

Finavon Court – Forfar Care Home Service

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Type of inspection:
Unannounced

Completed on:
20 November 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300707

About the service

Finavon Court - Forfar is a 60 bedded care home, which is owned and operated by HC-One Limited. The service provides nursing care for older people who have care needs related to dementia and other similar conditions. Care is also provided for up to ten people under the age of 65 years with care needs related to, for example, learning disabilities.

The service is located in the Angus town of Forfar. The service aims to provide care which promotes choice, dignity, and safety.

The service has been registered since 31 October 2011.

About the inspection

This was a follow up inspection which took place on 20 November 2024. The inspection was carried out by one inspector 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 two people using the service and one of their family representatives;
- spoke with three staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- There was a relaxed atmosphere in the service.
- Staff told us that morale was good.
- Quality assurance processes had improved and there was good oversight of the service.
- Staff received good support and supervision.

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

Requirements

Requirement 1

In order to protect people and to maintain their dignity and respect, by 01 June the provider must set out and submit plans detailing how managers will monitor and manage the understanding and performance of staff in relation to their professional codes of practice, which should include but is not limited to:

- a) Ensuring that all staff understand and work to expected standards of conduct in relation to all interactions with people using the service, demonstrating dignity and respect for people at all times.
- b) Ensure that all staff understand their responsibilities of recording and reporting any incidents or breaches in these standards to managers as soon as possible.
- c) Managers ensure that staff receive regular reminders and if necessary training of the relevant codes of practice for staff
- d) Ensure that breaches are dealt with promptly using appropriate training and or disciplinary measures.
- e) Where necessary that incidents are reported under Adult Support and Protection measures, and to staff relevant professional registering bodies.

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

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'. (HSCS 3.1)

This requirement was made on 20 May 2024.

Action taken on previous requirement

The manager had introduced a safeguarding competency training programme for all staff to improve staff knowledge and understanding about adult support and protection. This had identified gaps in staff knowledge, and actions needed to protect and improve approaches with people. All staff had received this training which had led to increased reporting of concerns and their understanding of their responsibilities of reporting and appropriately sharing concerns with senior staff and others.

The service shared lessons learnt from adverse events at this, and other HC-One services to share learning, and increase knowledge and understanding with staff to improve outcomes for people.

Supervision of staff was progressing, with dates for remaining staff planned and booked in. Essential and core training had increased and was at high levels of completion at the time of this inspection. Observations of staff practice were taking place to ensure practice issues were identified promptly and appropriate supports and or additional training put in place.

Met - within timescales

Requirement 2

In order to ensure that people receive the correct medication at the correct dose, and to ensure that people have confidence that staff are trained, competent and skilled; the provider must by 01 June 2024 ensure there are safe systems for the complete, accurate and contemporaneous recording of all medicines. This is to ensure the safe administration; monitoring and audit of medicines and to promote the wellbeing of residents.

To do this, the service must, but is not limited to:

- a) Ensure that staff receive training on best practice in the recording of, and stock reconciliation of all medications.
- b) Provide staff training on good practice in respect of care planning, recording and monitoring of as required (PRN) medications including when they are offered and the recording of the effects of these medicines.
- c) Ensure that people receive the correct dose of their medications at the right time, and ensure that staff understand the electronic administration system in place.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Standards) Regulations 2011 SSI 2011/210 Regulation 4 (1)(a) requirement for the health and wellbeing of service users.

This is to ensure 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 20 May 2024.

Action taken on previous requirement

Senior staff and managers had increased checks of medication administration records which had improved accuracy of recording. In addition processes had been introduced to improve communication with the service dispensing chemist to ensure that ordering of medications was carried out timeously and systems improved to avoid any disruptions in supply. This ensured that there were adequate stocks of medication for people. Additional training had been introduced to check competencies of staff and any medication issues were discussed at the daily flash meetings.

The service carried out resident of the day audits which included an audit of the resident's medications, to ensure that medication counts and stock control were correct, and additional checks carried out on administration records to ensure that medication had been administered accurately.

The service was also working on an improvement project with the Care Inspectorate to improve the use of as required medications, and how the use of these could be reduced to improve outcomes for people. During our inspection we found no concerns in the sample of medication records we observed.

Met - within timescales

Requirement 3

In order to ensure that people live in a clean and well-maintained environment, the provider must by 01 June provide a plan setting out clear timescales and monthly updates for works as identified in the management environmental audits and which also include but is not limited to:

- a) Replacement of upstairs flooring in corridors, sitting room and affected bedrooms.
- b) Repainting of main areas and any bedrooms as identified in manager's audits.
- c) Repair/replacement of damaged flooring in bathroom areas.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 10 (2) (b)(d) requirement for fitness of premises

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells'. (HSCS 5.20); and

'I experience and environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24).

This requirement was made on 20 May 2024.

Action taken on previous requirement

Work to upgrade part of the ground floor had been completed to a good standard and further repairs and maintenance had been completed, or was on-going on both floors of the service. Plans to develop a café/bar area and a further sitting room had been completed or were underway, and improvements to some of the shared bathrooms had been completed.

Plans to replace part of the carpet with vinyl flooring upstairs was still outstanding, however, we were provided with assurances that this work was planned to be carried out and completed the week after our inspection.

We were satisfied that good progress had been made to ensure that people enjoyed a good standard of facilities at this service.

Met - within timescales

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

In order to improve outcomes for people; managers should ensure that existing audits are improved and developed and should be informed by best practice guidance. Where deficits are identified, plans should be implemented to help bring about improvement and compliance for key areas including, but not limited to:

- a) The safe management and administration of medications and wound care documentation.
- b) Ensuring relevant staff receive training in the quality assurance procedures and be able to demonstrate an understanding of how these can be used to assure the quality of the service.

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 20 May 2024.

Action taken since then

The manager and deputy were carrying out audits for each unit, which were printed and shared to ensure that all staff could see where any remedial actions were required. Heads of each department met regularly, and all staff were included in collecting information for audits; to raise awareness, and to ensure that the whole staff group were aware of, and understood the need to monitor the service.

A recent senior management internal review of quality assurance processes had evidenced improvements across all areas, and a self-evaluation tool had been introduced to ensure that managers maintained a focus on key areas to ensure continued progress.

Staff and the manager had noted improvements in staff morale, and due to increased involvement of all staff in monitoring the service, manager time was more effectively focused on areas of the service that still required improvement.

Increased monitoring of medication administration and ordering systems had been put in place, and staff training was found to be at a good standard with most staff having completed all essential learning and development for their roles.

This area for improvement is met.

Previous area for improvement 2

In order to ensure that wound care is carried out in accordance with best practice guidance and to improve outcomes for people, managers should ensure that support plans clearly set out:

- a) When photographs of wounds will be used.
- b) Frequency of photographs.
- c) Ensure that photographs are clear; dated, measured and also include the name of the person.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

This area for improvement was made on 20 May 2024.

Action taken since then

We sampled a number of support plans which evidenced that wound care monitoring and recording had improved. All wounds had been attended to at the correct intervals, and good practice guidance had been followed to ensure that support plans had been documented timeously and at the correct intervals. We pointed out that some wound care plans could have been improved with clearer guidance on body maps to ensure that new or unfamiliar staff could locate wounds more easily.

This area for improvement is met.

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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