

Fernlea Care Home Care Home Service

19 Wallsgreen Road
Cardenden
Lochgelly
KY5 0JF

Telephone: 01592 721 649

Type of inspection:
Unannounced

Completed on:
21 January 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000071

About the service

Fernlea House is a care home for older people situated in a residential area of Cardenden. The service is provided by Holmes Care Group Scotland Ltd.

It is close to local transport links, shops and community services. The service provides residential care for up to 36 people. It is set within its own landscaped gardens and grounds, which are easily accessed and have seated areas for people's use. There is adequate parking. All communal areas, catering and laundry services are on the lower level; a lift serves the upper floor.

About the inspection

This was an unannounced inspection which took place on 20 January 2025. 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 four people living at Fernlea
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- People living at Fernlea and their staff team had good relationships.
- Medication administration had improved.
- Mealtimes experiences for people were better.
- Quality assurance systems were being implemented to identify where improvements were needed.
- Requirements made at the last inspection whilst not fully met had been progressed.

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

Requirements

Requirement 1

By 17 January 2025 the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs, This includes following health professionals guidance.
- b) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met
- c) ensure accurate and consistent recording of people's food and fluid intake where appropriate and required.
- d) ensure that meals where required are checked for safe temperatures.
- e) ensure that care plans are fully up to date and reflect peoples needs, wishes and preferences.

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 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

This requirement was made on 28 November 2024.

Action taken on previous requirement

We were reassured to see the kitchen staff had a clear and up to date system in place to record people's nutritional needs, including any texture dietary needs. Kitchen staff reported good communication from senior care staff around any changes to peoples nutritional needs and felt "in the loop".

Care staff evidenced that they were aware of people's current dietary needs and how this should be presented.

Care plans did not consistently reflect people's current SALT recommendations. Some areas of people's plan reflected up to date, dietary needs, whilst others still had historical information. This puts people at risk of not receiving the correct diet to keep them safe.

The service must ensure that when updating plans to reflect changes, that these are updated in all sections

of the plan.

Food and fluid charts for those who required them were consistently filled out. The service should ensure that the target intake is clearly recorded and then consistently evaluated, to ensure that they are supporting people to meet their outcomes.

We saw evidence of food temperature checks being carried out.

Dysphagia training was planned for February 2025 for all care and kitchen staff. This is to ensure staff are skilled and understand special texture diets.

Not met

Requirement 2

By 17 January 2025 the provider must protect the health and welfare of those who use the service. In particular, you must ensure people receiving care experience safe, competent, and effective support with medication. In order to achieve this, you must at a minimum:

- a) Ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine.
- b) Ensure that as required medication protocols are accurate and any steps to be taken prior to given an as required medication are clearly recorded and followed. This must include recording the outcome of using the medication and taking any follow up necessary.
- c) Ensure that controlled medications are safely stored, accurately monitored and that any discrepancies are fully investigated.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 28 November 2024.

Action taken on previous requirement

We sampled medication records and found that people had received their medication timeously.

Protocols for medication to be given on an as required basis were being progressed. The service should ensure that senior care staff who know people well are involved in the development of these protocols. This will allow for person centred detail to be included in the protocols.

Where a person needs medication on an as required basis, it is important that staff record the effect of this medication. This allows for evaluation of whether the medication is suitable and effective. Whilst this was being recorded more frequently, we still found gaps.

Staff need to be trained to ensure that they can navigate the electronic medication system. We noted that staff did not always know how to use the system well.

Controlled drugs were being stored securely and a system of checks was in place to ensure these were managed safely.

Not met

Requirement 3

By 17 January 2025, the provider must ensure that there are appropriate quality assurance systems in place, to ensure that the health, safety and wellbeing needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

- a) Ensuring appropriate and effective leadership of the service.
- b) Implementing accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified, as a result of an audit are addressed without unnecessary delay.
- c) Ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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)

This requirement was made on 28 November 2024.

Action taken on previous requirement

The service was being lead by an interim manager with the support of the regional operations manager. Several staff commented positively on the new leadership arrangements. They told us that they felt listened to and had increasing confidence that their concerns or suggestions would be taken seriously.

A range of audits had been implemented since the last inspection. These were in the early stages of development. The audits in use covered the key areas of care delivery and environmental standards. The service needed to continue to progress these, ensuring that staff understand their responsibilities for actioning the findings of the audits and reporting back on these areas.

Care plans continued to be progressed, some had been updated with others requiring to be updated to reflect people's current needs.

Not met

Requirement 4

By 17 January 2025, the provider must ensure that all staff have had training relevant to their role to ensure people receive the right support. Particular attention should be given to the areas of nutritional care and medication management.

To do this the provider must, at a minimum:

- a) ensure that staff receive appropriate training;
- b) ensure that staff practice is observed and evaluated; and
- c) ensure an ongoing training plan is in place.

This is in order to comply with regulations 4 (1)(a)(Welfare of Service Users) 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, able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14)

This requirement was made on 28 November 2024.

Action taken on previous requirement

The mandatory training plan evidenced that the service was working through ensuring staff have the necessary up to date training. This was still in progress.

Additional training had been delivered and scheduled for the upcoming weeks, to support the service to develop skills in knowledge around medication, textured diets and moving and handling.

The service was being supported by additional multi-disciplinary teams to observe staff practice and enhance skills. Feedback from these teams evidenced that the service was engaging well and improvement in the overall development of care staff was reported.

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 promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded and evaluated on a regular basis. This should include ensuring enough time for staff to spend meaningfully with supported people.

This is to ensure that care and support is consistent with 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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS2.22)

This area for improvement was made on 28 November 2024.

Action taken since then

The service was in the process of appointing a new activity co-ordinator. This area for improvement remains in place.

Previous area for improvement 2

To support good outcomes for people the provider should consider the deployment of staff. Sufficient staff should be available to meet the full range of people's needs, including social and emotional needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) with state that 'my care and support meets my needs and is right for me' (HSCS1.19)

This area for improvement was made on 28 November 2024.

Action taken since then

The service was progressing this area for improvement, ongoing work to evaluate staffing deployment was being actioned. This area for improvement remains in place.

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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