

Forebank Care Home Service

26 Forebank Street
Dundee
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Telephone: 01382 206 161

Type of inspection:
Unannounced

Completed on:
7 November 2024

Service provided by:
Forebank Limited t/a Forebank Care
Home

Service provider number:
SP2007009143

Service no:
CS2003000494

About the service

Forebank care home is owned by Brooksbay Care Group based in Dundee. The service is registered to offer support for up to 56 people.

Forebank is situated close to the centre of Dundee and has good transport links to surrounding areas. The home's ethos of care states "We are committed to providing a good quality of care to each and every person receiving our services. We will listen to you to enable us to provide you with individual care and support based upon what you are telling us."

About the inspection

This was an unannounced inspection which took place on 5 and 6 November 2024. The inspection was carried out by two inspectors from the Care Inspectorate, an inspection volunteer and involvement coordinator. 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 14 people using the service
- spoke with 9 staff and management
- observed practice and daily life
- reviewed documents
- reviewed questionnaires completed by people using the service, their relatives, staff and visiting professionals.

Key messages

- People experienced warm and compassionate care.
- Mealtimes were relaxed and staff supported people with dignity and kindness on a one-to-one basis where required.
- The care team had effective oversight of people's healthcare needs and were responsive to changing needs.
- Detailed recruitment checks were undertaken to ensure staff were recruited safely and continued to remain suitable for working with people.
- Staff felt well supported, confident and competent in their roles.

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?	4 - Good
How good is our staff team?	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?

4 - Good

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

There was a relaxed, pleasant atmosphere within the home. We saw many kind, caring and respectful interactions between staff and people experiencing care. People told us that they enjoyed good relationships with staff, who they found both supportive and approachable.

People should expect their health to benefit from the care and support they receive. The home had good links with external health professionals. We could see appropriate referrals to a range of health professionals including the community mental health team, GP, Speech and Language Team (SALT) and dentist. This meant that people could be confident that they received the right care at the right time.

Medication was managed well. There was guidance available for staff on the administration of 'as required' medication. This helped ensure individuals were supported to take the right medication at the right time.

People were observed enjoying their meals in the main dining areas together in a relaxed, unhurried manner. People could also choose to have their meals in their own room if they wished. People spoke positively about the food. We were told "the food is very good here" and "the food is very tasty". People benefitted from a range of different food choices. Where people did not like the meal on offer, they were able to choose something else. The food looked and smelt appetising. The kitchen staff knew people's likes and dislikes and made further efforts to ensure the presentation of all meals including special diets was visually appealing. This meant that people were experiencing a positive mealtime experience.

There was a range of group activities, and some individual time spent with people living within the service. Seasonal events were celebrated, which helped people remain orientated to the pattern of the year and stay connected to the wider world. Feedback from those spoken with confirmed people were happy with the activities on offer and that there was always something for them to do which they enjoyed.

People using the service were consistently involved in the development and improvement of the service. Regular care home group meetings took place, and these were well attended by people using the service. People had given their views on a range of topics including activities, meals and decoration. There was evidence that changes were frequently made as a result of these views. We were confident that people's needs and wishes were the focus when decisions and improvements were being made.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We found that people living in the care home, and staff, benefitted from a warm atmosphere because there were good working relationships. Communication was efficient and effective between staff, with opportunities for discussion about their work and how best to improve outcomes for people. This was done through daily 'flash' meetings where all senior roles within the service were represented.

These daily meetings showed us that staff who are not involved in providing direct care and support were recognised as playing an important role in building a staff team.

Motivated staff and good team working meant that staff spent as much time as possible with people. Staff told us that they were confident in building positive interactions and relationships and felt that the team was mutually supportive in ensuring that cover was in place.

Staff told us that their induction gave them the necessary information and training to do their job effectively. Of those responding to our online survey, 100% of staff said that they felt this prepared them for their job role. This meant that people and relatives could be confident that new staff had ready access to the right information about the service and people's specific needs and outcomes.

The manager informed us that the service had a full complement of staff and the rota we sampled showed that there appeared to be sufficient staff. Staff told us that it could be difficult if there was unplanned absence, although we saw that management tried to use consistent agency staff when possible and cover was a substantive item within daily 'flash' meetings. In accordance with Safe Staffing legislation, it would be good practice to make dependency calculations clear and transparent for all internal and visiting stakeholders. These could be displayed in a prominent position at the entrance of the service.

Other elements of Safe Staffing were in place, such as staff supervision and appraisals. We saw that these had been conducted with staff in February 2024 and this complied with the service's intention to conduct supervisions twice a year. We understood that management have a prominent presence within the service but we felt that supervisions could be more frequent. The service was in the process of compiling a policy around supervision and appraisals and this provided a good opportunity to consider intended frequencies.

We saw comprehensive records of observations of practice around infection prevention and control and this showed us that management made sure that staff were complying with guidance and that training had been effective. We suggested that this could be extended to other areas of practice, for example moving and handling and perhaps used as part of the appraisal process. As management are consistently on the floor, these observations could be done very naturally.

Staff told us, and we saw from records, that there was a wide range of training available, which were mainly delivered as online eLearning. We received differing opinions on this, with some staff enjoying the flexibility of online training while others thinking that the physical delivery gave more opportunity for discussion and linking to specific practice. Thought should be given to how staff are given opportunities to discuss best practice and how training links to delivery of care.

We read the Manager's Monthly Quality Assurance Report and also staff and relative questionnaires which overall were very positive. Although this formed element of an improvement plan, staff told us that they were not aware of such a document. It would be a fairly straightforward process to use these consultative tools to identify and prioritise service improvements. As a starting point, it may prove beneficial to initially undertake a self-evaluation exercise using the guidance within the quality framework. We suggested focussing on Core Assurances since these are crucial quality markers.

We also saw that there were robust and methodical recruitment records which took account of safer recruitment guidance and 'right to work' documentation when this was required.

Staff informed us that they had not received input on the Safe Staffing legislation and the service may wish to consider the Safe Staffing key points which will include the points that have been raised in 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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