staff practice.
- d) Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 17 January 2024.

Action taken since then

There was a training plan in place which included core and role specific training. Staff commented that training they attended was relevant to their role. There were records of training planned and completed.

There was evidence of good compliance with training. Staff competence was being assessed through supervision, team meetings and direct observations of practice. This area for improvement has been implemented.

Previous area for improvement 8

The provider should 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 strength based, person centred approach taking account of choices and preferences;

b) personal plans accurately record the management of health (including skin care and tissue viability), 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 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 area for improvement was made on 17 January 2024.

Action taken since then

Personal plans included detailed information about individual's healthcare needs and guidance for staff about how best to support these needs. There was information regarding the outcome of healthcare professional visits and appointments.

However, there was a continued need to ensure that personal plans were developed in consultation with the individual to reflect a person centred approach which took account of choices and preferences.

Evaluation and assessment of the quality of the content of personal plans continued to need improvement. There will be a continued area for improvement regarding the development of personal plans. This is detailed under Key Question 5 of this report.

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	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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