

Forefaulds Care Home Care Home Service

33-39 Blackbraes Road
East Kilbride
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Type of inspection:
Unannounced

Completed on:
26 July 2022

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378609

About the service

Forefaulds Care Home is situated within a residential area of East Kilbride. It has 51 single rooms spread between two floors. There are 12 rooms located on the first floor and 39 rooms located on the ground floor.

People have access to a range of en-suite facilities, as well as access to shared bathrooms and shower facilities. Lounge and dining facilities are available on both floors. There is a lift available between both floors and individuals have access to three secure courtyard/garden areas.

The service is registered to provide care and support to a maximum of 51 older people, which includes two places for people younger than 65 with neurological or physical disabilities.

At the time of inspection there were 44 residents.

Sanctuary Care state that, they aim to offer care that is of the highest standard and is tailored to meet individuals specific wishes and choices. These choices will be respected and honoured at all times.

About the inspection

This was an unannounced inspection which took place on 25 and 26 July 2022. 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 using the service and a number of their family
- Spoke with ten staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- New management team committed to improvement
- Home has been refurbished
- People need to be stimulated
- The dining experience could be better
- Training needs to improve practice
- Care plans could be better

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?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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

Our evaluation for this key question was overall adequate. We found strengths outweighed weaknesses.

We observed that people were treated with compassion, dignity, and respect.

People were well presented and appeared comfortable and confident within the home.

People we spoke with told us they were well looked after, liked the staff and enjoyed the food.

Staff were caring, patient and kind in their interactions and demonstrated that they knew the people well and how best to support them. Staff were encouraging in their approach helping people to retain independence and alleviate anxiety and distress as much as possible.

People's health needs were generally recorded and there was a good level of support being provided from both in house and external health professionals, for example, GP, dietician and district nurse. Relatives spoke very highly of the care given and of the staff.

This meant we could be confident that people's health needs were overall being met.

Visiting was taking place in line with the Scottish Government 'Open with Care' and the local health protection team's guidance. The management team had been keeping relatives and representatives updated through regular communication to advise on any changes to arrangements. This meant that people's human rights were respected and they were able to enjoy the psychological and social benefits of family visits.

In terms of infection prevention and control (IPC), the care home appeared clean and tidy throughout. There were no malodours.

There was a good stock of Personal Protective Equipment (PPE) around the home with handwashing and disposal facilities in place. The staff team had received training and support to use PPE correctly and were following correct IPC guidance.

Appropriate signage was in place to inform staff of correct procedures, for example, don and doffing of PPE. Staff had received training on infection control through elearning.

This meant that we could be confident that staff had ample PPE, the necessary skills and training to minimise the risk of infection, as far as was possible to help keep people safe.

We observed that people sat for long periods of time with nothing to do. We thought that how people fill their day and the range of activities to support this could be better.

(see area for improvement 1)

We thought the dining experience could be better.

We signposted the service to the Care Inspectorate publication 'Eating and drinking well in Care' for information and guidance.

Areas for improvement

1. The provider should ensure that the range and scope of activities of how people spend their time both inside and outside could be better planned and organised, to ensure people experience a good quality of life.

This is to ensure that care and support is consistent with the 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)

We signposted the service to the College of Occupational Therapists publication 'Living well through activity in care homes: the toolkit' and;

The Care Inspectorate publication, 'Care about physical activity- a good practice resource pack', for information and guidance.

How good is our leadership?

4 - Good

Our evaluation for this key question was overall good . We found strengths outweighed weaknesses.

The management team was committed to improving the quality of life for people. It was good to see that a development and improvement plan was in place, which identified some of the issues arising from the inspection with plans to address these.

The service had a comprehensive computerised quality assurance system in place, to provide information on the service, this included details of dining experience, accidents and incidents, medication, tissue viability etc. We could be confident that the service had an effective overview of the service. We thought the system of audits should include observations of practice to make the evaluations more effective.

It was good to see that the service had introduced the Newcastle Model of 'Stress and Distress', to help support people experiencing agitation. However, we were still to see how this was improving outcomes for people.

We found evidence that regular staff meetings were taking place. However, we suggested that these should have an action plan to show how issues are being addressed.

We thought the service would benefit from utilising the Care Inspectorate 'Falls Prevention Toolkit'.

How good is our staff team?

3 - Adequate

Our evaluation for this key question was overall adequate. We found strengths outweighed weaknesses. It was difficult to evaluate the quality of training as the majority was online and not easily accessible.

Staff spoken with indicated that they had sufficient training to do their job. However, we thought that staff would benefit from having access to additional specialised training, where appropriate, e.g. stroke, Parkinson's, Diabetes, Epilepsy, visual impairment, continence care, eating and drinking etc, to further improve staffs knowledge and understanding.

It was really good to see that the majority of staff had received training in stress and distress, and we look forward to seeing how this learning is being implemented to improve the quality of peoples lives.

We saw good evidence that staff had received appropriate training on infection control.

We saw a moving and handling passport was in place to check staff competency. We suggested that this should be the benchmark to check staffs competency going forward, in all aspects of care.

We suggested that staff should be trained in 'Promoting Excellence, the Dementia Framework'. This will help staff increase their knowledge and improve how they support people with dementia.

The manager acknowledged that staff supervision and appraisal has fallen behind due to the pandemic, however, this would be re started soon. We suggest this includes 'Reflective Practice'.

We signposted the service to the Scottish Social Services Council (SSSC) 'Continuous Learning Framework' and IRISS 'Effective supervision' publications for reference.

How good is our setting?

4 - Good

Our evaluation for this key question was overall good. We found strengths outweighed weaknesses.

Individual rooms were clean, tidy and comfortable. Home furnishings and personal belongings added to a homely environment specific to people's individual choice. Communal areas were spacious and clutter free, and staff provided support to mobilise where needed.

People had a choice about where to spend their time including, their own bedrooms, lounges or occasionally outside.

It was good see several secure garden areas, which people were able to access the garden independently. We thought some of the garden areas would benefit from a tidy up. We were informed by the management team that new garden furniture and decorations had been ordered and are awaiting delivery for the garden.

We were reassured that there were no restrictions for people to mobilise independently around the home.

Maintenance and minor repairs were recorded and there was evidence of safety checks and environmental audits to maintain people's safety.

Steady, ongoing improvement to the environment have resulted in a more comfortable and homely environment for people to live in. It was encouraging to see the provider had ongoing plans to continue refurbishment.

We suggested the service consider purchasing dementia friendly signage to further improve the environment.

We suggest the service utilise the 'Kings Fund Tool' to evaluate the environment.

We noticed the lighting in the corridors/communal areas was not always switched on, which could increase the risk of falls and inhibit ease of movement for people with visual impairment.

We advised that communal lighting should always be switched on.

The majority of people were able to ask staff while others used the nurse call system when they needed assistance. We identified that some of the alarm cords were not always correctly positioned and we advised that this should be addressed.

The provider received a letter from Fire and Rescue Services (FRS) in October 2021, which identified issues in relation to fire safety. We have requested a copy of the action plan in response to this visit.

How well is our care and support planned?

3 - Adequate

Our evaluation for this key question was overall adequate. We found strengths outweighed weaknesses. We were advised that the service was moving to Sanctuary electronic care planning system. We look forward to seeing how this improves the care planning system.

There were gaps in the current care planning system where some of the information was unclear. Some of the plans had better information than others.

From some of the language used in care plans it was very difficult to understand what was actually meant, therefore, it was unclear how care was being delivered. Parts of the plan were not updated to reflect current need.

We found some care needs identified in the care plan were not actioned e.g. likes a shower twice weekly, however, this was not being carried out.

The service acknowledged that it has fallen behind on completing reviews as result of the pandemic. We have been assured that this will be addressed in the next four weeks. (see area for improvement 1).

We found that Anticipatory Care Plans could be more detailed. (see area for improvement 2)

There were some gaps in the care plans that we looked e.g. wound management, food and fluid charts, positional changes and application of creams . (see area for improvement 3)

We signposted the service to the Care Inspectorate publication 'Guide for Providers on Personal Planning' for information and guidance.

Areas for improvement

1. The provider should ensure that care plans are reviewed at least once in every six months.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.(HSCS 1.12)and; 'I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

2. The provider should ensure that Anticipatory Care Plans are in place and fully completed.

This is to ensure that care and support is consistent with the 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) and;

'My future care and support needs are anticipated as part of my assessment'. (HSCS 1.14)

3. The provider should ensure that care plans accurately reflect peoples health care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15) and; 'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

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

Requirements

Requirement 1

To ensure that people who experience stress and distress are fully supported, the provider must ensure by 29 November 2021 that they:

Further develop staff skills to support service users by receiving training on mental health conditions, including dementia, and how to support service users who experience stress and distress.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: ' My care and support meets my needs and is right for me.' (HSCS 1.19); and, '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 is to comply with Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 6 October 2021.

Action taken on previous requirement

We found at this inspection that the majority of staff have attended stress and distress training and we were satisfied that this requirement has been met .

However, there was still work to be done to put this learning into practice to improve the lives of people who live in the home and we have made an area for improvement within the report.

Met - outwith timescales

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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