

Forefaulds Care Home Care Home Service

33-39 Blackbraes Road
East Kilbride
G74 3JY

Telephone: 01355 220 102

Type of inspection:
Unannounced

Completed on:
7 October 2024

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378609

About the service

Forefaulds Care Home is a purpose-built care home situated in East Kilbride, South Lanarkshire. The provider is Sanctuary Care Limited.

The service is registered to provide care to a maximum of 53 older people. Within this maximum two places may be for older adults under 65 years who may have neurological or physical disabilities.

The home is built on two levels occupied by residents within single occupancy rooms. People have access to a range of en suite facilities, as well as access to shared bathrooms and shower facilities. Lounge and dining facilities are available on both floors. There is a lift available between both floors and individuals have access to three secure courtyard/garden areas. There is also a hairdressers, sensory room, and café area.

At the time of this inspection, there were 50 people living at the home.

About the inspection

This was an unannounced inspection which took place between 1 and 3 October 2024 between 08:00 and 15:25. 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 eight people using the service
- spoke with two family/friends/representatives
- spoke with 19 staff and management
- reviewed five completed questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

- Staff liaised with external professionals to meet the needs of residents.
- Staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- Personal plans varied and did not always include the information and guidance staff required to provide safe and consistent care and support.
- Seven areas for improvement had been met since the last inspection.
- One requirement relating to the use of 'as required' medications had not been met. Four areas for improvement relating to personal plans, support, deep cleaning, and daily charts were also not met.
- At this inspection we made two additional areas for improvement relating to completion of audits and staff interactions with people being supported.

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?	4 - Good
How good is our setting?	4 - Good
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.

The service had provided responsive care, support, and treatment where there were changes to people's health and needs. We saw examples where information about people's changing health needs had been shared with the right people. This had helped prevent further deterioration in people's health. Staff were able to describe their role and the actions they would take when a person became unwell or when their health had deteriorated.

Clinical personal plans and assessments were used to help guide staff to support people the right way to meet their needs and preferences. Where people required specific equipment to meet their needs, this was put in place. However, there were some inconsistencies within personal plans. This is reported in more detail under key question 5 - 'How well is our care and support planned?'.

The way people spend their day should promote feelings of purposefulness and wellbeing. People were supported to take part in group and individual activities based on their preferences. Activities had helped promote physical movement and mental stimulation to help maintain or improve people's health. One relative said, "activities have improved and they now take place every day".

Extra support and/or observation was given to specific residents where it had been assessed as required. This had helped to make sure that people's health and wellbeing needs were met.

To help make sure important healthcare issues were discussed and managed effectively, the provider held daily meetings. These involved reviewing health related information and agreeing actions to maintain and/or improve people's wellbeing.

Well managed and sociable mealtimes can help support people's health and wellbeing. We found the dining experience on both floors to be well organised and people appeared relaxed and unhurried while being assisted. People's dining preferences were supported well and people could choose where they dined. A regular dining audit helped make sure that people's support was person-centred and staff practice followed best practice.

We were not confident that people's medication needs were being regularly reviewed and monitored. There was inconsistent recording of medication that was administered only at times when it was required to address people's health needs (PRNs). At times, there were no records to reflect the reason(s) why PRN medications were administered or the outcomes of doing so. This would have provided more information about the circumstances for administering PRN medication and whether they were working effectively.

Daily notes within personal plans did not always record where stress or distressed behaviours had occurred and/or that people had received PRN medications. This meant there were no clear records demonstrating the reasons why the PRN medications were administered.

Antecedent behaviour consequence (ABC) forms were also not being filled in correctly to allow accurate analysis. There was a management oversight of the administration of PRN medication, however, there was a lack of evidence as to the actions taken to address issues identified.

A requirement relating to PRN medications has been repeated. See 'What the service has done to meet any requirements made at or since the last inspection'.

How good is our leadership?

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 feel confident that they are living in a service that is safe and benefits from a culture of continuous improvement. The service had a service improvement plan which showed ways in which the service planned to improve in the future. The plan also identified timescales for when the actions identified would be taken and the responsible person for taking the actions.

The management team had a good level of oversight of what was happening within the home. Quality assurance checks helped inform the actions required to support positive outcomes for people experiencing care. Audits included reviewing the quality of the environment, infection prevention and control, medication administration, and personal plans. However, not all audits showed the actions taken to address shortfalls identified. This did not ensure a proactive approach to quality assurance and could result in poor outcomes for people (see area for improvement 1).

The service analysed falls within the service to help keep people safe. Lessons learned from falls helped to reduce falls reoccurring. Training in falls was a focus area and the service was working hard towards making sure all staff were trained. Accident and incident records were also regularly analysed and actions taken to help prevent reoccurrences.

People should benefit from different organisations working together and sharing information promptly, where appropriate. The service demonstrated that they were responsive to feedback from external bodies. Arrangements were in place for reviewing and investigating significant events where things had gone wrong.

People can benefit from being meaningfully involved in how the service works and develops through meetings and surveys. Family and friends were kept updated on service developments through the use of social media and emails.

People whom we spoke with during the inspection were positive about the management team and described them as being approachable and supportive. Comments included, "the new management, so far, is a bit of fresh air" and "I've got a good rapport with the new management".

Areas for improvement

1. The provider should ensure that people experience a culture of continuous improvement. In doing so, audits should be developed further to show actions taken and progress made until fully resolved.

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?

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 be confident that people who support and care for them have been appropriately and safely recruited. We looked at a sample of four recruitment files and found that the 'Safer Recruitment Through Better Recruitment' best practice had been followed.

People who use services have the right to have their needs met by the right number of staff who have time to support and care for them and to speak with them. A monthly dependency tool was completed which calculated the hours of support required for each person. The service had analysed what staff was required to ensure there were safe staffing levels. We found that staffing levels within the home reflected the numbers of staff assessed as being assessed as required. However, staff did not always use opportunities to engage meaningfully with supported people and appeared to be more task-focussed (see area for improvement 1).

People should be confident they are being cared for by trained, competent, and skilled staff. We saw a wide range of training completed by staff which included mandatory and refresher training.

Staff practices were regularly monitored to ensure people received support from staff with sufficient skills and knowledge for the work they performed. In doing so, this helped identify any additional support and training needs for staff.

Supervisions helped provide staff with opportunities to discuss issues and concerns on an individual basis. This time was also used to help staff reflect on their practice and identify any learning and development needs. Staff told us they felt supported in their roles.

The service regularly checked that staff were up-to-date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional registration.

Staff wellbeing was promoted to help drive the health, wellbeing, and happiness within the staff team. Staff feedback was sought through the use of questionnaires and, where possible, requests had been actioned. Monthly hero awards were presented to staff and had helped acknowledge and celebrate good practice(s).

Areas for improvement

1. The provider should ensure that people experience care from a competent, knowledgeable, and skilled workforce. In doing so, staff should use opportunities to interact and engage meaningfully with people they support.

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 people and clearly outweighed areas for improvement.

When the service registered on 30 June 2020, the provider agreed to a condition of registration related to complying with an action plan to address four requirements. These requirements related to risk assessments, nutrition and hydration, noise levels, daily charts, and personal plans. We found that the requirements had been mostly met and areas for improvement have been made within this report in respect of our findings.

The action plan also related to two areas for improvement relating to opportunities for people to express their views and specific elements of the environment. We found these had been met.

People who live in the home should be confident of living in a clean, tidy, and well maintained environment. Bedroom deep cleaning and mattress audit records were completed inconsistently. Recording did not always show what actions were taken where issues had been identified. An area for improvement has been repeated about deep cleaning and reworded to specifically include mattress audits (see area for improvement 1).

People should be able to decide on the decoration, furnishing, and layout of their bedroom. We saw examples where residents had personalised their bedrooms as they wished to make them more 'homely'. Lounge areas had been upgraded and people had also been involved in making decisions about this.

A 'King's Fund Environmental Assessment' had been completed to evaluate how 'dementia-friendly' the environment was and identify improvements planned. Signage was in place to help direct people around the units. The correct dates, days, and times were displayed which had also helped keep people orientated. People could control heating and lighting in their bedrooms. Bedrooms were lockable and people were offered a key. Bedrooms also had lockable areas where people could store valuables.

People should be able to spend their time in private and communal areas of the home to meet their needs and wishes. Quieter areas were used to help support people's mental health. Specific areas had helped promote people's feelings of wellbeing and social inclusion, including a café area, bar, and hairdressers. People could also go outdoors to the enclosed outside spaces independently, if they were able to do so.

People were kept safe through the use of equipment where it had been assessed as required. Regular checks were carried out on the equipment to make sure they remained safe for use and to help identify and act on any wear and tear.

Areas for improvement

1. All staff should take responsibility for ensuring the ongoing deep clean of a person's room to promote good infection prevention and control. In doing so, there should be evidence that mattresses are audited regularly and actions taken, where required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 be confident that their personal plan clearly sets out how their needs will be met. Personal plans were outcome-focussed and people's life histories helped provide staff with information to support meaningful engagement. Personal plans also identified how people's independence was promoted. This helped contribute to people having a sense of purpose and dignity.

However, the plans contents varied with some not providing as much information and guidance required to support people as others. Information was not always accurate and some information conflicted with other sections of the personal plans. Some risk assessments were overdue, which meant information within specific care plans was at risk of not being up-to-date in these areas. Daily monitoring charts were not always being used appropriately (e.g. food/ fluid intake and personal hygiene). This meant people's care and support may not have been fully met at times (see area for improvement 1).

The service ensured that where people had a high risk of falls, they had put measures in place to ensure their health, wellbeing, and safety needs were met. Risk assessments were completed which helped to inform care plans to identify how to support people to keep them safe.

Six-monthly care reviews had taken place in line with current legislation. The manager had a care review matrix to help keep track of when the review meetings were due. This showed that the majority had been completed within the required period. There were minimal care reviews overdue. However, these had dates scheduled in the near future.

Areas for improvement

1. To support people's health and wellbeing, personal plans should identify people's care and support needs and detail how these will be met.

This should include, but not limited to:

- Ensuring information within personal plans is accurate, sufficiently detailed, and reflects the care planned or provided.
- Ensuring assessments are kept updated and used to inform care plans.
- Ensuring that eating and drinking monitoring charts are put in place, fully completed, and offer an accurate reflection of what an individual has had to eat and drink each day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

By 2 August 2024, the provider must ensure that nursing staff only give 'as required' PRN medication when presented with a justifiable reason to do so. To do this, the provider must, at a minimum:

- a) record detailed evidence as to why the 'as required' PRN medication is required
- b) ensure that nursing staff give PRN medication timeously when the need is identified
- c) document post administration observations regarding the effectiveness of the PRN medication
- d) ensure management or other relevant staff, have oversight of the administration of PRN medication.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 9 July 2024.

Action taken on previous requirement

There was inconsistent recording of medication that was administered only at times when it was required to address people's health needs (PRNs). At times, there were no records to reflect the reason(s) why PRN medications were administered or the outcomes of doing so. This would have provided more information about the circumstances for administering PRN medication and whether they were working effectively.

Daily notes within personal plans did not always record where stress or distressed behaviours had occurred and/or that people had received 'as required' medications. This meant there were no clear records demonstrating the reasons why the PRN medications were administered. Antecedent behaviour consequence (ABC) forms were also not being filled in correctly to allow accurate analysis.

Of 11 occasions where PRN medications had been administered, there were nine occasions where the recording was not fully accurate with appropriate detail.

There was a management oversight of the administration of PRN medication. However, there was a lack of evidence as to the actions taken to address issues identified.

This requirement had not been met and we have agreed an extension until 28 January 2025.

Not met

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 ensure that the range and scope of activities of how people spend their time, both inside and outside, could be better planned and organised to ensure people experience a good quality of life.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 area for improvement was made on 26 July 2022.

Action taken since then

Improvements had been made in relation to the provision of activities.

We have reported on this further under key question 1 - 'How well do we support people's health and wellbeing?'.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that care plans are reviewed at least once in every six months.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social, and physical needs at an early stage, regularly, and when my needs change' (HSCS 1.12); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 26 July 2022.

Action taken since then

Improvements had been made in relation to ensuring personal plans were reviewed minimally six-monthly.

We have reported on this further under key question 5 - 'How well is our care and support planned?'.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that anticipatory care plans are in place and fully completed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7); and 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 26 July 2022.

Action taken since then

Anticipatory care plan paperwork was in place and 'future care planning' records were in place within people's personal plans. These had a good level of personalised information about the person and what future plans were important to them.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that care plans accurately reflect people's healthcare needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 26 July 2022.

Action taken since then

We found there to be inconsistent recordings within personal plans.

We have reported on this further under key question 5 - 'How well is our care and support planned?'

This area for improvement has been partly met and has been reworded to reflect the findings from this inspection.

See area for improvement 1, key question 5 - 'How well is our care and support planned?'

Previous area for improvement 5

Staff should ensure that eating and drinking care plans are accurate and reflective of the current needs, choices, and preferences of people experiencing care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 11 March 2024.

Action taken since then

Eating and drinking care plans reflected what level of support people required with their food, as well as their preferences. People told us most of the food offered was in keeping with their personal preferences and if they would prefer an alternative, this was provided.

This area for improvement has been met.

Previous area for improvement 6

Staff should ensure that the dining experience for each person responds to their assessed needs, choices, and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 11 March 2024.

Action taken since then

Improvements had been made in relation to the dining experience.

We have reported on this further under key question 1 - 'How well do we support people's health and wellbeing?'.

This area for improvement has been met.

Previous area for improvement 7

All staff should take responsibility for ensuring the ongoing deep clean of a person's room to promote good infection prevention and control.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 11 March 2024.

Action taken since then

We found there to be inconsistent recordings of deep cleaning and mattress audits.

We have reported on this further under key question 4 - 'How good is our setting?'.

This area for improvement has not been met and has been reworded to reflect the findings from this inspection.

See area for improvement 1, key question 4 - 'How good is our setting?'.

Previous area for improvement 8

When someone is identified as a high risk of falls there should be a clear plan of support and care in place. Risk assessments should offer opportunity to explore strategies and means of minimising the risk of falls. There should be evidence of learning from falls and this learning should be included in care plans. There

should be post falls procedures in place in line with best practice guidance. All staff should follow care plans at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 26 October 2022.

Action taken since then

Improvements had been made in relation to the falls.

We have reported on this further under key question 1 - 'How well do we support people's health and wellbeing?', key question 2 - 'How good is our leadership?', and key question 5 - 'How well is our care and support planned?'

This area for improvement has been met.

Previous area for improvement 9

Staff must ensure when there are recording and monitoring charts in place that they are fully completed and offer an accurate reflection of what an individual has had to eat and drink each day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 26 October 2022.

Action taken since then

Monitoring charts were not completed consistently to show what people had eaten or drank each day. Some charts had been completed well. However, not all people who required monitoring had eating and/or drinking charts in place.

This area for improvement has been partly met and has been reworded to reflect the findings from this inspection.

See area for improvement 1, key question 5 - 'How well is our care and support planned?'

Previous area for improvement 10

When someone has expressed concern about other people who are experiencing care entering their room, every effort should be made to offer reassurance, explore, and implement means of minimising this happening.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 26 October 2022.

Action taken since then

Where people wished their door to be locked when not in their room, they had been supported with this. Their preferences were also recorded on their door to remind staff.

There were no concerns raised during the time of inspection of people entering other residents' rooms. The provider had reviewed people and the layout of the units they lived in and made improvements in keeping people safe. Risk assessments had been completed to support this.

People were free to walk around the home and staff monitored people where close observations were required to maintain people's safety.

This area for improvement has been met.

Previous area for improvement 11

People who are experiencing care should be supported and cared for in line with their care plan at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 26 October 2022.

Action taken since then

We tracked some specific examples and found that the care recorded within personal plans was being followed by staff. This showed people had been supported to meet their preferences and needs on most occasions.

However, not all personal plans were accurate. This meant we could not be assured staff always provided the care and support required to meet people's needs and preferences.

This area for improvement has been partly met and has been reworded to reflect the findings from this inspection.

See area for improvement 1, key question 5 - 'How well is our care and support planned?'

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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