

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
16 October 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 follow up inspection which took place on 15 October 2024. The inspection focused on a requirement and areas for improvement made during the previous inspection in July 2024, and evaluated how the service had addressed these to improve outcomes for people.

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 staff and the people they support.

A food focus group was being introduced to support people to be involved in menu planning.

There was a continued need to further improve the management of medication in the service.

How well do we support people's wellbeing?

We assessed that there was a continued need to progress with meeting the requirement regarding medication management from the previous inspection in August 2024.

Details of this 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.

Concerns remained about the safe and effective management of medication in the home. We have therefore restated this requirement with a new timescale.

See requirement 1.

Requirements

1. **By 19 January 2025 extended from 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).

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

Requirements

Requirement 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).

This requirement was made on 30 July 2024.

Action taken on previous requirement

There was evidence that training and competency assessments regarding medication management had taken place. Staff confirmed that they found this training helpful.

We looked at records of medication administration and saw fewer gaps in records to indicate medication had been administered. However, there were some continued issues with record keeping and we noted that staff were not following best practice guidance. This included not completing handwritten entries into medication records in detail. This does not follow best practice and could lead to misunderstanding for the safe administration of medication. And could impact negatively on peoples health.

There was a need to ensure that everyone prescribed medication to be given 'as required' had a protocol in place to direct staff. This would ensure consistent administration of medication and safeguard people.

There was a need to ensure that all prescribed medication was available at the time of administration to support people's health needs effectively.

There was attention needed to ensure that medicine records had photographic identification in place for each person. This would ensure that staff were guided to administer medication to the correct person.

There was a medication audit tool in place which had been completed. The outcome of the audit had informed a detailed action plan with directions for named staff and timescales to address issues. The issues identified in this audit were similar to the Care Inspectorate's findings during this and the previous inspections. This indicates that there was a continued need to effectively support staff learning and practice regarding safe medication management.

We continue to have concerns regarding medication management in the home. Further work is needed to improve staff practice, ensure that they are aware of their accountability to safeguard people through their practice and effectively support people's health needs.

This requirement is not met and will be restated with a new timescale for completion. This is detailed in Key Question 1 of this report.

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

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).

This area for improvement was made on 30 July 2024.

Action taken since then

The service has a new activity worker, and we saw that some activities were taking place in and out of the home.

The activities we observed during the inspection were not always appropriate or meaningful for people. Activities were poorly delivered which was confusing for people and not inclusive.

We were unable to determine how meaningful some of the activities were for people or whether they were of interest to them. This does not support peoples choices.

People we spoke with commented that the activities available didn't interested them.

We saw that engagement by staff was concentrated on people who could chat and take part in conversations and activities, this could make people who were less able to join in or living with dementia feel ignored and isolated.

There was a need to support the new activity worker and care staff to develop their skills and knowledge regarding delivering meaningful activities and supporting people living with dementia.

This area for improvement is not met and will continue.

Previous area for improvement 2

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).

This area for improvement was made on 30 July 2024.

Action taken since then

The new manager was starting to gather the views of people and their families. We saw that meetings have been scheduled. Minutes of meetings were available, but there was minimal evidence about how comments and views were used to inform the service development plan and improve outcomes for people.

This area for improvement is not met and will be continued.

Previous area for improvement 3

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).

This area for improvement was made on 30 July 2024.

Action taken since then

The current environmental improvement plan was shared with the Care Inspectorate. The plan contained some details for environmental improvement but lacked information specific to issues highlighted at the previous inspection. This included installing an accessible bath and replacing carpets. The plan needed to be reviewed and updated.

There was a continued need to fully develop a comprehensive, detailed, and dynamic service improvement plan regarding the environment of the home.

This area for improvement is not met and will be continued.

Previous area for improvement 4

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 30 July 2024.

Action taken since then

There was evidence that some quality audits and observation tools were being used to directly observe staff practice, including mealtime audits and medication competency assessments.

During our observations during the inspection we concluded that there was a continued need to improve engagement with people, particularly those living with dementia. We saw that engagement by staff was concentrated on people who could chat and take part in conversations and activities, this could make people who were less able to join in or living with dementia feel ignored and isolated.

Staff approach needs some fine tuning to ensure it is respectful and promotes peoples dignity.

This area for improvement is not met and will be continued.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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