

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
28 November 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 25 November 2024 between 10.30am and 6.30pm and on 26 November 2024 between 7am and 3.30pm.

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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

In response to the findings of this inspection the Care Inspectorate issued an Improvement Notice on 9 December 2024 in accordance with Section 62 of the Public Services Reform (Scotland) Act 2010 detailing the improvements to be made and the period within which they must be made. This is available on the Care Inspectorate website (www.careinspectorate.com).

Key messages

The principles of dignity , respect and choice were not fully promoted.

We could not determine that peoples nutrition and hydration needs were being managed effectively.

The standard of care was inconsistent and was not supported by strong leadership of staff teams.

There were continued issues with the safe management of peoples medication.

Quality assurance processes were not used to effectively drive service improvement.

Record keeping was inconsistent and did not provide strong evidence about how peoples needs were being managed and met.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We saw some staff were familiar with people's needs and had a friendly approach. However, there were inconsistencies in the approach of staff towards people living in the home. We saw staff who were focused on tasks instead of being responsive and person centred. There were instances when staff engagement with people was poor and often brief. Some staff spoke over people's heads, they did not always acknowledge people when they were in the room or wait for a response to questions asked. We saw people being ignored when they were asking for drinks or asking questions. This could make people feel unhappy and vulnerable.

There was a lack of attention to people's presentation. There were occasions when staff could be more discrete. This is not respectful and does not ensure that people's dignity was maintained.

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.

Staff approach and engagement could be improved with dementia care training such as the 'Promoting Excellence programme for dementia learning and development.' This would help staff develop the skills and knowledge to deliver responsive, person-centred care.

We had concerns that the principles of respect, dignity or choice were not fully promoted. There was a need to improve leadership of staff teams and develop role models to guide staff.

See requirement 1.

People should have opportunities to take part in activities that are meaningful to them. This gives purpose to individuals' day and supports their well-being. There were few opportunities for meaningful activities available for people to take part in. People told us that there wasn't enough to keep them occupied through the day. They told us, "it's a long day" and "I get bored with nothing to do".

We saw long periods of time when there were no staff in sitting rooms supporting people. There was a lack of meaningful engagement for people who spent their day in their bedroom. This could cause people to feel isolated and lonely.

Staff lacked an understanding of the importance of meaningful activity and the benefits they had to lift people's mood and enhance their wellbeing.

See continued area for improvement 1.

People should have a detailed personal plan in place which reflects their current care and support needs. This helps to direct staff how best to manage those needs. There was some contradiction in the information within personal plans because they had not been updated to reflect the most current changes in the persons health, new outcomes of risk assessments and changes in treatment. There were records of nursing staff contacting healthcare professionals for advice and support and there was information within daily notes of directions given by healthcare professionals. However, this information was not always reflected into plans of care. This would not direct staff to provide consistent and agreed care to support people's health needs.

We saw that not all plans of care were in place about managing clinical risk. This included records about management of skin care and minimising the risk of people falling. Risk assessments had been updated but were sitting in isolation in the records. The outcome of the assessment was not informing a plan of care to direct staff about how to minimise risk. This does not safeguard people from harm.

Evaluations of plans of care were generally completed monthly. The evaluations were brief and lacked clarity to evidence that the plan was effectively meeting the person's needs. This indicates a level of compliance with dates for evaluation but not of the quality of information to evidence care or direct staff.

There was a system to ensure clinical oversight of people's health needs. Data was being gathered about clinical risks. However, we could not determine that this information was being used to inform a responsive action plan to manage clinical issues or reduce risk.

We had concern that people's healthcare needs, clinical risks and medication were not being managed effectively and safely. This would impact negatively on people's health, welfare, and safety.

See requirement 2

We were not confident that medication was being managed safely and in line with best practice guidance. There was a continued need to ensure that staff involved in medication administration adhered to current best practice guidance to support people's health needs and safeguard them from harm.

This is the subject of a continued requirement .

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.

We had concerns about the management of people's nutrition and hydration needs.

We were not assured that people who spent time in their bedrooms were getting enough to drink or the support they needed to eat. We saw a lack of jugs and glasses in bedrooms. Drinks, and food on bed tables out of peoples reach. People not positioned in bed properly to eat. Food that was cold by the time it was delivered to bedrooms as it was being transported on an unheated trolley.

Records of food and fluid were incomplete with gaps in records. We therefore could not determine that people were getting enough to eat and drink to support their nutrition and hydration needs.

People who ate their meals in the dining room told us that they enjoyed the food served at mealtimes and commented positively on the quality of the food. However, there was a need to improve the management of mealtimes. There was a lack of leadership of the staff team at mealtimes and staff were not well deployed to support people. Not everyone who needed prompting to eat received this support. There was little engagement during the meal which did not help create a sociable experience. To develop an enjoyable dining experience, and to ensure appropriate support is available, the service needs to improve the planning and coordination of mealtimes.

See requirement 3.

The requirements detailed in this Key Question inform an Improvement Notice issued on 9 December 2024 in accordance with Section 62 of the Public Services Reform (Scotland) Act 2010.

Requirements

1. **By 19 January 2025**, the provider must 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 must ensure at a minimum that:

- a) service users can choose the time that they wish to rise in the morning and are supported to participate in decisions made about their day to day living
- b) the service is provided in a manner which respects the privacy and dignity of service users and affords them choice in the way in which the service is provided to them
- c) there is a system in place to regularly monitor the competence of staff practice and action taken to correct staff practice to ensure this supports the right care for people in accordance with the Health and Social Care Standards.

This is to comply with Regulation 3, and Regulation 4(1) (a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulations 2011 (SSI 2011/210) and Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

2. **By 19 January 2025**, the provider must ensure that service users are safe and that their health, welfare, and safety needs are effectively managed and met.

To do this, the provider must ensure, at a minimum that:

- a) personal plans are developed in consultation with the service user and/or their representative where appropriate taking account of their choices and preferences
- b) personal plans accurately record the health, welfare, and safety needs of service users and sets out how these will be met
- c) risk assessments are used in the preparation of personal plans to reduce any risks to a service user's health, safety, or wellbeing

d) ensure that staff are familiar with individuals' personal plans and that these are used by staff to provide care and support.

This is to comply with Regulation 3, and Regulation 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulations 2011 (SSI 2011/210) and Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

3. **By 19 January 2025**, the provider must ensure that the nutrition and hydration needs of service users are regularly assessed and adequately met.

To do this, the provider must ensure, at a minimum that:

a) advice from healthcare professionals regarding service users with a high

level of nutritional need is recorded, followed, and that a record is maintained

of any action taken to implement the advice received

b) charts are used to monitor the food and fluid intake of service users and are

comprehensively completed and used in the preparation of the service user's

personal plan.

c) there is enough food and snacks available for service users and that staff

monitor to ensure that this reflects people's preferences, cultural and dietary

needs

d) that staff have knowledge of people's individual needs, support them

appropriately and ensure that they are getting enough to eat and drink.

This is to comply with Regulation 4(1)(a), 4(2), and Regulation 5 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:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS1.34).

'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).

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 leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There were a range of quality audits and checklists being completed to assess and monitor the quality-of-service provision. The same failures were noted repeatedly in some audits and were reflective of some of the issues we observed during inspection. We found it difficult to determine that the outcomes of audits were being used effectively to drive improvements in the home. We were not confident that people were receiving acceptable standards of care and support.

There continued to be minimal evidence that the views of people living in and visiting the service were being used to inform improvement. This does not reflect a culture of continuous improvement.

There was a lack of day-to-day leadership within the home. Staff were not being directed well and they were poorly deployed for important times such as mealtimes. There was a lack of checking in with staff on shift about the effective delivery of care and the completion of records and charts.

We were concerned about the lack of accountability of registrants to follow codes of practice and the Health and Social Care Standards. This impacted negatively on outcomes for people. It resulted in poor support for people with eating and drinking, a lack of oversight of clinical risk, poor medication management and the lack of promotion of principles of dignity, respect, and choice.

See requirement 1.

The requirement detailed in this Key Question inform an Improvement Notice issued on 9 December 2024 in accordance with Section 62 of the Public Services Reform (Scotland) Act 2010.

Requirements

1. **By 19 January 2025**, the provider must demonstrate that service users are safe, experience consistently good outcomes, and that quality assurance and improvement is well led.

To do this, the provider must ensure, at a minimum that:

a) action taken to address issues identified by quality assurance systems

effectively improve outcomes for service users

b) feedback from service users, their families, and members of staff working in the service is sought and used to help inform development of the service.

This is to comply with Regulation 4(1) 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 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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff told us that they provided person centred care. They told us that they had received adequate training and were confident that they knew when they would report issues of concern or abuse and knew who they would make these reports to. We were aware that staff had received a range of training. However, during the inspection we observed failures to deliver some basic levels of care and support, manage medication safely or consistently promote principles of dignity, respect, and choice. This indicated that staff were not applying their learning to their practice to assure acceptable care and support for people.

There was a need to improve leadership in the home by developing the skills and understanding of the team leader role to ensure staff were effectively directed and their day-to-day practice was supporting good outcomes for people.

All staff need to be reminded of their accountability as registrants to adhere to their codes of practice.

We had concerns that the lack of governance of staff practice negatively impacted on outcomes for the health, welfare, and safety of people.

The use of the providers dependency tool helped inform the numbers and skill mix of staff needed to support people's needs. The staffing numbers appeared sufficient. However, a lack of organisation and leadership for the staff delivering the care resulted in disjointed and inconsistent support for people. We could not be assured that staff fully understood their roles and responsibilities.

The lack of leadership and direction of staff teams did not ensure that staff teams were working effectively to meet people's health, welfare, and safety needs.

See requirement 1.

The requirement detailed in this Key Question inform an Improvement Notice issued on 9 December 2024 in accordance with Section 62 of the Public Services Reform (Scotland) Act 2010.

Requirements

1. **By 19 January 2025**, the provider must ensure that there are suitably qualified and competent people working in the service to effectively support the health, welfare, and safety of service users.

To do this, the provider must ensure, at a minimum, that members of staff are appropriately supervised and that they are supported to provide safe and high-quality care.

This is in order to comply with Section 7(1) of the Health and Care (Staffing) (Scotland) Act 2019.

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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There was an improvement plan in place to develop the home environment. We noted that there was work planned to improve the bathing facilities in the home.

Housekeeping staff were aware of their responsibility to maintain acceptable standards in the home. However, there were some issues with ensuring that items in communal areas were being stored appropriately to reduce the risk of infection and safeguard people. This included inappropriate items stored in the servery area of the dining room which could impact on food safety. We saw inappropriate items stored in people's bedrooms, this included items of medical equipment and a sharps box. More care needs to be taken with the management of people's personal items and toiletries.

There were people's personal items and topical medication being stored in a way that did not ensure acceptable infection control standards or promote respect for their belongings.

There was a need to review the practice of storing PPE in toilets. This is not in line with best practice guidance and would not protect people from the risk of infection.

These issues have resulted because of a lack of direction of staff teams and effective quality assurance systems.

See area for improvement 1.

Areas for improvement

1. The provider should ensure that safe infection control practices are followed.

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

- a) measures are implemented to ensure that care is delivered in a way which promotes good infection control practices
- b) staff follow current infection prevention and control practice regarding the management of people's belongings
- c) PPE is stored in line with current guidance.

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 well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We sampled several support plans. There were some details in the plans regarding people's choices. There could be more done to fully reflect what was important to the person. This would help ensure that plans of care were informed by people's views and were pertinent to them.

There was improvement needed to ensure that information in personal plans was reflective of people's current care and support needs. Evaluations of care plans were limited and did not detail their effectiveness in managing individual care needs.

There were concerns that plans of care were not dynamic and were being used to record day to day clinical events but not inform forward planning to guide staff to support people's health, welfare, and safety needs in an agreed and consistent approach.

These issues are the subject of a requirement which is detailed in Key Question 1 of this report.

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

Requirements

Requirement 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).

This requirement was made on 30 July 2024.

Action taken on previous requirement

During this inspection we noted continued issues with medication record keeping and with staff failing to adhere to best practice guidance regarding medication management.

At the last inspection this requirement had been extended to allow the service more time to progress with improvements.

We have concerns that no improvements have been made and there are continued failings regarding the management of medication. This does not safeguard people or support their health needs.

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

We had concerns that there had been no progress to improve the range and access to meaningful activity for people living in the home. This does not support peoples wellbeing or promote good mental health.

This issue will inform a requirement. See Key Question 1 of this report.

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

There was a continued need for the provider to develop ways to gather peoples views to meaningfully inform service development.

This area for improvement has not been met . We had concern about the lack of progress with involving people in service development.

This area for improvement has not been met and will be repeated. See Key Question 2 of this report.

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 provider had an environmental improvement plan in place and we saw that work was being carried out to make changes to develop the home.

This area for improvement has been met.

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 a continued need to effectively assess and monitor staff practice.

This area for improvement has not been met . We had concern that poor staff practice was not being recognised. This negatively impacted on outcomes for people.

This issue will inform a requirement. See Key Question 3 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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