

Fairknowe Care Home Service

Fairknowe House
3 Cargill Road
Maybole
KA19 8AF

Telephone: 01655 882 308

Type of inspection:
Unannounced

Completed on:
25 March 2025

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2006124775

About the service

Fairknowe is registered to provide a care home service to a maximum of 40 older people who may have physical needs and/or dementia. At the time of inspection, 27 people were living in the care home.

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 premium 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 to an Improvement Notice issued on 9 December 2024. A copy of the Improvement Notice, and relevant updates can be accessed via the Care Inspectorate website Find care ([careinspectorate.com](https://www.careinspectorate.com)).

This inspection took place on 24 March 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 people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff knew people well.
- Improvements had been made in day-to-day recording of people's care.
- The service met a requirement and an area for improvement made at a previous inspection.
- The service met the remaining required improvement issued in an Improvement Notice dated 9 December 2024. We were able to see that medication was being managed safely.
- As a result of ongoing improvement detailed in this report, evaluations for the service have changed from weak to adequate.
- The service should ensure people have choice and are able to have a bath if they wish.
- The management team should formalise processes and checks that were taking place on day-to-day record keeping and charts of care being given to people.
- The provider should carry out self-evaluation of the service to continue to identify strengths and areas for improvement.
- The management team should carry out regular competency assessments of staff practice to ensure improvements in practice are maintained.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We have re-evaluated quality indicators 1.1, 1.2 and 1.3 from weak to adequate. Whilst the strengths had a positive impact, key areas needed to improve.

During this inspection, we were able to see continued improvement in areas detailed in an Improvement Notice which was issued on 9 December 2024. A copy of the Improvement Notice and relevant updates can be accessed via the Care Inspectorate website, Find care (careinspectorate.com).

We were able to see improvements had been made in record keeping and charting of the day-to-day care that people received. This meant we were able to clearly track the care and support that people received. There were also detailed food and fluid balance charts which supported the evaluation of people's nutritional intake over the course of the day. This meant staff had clear oversight over who may need some additional support in meeting their nutritional needs.

At this inspection, the provider met the requirement from the inspection completed in July 2024. Details of this can be found under the 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We sampled medication records and found medication was being safely managed in the home. This meant we could be assured people were receiving their medication as prescribed.

During this inspection, we also followed up on three areas for improvement which were made following an upheld complaint. These areas for improvement are detailed as area for improvement 1, 2 and 3 under the 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of this report.

We found that some staff had received training on Palliative and End of life care. However, further work was needed to support staff to understand the need to be sensitive and respectful during conversations regarding end of life care. As a result, this area for improvement has been repeated (see area for improvement 1).

We found that the service had made progress with implementing management of pain care plans and using pain assessment tools. Further time was needed for the service to fully embed these in practice and to demonstrate how they improve people's outcomes in regard to pain. This area for improvement has also been repeated (see area for improvement 2).

Staff demonstrated compassion and kindness when supporting people. We saw good examples of warm and respectful connections, which resulted in positive responses from people being supported. The choices and preferences of people living in the home were being supported by staff who were familiar with individuals' needs.

We found that there was an improved range of meaningful activities for people to take part in. The activities worker carried out daily activities with those living in the home.

Areas for improvement

1. All staff should receive training on Palliative and End of Life care. Staff should be supported to understand the need to be sensitive and respectful when conversations need to take place regarding end of life care.

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

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

2. Staff should ensure that pain assessment tools are completed when a person experiencing care is in pain. The pain assessment records should be fully completed to give an overall view of pain and how it is being managed. Staff should ensure they ask for external health input when a person experiencing care expresses pain for a prolonged period of time.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

How good is our leadership?

3 - Adequate

We have re-evaluated this key question from weak to adequate, where strengths only just outweighed weaknesses.

We noted that the provider had met the outstanding requirement from the Improvement Notice issued on 9 December 2024. A copy of the Improvement Notice and relevant updates can be accessed via the Care Inspectorate website, Find care (careinspectorate.com).

We found that audits of key areas of service delivery had improved management oversight. During the inspection, we were able to see improved outcomes for people through better recording of day-to-day records of care and support that was carried out. In order to ensure that these improvements are maintained, it would be beneficial for the provider to formalise the processes and checks that were taking place (see area for improvement 1).

During this inspection, we reviewed an area for improvement made at a previous inspection, which also informed part of a requirement in the Improvement notice. The service had started to hold resident and relative meetings to gather people's opinions and views. We found further work was needed to ensure that people's views were used to inform the service improvement and development of the service. We have repeated this area for improvement (see area for improvement 2).

At this inspection, the provider met the requirement from the inspection completed in July 2024. Details of this can be found under the 'What the service has done to meet any requirements we made at or since the last inspection' section of this report. In order to maintain improvements in practice, the provider should

ensure competency assessments regarding safe medication management are carried out on a regular basis (see area for improvement 3).

The management team spoke of their commitment to continuing to improve and develop the service. We recommended that they implement self-evaluation of the service provided to identify strengths, areas for improvement and to focus on outcomes that matter to those living in the service (see area for improvement 4).

Areas for improvement

1. To ensure that improvements are maintained, the provider should formalise the processes and checks that are taking place which are informing the management team of the day-to-day record keeping and the care and support that is being given to service users.

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).

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); and

'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).

3. In order to maintain improvements in practice, the provider should ensure that competency assessments regarding safe medication management are carried out on a regular basis.

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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

4. In order to continue with improving and developing the service, the provider should implement self-evaluation to identify service strengths, areas for improvement and to focus on outcomes that matter to people living in 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).

How good is our staff team?

3 - Adequate

We have re-evaluated quality indicators 3.2 and 3.3 from weak to adequate. Whilst the strengths had a positive impact, key areas needed to improve.

During this inspection, we were able to see continued improvement in areas detailed in an Improvement Notice which was issued on 9 December 2024. A copy of the Improvement Notice and relevant updates can be accessed via the Care Inspectorate website, Find care (careinspectorate.com).

During this inspection, we found that there had been improvements in staff documentation and records of care and support and medication management. Staff were adhering to their codes of practice in these areas.

Although at the time of inspection there were vacancies within the staff team, we were satisfied that the provider was taking the necessary steps to ensure the right people were working in the service. This included the use of regular agency staff to ensure that there was consistency and continuity for those who lived in the service.

How good is our setting?

3 - Adequate

We have re-evaluated this key question from weak to adequate, where strengths only just outweighed weaknesses.

During this inspection, we were able to see continued improvement in areas detailed in an Improvement Notice which was issued on 9 December 2024. A copy of the Improvement Notice and relevant updates can be accessed via the Care Inspectorate website, Find care (careinspectorate.com).

We found that audits of key areas of service delivery had improved management oversight. Where audits highlighted any issues, we could see that these had been actioned. This had reduced risks associated with infection prevention and control.

We followed up on an area for improvement which was made at a previous inspection. Further detail on this can be found under area for improvement 5 under the, 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of this report.

During the inspection in November 2024, it was noted that work was planned to improve the bathing facilities in the home. At the last inspection in January 2025, the bath had been removed; however, the replacement was not yet in place. During this inspection, we found that the bath was not yet in place. This meant there was a reduced choice for people being able to decide on whether they would prefer to have a bath rather than a shower (see area for improvement 1).

Areas for improvement

1. To ensure people experience a high quality environment, the provider should ensure people have a choice and can access a bath if and when they choose to do so.

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

'As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people' (HSCS 5.30).

How well is our care and support planned?

3 - Adequate

We have re-evaluated this key question from weak to adequate, where strengths only just outweighed weaknesses.

During this inspection, we were able to see continued improvement in areas detailed in an Improvement Notice which was issued on 9 December 2024. A copy of the Improvement Notice and relevant updates can be accessed via the Care Inspectorate website, Find care (careinspectorate.com).

We sampled people's care plans and found that people's views were better captured within their personal plans. This meant staff were better informed about people's choices.

During this inspection, we reviewed areas for improvement which were made following an upheld complaint. These are detailed under the 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of this report.

We found that where people required short term care plans these were implemented. This ensured that people's personal plans were reflective of their current care and support needs.

The service had started to implement pain management care plans for people. Pain assessment tools were being used; however, further work was needed to embed these in practice and provide an overall view of pain and how it was being managed. This is the subject of an area for improvement which is detailed in the 'Key Question 1 - How do we support people's wellbeing?' section of this report.

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

Requirements

Requirement 1

By 23 March 2025 extended from 19 January 2025 and 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 improvement in the management of medication. Staff were following best practice guidance regarding management of medication and record keeping had improved. This demonstrated improved outcomes for people who were receiving their medications as prescribed.

Staff members had received further medication training. Regular medication audits had been adapted and were being carried out on a monthly basis. They demonstrated improvements in medication management.

We found that some competency assessments had been carried out. However, in order to maintain improvements in practice, competency assessments should be carried out on a regular basis. An area for

improvement has been made and can be found in the body of this report under 'Key Question 2 - How good is our leadership'.

Met - outwith 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

Staff should make all efforts to procure a urine sample when a UTI is suspected. Failure to collect a sample should be clearly recorded and explained. If medication is prescribed to treat a UTI, staff should ensure a short term care plan is put in place each time.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 18 February 2025.

Action taken since then

During this inspection, we were able to see that where it was suspected someone had a Urinary Tract Infection (UTI) then a urine sample was obtained. Short-term care plans were in place when someone was receiving treatment for a UTI.

This area for improvement is met.

Previous area for improvement 2

All staff should receive training on Palliative and End of Life care. Staff should be supported to understand the need to be sensitive and respectful when conversations need to take place regarding end of life care.

This is to ensure care and support is consistent with Health and Social Care Standard 1.7: I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.

This area for improvement was made on 18 February 2025.

Action taken since then

During this inspection, we found that some staff had received training on Palliative and End of life care. However, further work was needed to support staff to understand the need to be sensitive and respectful during conversations regarding end of life care.

This area for improvement has been repeated in the main body of this report under 'Key Question 1 - How well do we support people's wellbeing.'

This area for improvement will continue.

Previous area for improvement 3

Staff should ensure that pain assessment tools are completed when a person experiencing care is in pain. The pain assessment records should be fully completed to give an overall view of pain and how it is being managed. Staff should ensure they ask for external health input when a person experiencing care expresses pain for a prolonged period of time.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 18 February 2025.

Action taken since then

During this inspection, we found that some progress had been made. People had pain management care plans in place. Pain assessment tools were being used; however, further work was needed to embed these in practice and provide an overall view of pain and how it was being managed and how they were improving outcomes for people.

This area for improvement has been repeated in the main body of this report under 'Key Question 1 - How well do we support peoples wellbeing.'

This area for improvement will continue.

Previous area for improvement 4

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 28 November 2024.

Action taken since then

The service had started to gather people's views through resident meetings and relatives meetings, however further work was needed to ensure people's views were responded to and informed the improvement and development of the service.

This area for improvement has been repeated under the section 'Key Question 2 - How good is our leadership?' in the body of this report.

This area for improvement will continue.

Previous area for improvement 5

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).

This area for improvement was made on 28 November 2024.

Action taken since then

During this inspection, we found that care was delivered in a way which promoted good infection control practice. People's belongings were respected and stored appropriately. Communal areas were free from clutter and inappropriate items and personal protective equipment (PPE) was found to be stored appropriately.

This area for improvement is met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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