

Care service inspection report

Fairburn House

Care Home Service Adults

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IV6 7UT

Telephone: 01997 433332

Inspected by: Lindsey McWhirter

Type of inspection: Unannounced

Inspection completed on: 24 October 2013



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Service provided by:

Fairburn House Ltd

Service provider number:

SP2003002404

Care service number:

CS2003010539

Contact details for the inspector who inspected this service:

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

| | | |
|--------------------------------------|---|------|
| Quality of Care and Support | 4 | Good |
| Quality of Environment | 4 | Good |
| Quality of Staffing | 4 | Good |
| Quality of Management and Leadership | 4 | Good |

What the service does well

The staff are friendly, approachable and visitors are welcomed to the home. Staff we spoke with had a good understanding of residents' needs and individuality. The service has established good links with other healthcare professionals involved in the care of the people who live at Fairburn House.

What the service could do better

The way care is planned, recorded and reviewed needs to be better to make sure the needs of the people using the service are met. The service is upgrading the remaining en-suites to include showers.

What the service has done since the last inspection

Staff were in the process of implementing new care documentation. En-suite showers had been installed in bedrooms of the original part of the building.

Conclusion

Fairburn House is a well used care resource with established links with other healthcare and social care professionals. The staff know the residents well and respect their individuality. The way care is planned, recorded and reviewed needs to be better to make sure the needs of the people using the service are met.

Who did this inspection

Lindsey McWhirter

Lay assessor: Ms Katrina MacLeod

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Fairburn House is a care home registered for a maximum of 40 adults/older people with learning disabilities and/or physical and sensory impairments of which 3 may be respite/short breaks places. The provider is Fairburn House Ltd.

The care home is situated in the countryside within its own well maintained grounds and mature woodland. The home is located a few miles from the village of Marybank. The care home building is a larger converted country house which had been extended. The accommodation is provided over three floors: 5 rooms on the basement floor; 13 on the ground floor (two of which are double rooms); and 16 on the first floor (3 of which are double rooms). All rooms have en-suite toilet facilities, twenty of which have shower facilities.

The service has a statement of aims and objectives in place:

- * To provide an environment in which the clients' physical needs can be met
- * To provide an environment in which clients' emotional and spiritual needs can be met
- * To develop an atmosphere within the establishment which will encourage clients to practice self-determination
- * To encourage clients within the establishment to maintain close links with the management

* To ensure anti-discriminatory practises are encouraged and followed within the establishment in terms of race, religion, age and gender

* To provide an efficient and cost-effective service which meets the needs of the residents

The fundamental aim of the service shall be to provide a 'home for life, with life' environment.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by Inspectors Lindsey McWhirter, Involvement Co-ordinator Barbara Mitchell and Lay Assessor Katrina MacLeod. The inspection took place on 15, 16 and 17 October 2013 between the hours of 09:40 and 18:05. We gave feedback to the manager and the provider on 24 October 2013. A Contracts Officer from NHS Highland's contracts department was also present.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent ten care standards questionnaires to the manager to distribute to residents. Six residents sent us completed questionnaires. We also sent ten staff questionnaires and received five completed questionnaires before the inspection.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- * residents
- * relatives
- * the manager, nurses, carers and ancillary staff

We looked at:

- * information about the service including policies and procedures
- * minutes of meetings
- * care plans/support plans/care notes/reviews
- * medications and records
- * questionnaires
- * audits
- * staff training records
- * risk assessments for people who use the service
- * records of G.P and health care professionals visits
- * accident and incident records

- * maintenance records
- * staff rotas
- * the environment and equipment

We carried out observations in different communal areas across the home at different times during the day.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

It is a requirement that the provider shall ensure that the personal plans for service users were reviewed at least once in every six month period.

What the service did to meet the requirement

See Quality Theme 1, Quality Statement 3 of this report.

The requirement is: Not Met

The requirement

It is a requirement that the provider shall ensure that service users' health and safety needs were appropriately addressed and that the documentation used reflected this.

What the service did to meet the requirement

Some action had been taken however the requirement has not been met fully and remains. See Quality Theme 2, Quality Statement 2 of this report.

The requirement is: Not Met

What the service has done to meet any recommendations we made at our last inspection

Recommendation 1

The provider was to ensure that the risk assessments used with service users followed best practice guidance and that they were reviewed according to the outcome of the assessment.

Action taken

This recommendation remains. See areas for improvement section of the report under Quality Theme 1, Quality Statement 3 and Quality Theme 2, Quality Statement 2.

Recommendation 2

The provider was to ensure that the management of medications followed best practice guidance as laid down by the Nursing and Midwifery Council.

Action taken

Although the medication practices were generally good, the service needs to ensure that all the medication administering and recording follows good practice guidance. See areas for improvement section of the report under Quality Theme 1, Quality Statement 3.

Recommendation 3

The provider was to ensure that where specific assessment tools were used in relation to health care needs that these were completed and reviewed in line with the directions of that tool. Also that identified risks and/or needs were then transferred to the care plan.

Action taken

See areas for improvement section of the report under Quality Theme 1, Quality Statement 3.

Recommendation 4

The provider was to ensure there was a consistent approach to the completion of the documentation and information about the planned care for service users.

Action taken

See areas for improvement section of the report under Quality Theme 1, Quality Statement 3.

Recommendation 5

The provider was to ensure that the testing and recording of the hot water outlets followed best practice guidance.

Action taken

Appropriate action had been taken to address this recommendation.

Recommendation 6

The provider was to ensure that all staff were trained in moving and handling and that they were adhering to the legal requirements as part of their everyday practice.

Action taken

Moving and handling training had taken place since the last inspection visit.

Recommendation 7

The provider was to ensure that all staff were formally monitored and supervised and that this took place on a regular basis.

Action taken

A system of supervision was in place and should continue to be developed and established.

Recommendation 8

The provider was to look toward implementing a quality assurance tool that covered all areas of living and working in the service.

Action taken

An internal audit system had been developed and introduced. The system needed to be developed further to effectively assess and improve the quality of the different aspects of the service. See Quality Theme 4, Quality Statement 4.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a completed self assessment document from the service provider. The self assessment identified what the service thought they did well, some areas for development and any changes they had planned.

Taking the views of people using the care service into account

There were 35 people using the service during the inspection visit. We spoke generally with residents in the different communal areas within the home. We spoke with three residents individually. Some people we spoke with did not give their views on the service or were unable to tell us their views verbally due to communication difficulties they were experiencing. The people we spoke with who were able to give their views were generally very happy with their care and the staff who provided their care.

Comments we received included:

With regards to the meals:

'There is a choice of 2 main courses on the menu each day.'

'If I do not like these I can have something that is not on the menu.'

'I can ask if I want to eat in my room.'

'The food is good.'

With regards to activities:

'I like to do drawing - we can go downstairs to do that.'

'We have buses to take us out.'

'I like going to Eden Court [theatre] and to the Eastgate Centre [shopping centre].'

'I would like to go by myself, but it's not always easy.'

'The nail beautician comes and does our nails.'

'I can go out to Inverness.'

We received six completed Care Standards Questionnaires. Of these six, one person indicated that overall they were happy and five people indicated they were very happy with the quality of the service they received.

Taking carers' views into account

We spoke with one carer during the inspection visit. They spoke very positively about the staff and the service provided.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found the service's performance was good in relation to this statement. The residents have a wide range of communication needs and level of capacity. There was evidence to support that resident's and or relatives had some involvement in assessing and improving the quality of service. We concluded this after we spoke to the management, staff, people who used the service and their relatives. We also examined care documentation and review records, questionnaires, minutes of meetings, policies and procedures and the newsletter.

There were several different ways that the service tried to involve residents and relatives in being involved in assessing and improving the service and having a say. Staff spoke with residents on a daily basis and appeared to know their needs well. The interaction we observed between the staff and the residents was good and staff were seen to be kind and caring. The staff and manager were approachable and supported residents to make choices.

The manager held residents meetings and these were minuted. The last meeting was held on 22 August 2013 and earlier in the year in February 2013. The minutes supported that residents were consulted, for example about activities, and that those residents who were able to could raise any issues with the manager. There was an example where a resident has raised an issue at the meeting and the manager had followed this up with staff.

The service had given out questionnaires to relatives and representatives of all residents, where there was a representative, as a way of obtaining feedback about the service. Eight had been completed and returned. When relatives were asked if

there was anything they would like the manager to address, nothing had been suggested or proposed at that time.

There were good examples from some residents of involvement in choosing how their room was decorated and in the choosing of furniture.

There was resident and relative representation on the Friends of Fairburn Committee and involvement in the decisions about how funds were spent and about improvements to the service. The service produced a Newsletter, The Fairburn Times, one of the residents was involved with the production and editing of the Newsletter. The newsletter from 2012 was available and we were told a new edition was being worked on and was due to be published soon.

We looked at a sample of care plans and associated documentation. These contained some evidence of resident and representative's involvement in providing information for developing the person care plans. (See Quality Theme 1, Quality Statement 3). In some instances the use of two-way daily diaries were in use between residents and their families. This provided an opportunity to exchange and share information.

The service displayed their complaints procedure in the front entrance to let people know what to do if they had concerns or were unhappy with the service they or their relative received at Fairburn House.

We received six completed Care Standards Questionnaires from residents. Four out of six people indicated they knew how to make a complaint; five out of six people indicated they would be happy to make a complaint or raise a concern if they were unhappy about something; five people felt staff listened to them all of the time and one person felt they did some of the time; two people felt they had a say in the way the service was run all of the time, three some of the time and one person felt they never had a say; and one person felt they were always involved in choosing staff and three felt they sometimes were.

Areas for improvement

The service highlighted in their self assessment to continue to use questionnaires and develop them. The information received in the eight questionnaires that were returned to the service was still to be collated. Consideration should be given to how the information gained through questionnaires is used and shared with residents and their representatives.

The service should continue to look at different ways to involve residents and their families/representatives in assessing and improving the different aspects of the service. For example, the quality of the care and support, environment, staffing, management and leadership.

The service needs to develop a wide range of ways to provide information and to support residents to give their views about the care and support they receive. This

should include the ways people using the service who do not have capacity or have difficulty with communication have opportunities and receive appropriate support to express their views. For example, using different formats, large print, symbols and talking mats. Information should be provided in a way that is clear, easily understood and in suitable formats for the range of different people with different abilities who use the service. Where individual residents lack capacity or are unable to communicate, the service should ensure that appropriate representation is in place, for example the use of independent advocacy services. This is to ensure safeguarding of individuals where they are in situations where they are vulnerable; and speaking up for and with people who might not be heard, helping them to express their own views and make their own decisions. See recommendations. We highlighted to the service the good practice publication from the Mental Welfare Commission: Good practice guidance for working with independent advocates.

The service needs to improve the way reviews of planned care are carried out with residents and their representatives to ensure they are provided with the opportunity to express their views and any resulting follow-up action that is required. **(See Quality Theme 1, Quality Statement 3)**

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Appropriate advocacy representation to be arranged for all residents who want it and for those who lack capacity and have no relative or representative in place.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 11 - Expressing Your Views.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 11 - Expressing Your Views.

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We found the service's performance was good in the areas covered by this quality statement. We concluded this after we carried out observations in the different communal areas within the home at different points of the day including lunchtime; spoke with management, staff and people who used the service. We also examined a sample of care documentation and review records, staff rotas, minutes of meetings and policies and procedures.

Each person had a care plan in place some of which contained detailed information

on how the person's needs were to be met. Care documentation contained a variety of assessments to determine the level of risk in relation to for example nutrition, falls and tissue viability. Weights, Body Mass Index (BMI) and dependency levels were being monitored. There was good evidence in care documentation to support input from other healthcare professionals. All of the residents were registered with the same medical practice. One of the G.Ps from the practice visited the home every second Wednesday and saw any residents who needed to be seen or reviewed. Out with these times the G.P was called as and when needed and NHS 24 was used for out of hours.

Some residents paid privately to use the local Puffin hydrotherapy pool and to go horse riding. An activities co-ordinator was in post however at the time of the inspection was on holiday. Staff had continued to carry out/hold activities in the absence of the activities co-ordinator. Staff held a craft session and a music session which we saw residents engaging in and to be getting enjoyment from. During the inspection some residents had been supported to go out on different trips and activities. Two residents had their own computers and used email as an additional way to communicate. There was a well equipped sensory room and a well used activities room with evidence of painting and drawing that had been done recently. The grounds were well maintained and residents made use of the summer-house; there were also some caged pets in the garden. There were photographic displays which demonstrated the various celebrations and activities that had taken place both inside and outside the home. Staff and residents also spoke to us about these. The interaction we observed between the staff and residents was very good and staff were seen to be kind and caring in their approach. We observed staff using good communication skills. There was a relatively low turnover of staff and some staff had been working in the service for many years so knew the residents very well.

The manager and staff were proactive in requesting prompt intervention from health professionals when residents became unwell to ensure their health care needs were met. The manager and staff requested referrals via the G.P to ensure residents had access to the services they needed. However we were told that physiotherapy services weren't generally accessible.

The management of medications and medication records were generally good (see areas for improvement). The lay assessor spoke with two residents. Both residents responded positively to questions regarding their care. Both knew they had care plans although neither was sure when exactly they were last reviewed. One thought it was 'a couple of months ago'. One person had a selection of snacks and coffee-making facilities in her room. They enjoyed trips to the supermarket and making their own choices.

We made observations in the dining room on different days of the inspection. Residents were offered two choices of juice with their meal and were asked if they wanted to put on protective covering before eating. Residents were informed of the

choices of meals on offer and a visual choice was also offered to some residents where this was more appropriate or where they could not verbalise their choice. In most cases, support with eating their meal was given on a one-to-one basis. There were good arrangements in place, special dietary requirements and modified textured meals were catered for and the catering staff and care staff had a good awareness of these.

We received six completed Care Standards Questionnaires from residents, five people indicated they had enough of a say in writing their personal care plan, one person did not respond.

Areas for improvement

The service highlighted in their self assessment to continue with the high standard of complex nursing input.

The service needs to improve the way reviews of planned care are carried out with residents and/or their representative. A requirement was made at the last inspection that the provider shall ensure that the personal plans for service users were reviewed at least once in every six month period. This requirement had not been fully met and will remain in place. See requirements. We recommend the manager has an overview of when reviews of care plans are due and a system is put in place to ensure that these are carried out and clear records of decision, action and timescales resulting from reviews are recorded and followed up on. See recommendations. In addition, there were several residents who did not have an allocated social worker/care manager and had not had their placement regularly reviewed, in some cases no review had been held in several years. The manager had contacted the relevant professionals at NHS Highland regarding this and was continuing to act on behalf of the residents to resolve this issue.

Although staff knew the residents well there was an over reliance of verbal communication and the information in care plans was found in some cases to be out of date or was lacking in information. We discussed several examples with the manager of the service. The record keeping within the service did not reflect or support some of the good interactions we saw and some of the detailed information staff could tell us about residents care. We recommend that the service improves the record keeping practices, for example documents were not always dated or signed therefore it was not clear when an assessment had been carried out and who had carried it out. The service was not always following their own 'Patients and Patient Care Policy'.

Although the manager and staff could give examples of relatives and residents involvement in reviews their recording practices need to improve to support this. The risk assessments should be linked to specific care plans and regularly reviewed and evaluated. The recommendation from previous inspection remains. See recommendations. Care documentation needs to be kept up to date to ensure that

there is a consistent approach to meeting residents' which can be reviewed and evaluated to ensure their health and wellbeing needs are being met. In the sample we looked at, the information in care plans, including the social activities information sometimes lacked detail or in one case did not accurately reflect the preferences expressed by the resident we spoke with. The service's documentation, recording of decision-making and reviews of risk assessment was poor for example where there was the use of restraint and use of close circuit television (CCTV). The service should take account of the Mental Welfare Commission (MWC) joint position on the use of CCTV in collaboration with the Care Inspectorate (Social Care and Social Work Inspection Service) and the Scottish Human Rights Commission and the MWC publication, Rights Risks and Limits to Freedom April 2013 edition.

Care plans need to be developed further to ensure they are person centred, up to date and accurately reflect the needs of individual residents and how these are to met by the service. See requirement. Care plans should be regularly reviewed to ensure that the information is kept up to date and reflects the residents current health and wellbeing needs. The service should seek advocacy involvement for resident's reviews where they have no representative. **(See Quality Theme 1, Quality Statement 1)**

The service should liaise with G.Ps, Mental Health Officers (MHOs) and Care Managers to ensure appropriate Adults with Incapacity (AWI) certificates and Guardianship orders are in place and relevant documentation is recorded within the service. Where required, clear records must be kept by the service regarding the people involved and the powers that are involved. Treatment plans with AWI certificates should be in place where appropriate for people with complex needs in line with good practice guidance.

Although the medication practices were generally good, the service needs to ensure that all the medication administering and recording follows good practice guidance. Where 'when required' doses of medication have been prescribed accurate records should be kept of the dose administered, for example where one or two tablets have been prescribed, the reason given and the effectiveness of the medication. See recommendations.

We observed at mealtimes that those residents who could eat independently seemed to be seated and waiting quite some time, around 15 minutes, before receiving their meal. During this period staff were assisting those who needed support with their meals. We also observed one care assistant supporting two residents with their meals at the same time. The manager explained to us this was the residents' choice as they liked to have their meal together. There was no information in the residents care plans to support this. It would have been good practice for two carers to assist these residents on a 1:1 basis at the same time to accommodate their choice and for the information to be in their care plan. The meal time arrangements should be reviewed to see where improvements could be made to the overall dining experience.

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 4

Requirements

1. It is a requirement that the provider shall ensure that the personal plans for service users are reviewed at least once in every six month period. There should be a written record of the review with details of who attended, topics discussed and any actions required. The service users care plan should be updated as a result of the review process.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users and Regulation 5(2)(b) - a requirement to review the personal plan when requested to do so by the service user or any representative, when there is a significant change in the service user's health, welfare or safety needs: and at least once in every six month period whilst the service user is in receipt of the service, prepare a written plan (the personal plan) which sets out how the service user's health, welfare and safety needs are to be met.

Timescale for completion: 31 March 2014.

In making this requirement the following National Care Standards have been taken into account:

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 6 - Support Arrangements.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 6 - Support Arrangements.

2. It is required that the provider ensures that all people using the service have a written personal plan in place, which contains clear and specific information about how their health, welfare and safety needs are to be met by the service. Each plan should detail how you intend to promote the independence of each service user and make proper provision for their health, welfare and safety. There should be evidence that the service user or relative/representative (where appropriate) have been involved in the development of their personal plan.

This is in order to comply with SSI 2011/210 Regulation 3 - a requirement to provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them; Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users; and Regulation 5(1) - a requirement to prepare a written plan (the personal plan) which sets out how the service user's health, welfare and safety needs are to be met.

Timescale for completion: 31 March 2014.

In making this requirement the following National Care Standards have been taken into account:

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 6 - Support Arrangements.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 6 - Support Arrangements.

Recommendations

1. It is recommended that the manager has an overview of when reviews of care plans are due and a system is put in place to ensure that these are carried out. There should be clear records of decision, action and timescales resulting from reviews and when follow-up action has been carried out.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements.

2. It is recommended that the risk assessments used with the service users follow best practice guidance and they are reviewed according to the outcome of the assessment. Identified risks, needs and how these are to be met should be detailed in the service users care plan and subject to regular review.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements.

3. The meal time arrangements should be reviewed and improved to ensure that good practice guidance is followed and that mealtimes are a positive experience for service users.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 6 - Support Arrangements and Standard 13 - Eating Well.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 6 - Support Arrangements and Standard 13 - Eating Well.

4. Staff involved with the administration and recording of medications held for service users must follow best practice guidance at all times.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 5 - Management and Staffing Arrangements and Standard 15 - Keeping Well - Medication.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 5 - Management and Staffing Arrangements and Standard 15 - Keeping Well - Medication.

Nursing and Midwifery Council NMC, Standards for medicines management.

Royal Pharmaceutical Society of Great Britain (RPSGB), The Handling of Medicines in Social Care.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

The strengths identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Areas for improvement

The areas for improvement identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We found the service's performance to be good in the areas covered by this Quality Statement. We concluded this after we spoke to the management, staff and people who used the service and their relatives. We undertook a tour of the premises and examined maintenance records, risk assessment and maintenance arrangements.

The home was situated in its own extensive grounds and these were pleasant and well maintained. There was a secure door entry system to restrict unmonitored access to the building as a safety measure to protect residents and staff. A visitors signing in and out book was kept in the front entrance. The premises were clean, hygienic and free from unpleasant odours. The building was in a good state of repair and decoration. There were good maintenance systems in place for addressing repairs and faults and staff knew how to use them. This ensured that repairs and faults were reported and were addressed promptly and safely. Regular safety checks were carried out by the maintenance staff for example, hot water temperatures and the fire alarm.

External contracts were in place for maintenance and servicing of specific equipment and systems. Checks by external contractors were also in place for example, bacteriological water analysis. On going redecoration and refurbishment improvements were planned, some rooms had recently been decorated and en-suite showers had been installed in the older part of the building.

There were good infection control measures in place. Good hand washing was promoted and staff had a ready supply of gloves, aprons and liquid soap to prevent spread of infection. There were policies and procedures in place to support Health and Safety and premises risk assessments were carried out. Action was taken to reduce risks where these were identified. There was a range of moving and handling equipment and we were told that there were individual slings for residents requiring them. In some parts of the home there were tracking hoists available.

There was a system in place for reporting accidents and incidents. The sample we looked out were generally well completed (see areas for improvement).

Residents we spoke with were very happy with their surroundings. Comments included:

'It's like living in a normal house.'

'My room is the way I want it to be.'

'It's my home when I'm living in it.'

'I would change my bed, that's the only thing.'

We received six completed Care Standards Questionnaires from residents, five people indicated they felt safe in their own place all of the time and one person indicated they sometimes did.

Areas for improvement

The service highlighted in their self assessment to continue with ensuring the safety of service users.

The provider should consider reviewing the accident and incident reporting forms to ensure it is clear where follow-up action is taken, what the resulting outcomes are and that the manager has evaluated them. All forms should be monitored by the manager and appropriate action taken where patterns or trends emerge. Although episodes of restraint were being recorded we did not see incident reports regarding most of these. The service must ensure accidents and incident reports are completed and a detailed record of each episode is maintained including what happened before, during and after. Appropriate care plans should be in place and subject to regular review. See areas for improvement under Quality Theme 1, Quality Statement 3 of this report. The requirement made at the last inspection has not been fully met and has been extended for a further 3 months from the inspection visit. See Requirement.

The service should ensure that the premises risk assessment is regular reviewed and updated to continue to ensure the environment is safe and residents and staff are protected.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. It is required that the provider shall ensure that service users' health and safety needs are appropriately addressed and that documentation used reflects this.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for review and completion of all relevant documentation: 31 March 2014.

In making this requirement the following National Care Standards have been taken into account:

National Care Standards, Care Homes for People with Learning Disabilities:

Standard 6 - Support Arrangements and Standard 9 - Feeling Safe and Secure.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 6 - Support Arrangements and Standard 9 - Feeling Safe and Secure.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The strengths identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Areas for improvement

The areas for improvement identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

Overall, we found the service's performance was good in the areas covered by this quality statement. We concluded this after we spoke with the manager and staff, examined staff training records, minutes of meetings, policies and procedures and our observations of practice during the inspection visit. We took account of the completed staff questionnaires we received before the inspection visit.

The management and staff care team included a Registered Learning Disability Nurse, Registered General Nurses, an Enrolled Nurse, Head of Care, Care Assistants and an Activities Organiser. The care staff team were complimented by the Catering staff, Domestic staff and Maintenance staff who all worked together to ensure the residents health and wellbeing needs were met. There was at least one qualified nurse on duty 24 hours a day and throughout the day there was generally a minimum of two registered nurses on duty excluding the manager. In addition there was

currently one Head of Care who held a Scottish Vocational Qualification (SVQ) in Care at level 3 and relevant PDA Supervisory modules. Nine staff held SVQ's in care, three of which were at level 3. There were eight staff working towards their SVQ qualification.

There were arrangements in place for staff supervision and appraisal. This created an opportunity to identify staff training needs. There was evidence to support that in-house training was provided in different formats for example, training DVDs and e-learning and that external trainers and other health care professionals were also used where a need was identified. Staff confirmed that they received supervision and that they felt their training needs were met by the service, with training suitable to the work they carried out. Staff meetings were held and provided the opportunity to discuss practice issues and relevant information about the care practices and the service provided. The service had an in-house moving and handling trainer and the majority of staff we spoke with had received moving and handling training. There were evaluations in place for some of the training that had been carried out. This should continue to be developed to ensure that training outcomes are met.

Residents we spoke with or who responded in the Care Standards Questionnaires were positive in their comments about the staff:

- * Staff are great
- * They are all excellent and very busy
- * They come very quickly if I need to call them in the night
- * They are quite good; it's not so easy when you get new ones

We observed some good interaction between staff and residents during the inspection. Staff demonstrated very good communication skills and we observed very good rapport and understanding between staff and residents with complex cognitive and communication disabilities. Staff who were offering assistance with eating were pleasant and unhurried in their interactions with residents and chatted as the meal progressed. We observed respectful and dignified interaction between staff and service users, for example when one person invited us to visit her room, the accompanying carer asked her permission to go into her handbag for the room key.

Areas for improvement

The service highlighted in their self assessment that they proposed to update the training recording onto their new computer system which will highlight when they need to be updated, as this system will have a warning system. This was in progress at the time of the inspection.

Training records and the services own internal audit identified that not all staff were up to date with safe guarding training. The provider should ensure that all staff are familiar with the Adult Support and Protection (ASP) procedures and know how to

instigate them and have access to the current Adult Support and Protection Intra agency guidelines (April 2013). See recommendations.

Some staff had received no training on restraint and some had previously received training on challenging behaviour and the therapeutic management of violence and aggression. The service should ensure they have a clear written policy and procedures on the conditions under which restraint is used, and that all relevant staff are fully trained and supported in the use of restraint. This should take account of best practice guidance. See recommendations.

Staff involved with the administration and recording of medications held for service users must follow best practice guidance at all times. **(See Quality Theme 1, Quality Statement 3)**

The service should continue to review and develop the training plan to ensure staff training needs are met.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. All staff should receive adult support and protection training and be aware of what they must do if they have any adult protection concerns about vulnerable adults.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 5 - Management and Staffing Arrangements.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 5 - Management and Staffing Arrangements.

2. Staff should have a good understanding and awareness about rights, risks and limits to freedom and appropriate training in the use of de-escalation techniques and restraint.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 5 - Management and Staffing Arrangements.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 5 - Management and Staffing Arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

The strengths identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Areas for improvement

The areas for improvement identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

Overall, we found the service's performance was good in the areas covered by this quality statement. We concluded this after we spoke with the manager and staff, examined care documentation and reviews, audit documents, took account of the action plan submitted following the last inspection and the findings during the inspection visits.

The service had several processes and arrangements in place which contributed to the way they monitored and assessed the quality of the service. These included for example, internal audits, staff and residents meetings, the use of feedback questionnaires, internal and external reviews of the care provided and the self assessment document. The service had a complaints procedure in place a copy of which had been given to the residents and there was one displayed in the front entrance also. The responses we received in the six Care Standards Questionnaires

from residents supported that they knew how to make a complaint and that if they were unhappy about something they would feel comfortable to make a complaint or raise a concern.

Residents meetings were minuted with a record of any required outcomes and actions and some evidence that these were addressed. Two residents were happy and confident to share their experiences of living at Fairburn with the lay assessor who spoke to them at length, both in the communal areas and their own rooms. They were aware of the work of the Care Inspectorate; one service user intended looking at the reports online. Comments we received from people using the service included, 'I would speak to the nurse or the secretary if I needed to ask for help' and 'I attend meetings for residents.'

There was resident and relative representation on the Friends of Fairburn Committee and involvement in the decisions about how funds were spent and about improvements to the service.

The service had developed and introduced a Quality Assurance tool. An audit plan was in place and there was evidence to support that some internal audits had been conducted since the last inspection. These had covered different aspects for example, care plans, the dining room experience and staff files. There were some examples where action had been planned and carried out following the internal audit findings.

The service had completed the self assessment of their service as requested by us and identified what they thought they did well and areas where they thought they could improve.

The strengths identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Areas for improvement

The service highlighted in their self assessment that they proposed to improve the quality assurance process.

The provider should continue to develop the methods they use to monitor the service to ensure that there are effective quality assurance systems and processes in place to assess and plan for improvements to the service. The service should consider developing the internal audit cycle further to include frequency of reviews, outcomes of care and the standard of record keeping. All relevant parties should be aware of the quality assurance systems which should involve residents, relatives, staff and stakeholders. Written improvement action plans should continue to be developed, implemented and evaluated where an area for improvement has been identified. This should ensure that gaps, deficits and areas for improvement are addressed and improvements are made and sustained within the service. See recommendations.

The service should consider how they take account of the views of residents and relatives to improve the service and how they share information with residents and relatives about improvement plans and improvements made. The areas for improvement identified under Quality Theme 1, Quality Statement 1 are also relevant here. Please refer to Quality Theme 1, Quality Statement 1 section of this report.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure there are effective quality assurance systems in place, which involve residents, carers, staff and stakeholders to assess and improve the quality of the service they provide.

National Care Standards, Care Homes for People with Learning Disabilities:
Standard 5 - Management and Staffing Arrangements.

National Care Standards, Care Homes for People with Physical and Sensory Impairments: Standard 5 - Management and Staffing Arrangements.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

| | |
|--|----------|
| Quality of Care and Support - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 3 | 4 - Good |
| Quality of Environment - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 2 | 4 - Good |
| Quality of Staffing - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 3 | 4 - Good |
| Quality of Management and Leadership - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 4 | 4 - Good |

6 Inspection and grading history

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|---------------|
| 21 Nov 2012 | Unannounced | Care and support | 4 - Good |
| | | Environment | 4 - Good |
| | | Staffing | 4 - Good |
| | | Management and Leadership | 4 - Good |
| 5 Oct 2011 | Unannounced | Care and support | 5 - Very Good |
| | | Environment | Not Assessed |
| | | Staffing | Not Assessed |
| | | Management and Leadership | 5 - Very Good |
| 12 Oct 2010 | Unannounced | Care and support | 5 - Very Good |
| | | Environment | Not Assessed |
| | | Staffing | Not Assessed |
| | | Management and Leadership | Not Assessed |

| | | | |
|-------------|-------------|--|---|
| | | | |
| 4 Aug 2010 | Announced | Care and support Environment Staffing Management and Leadership | 5 - Very Good Not Assessed Not Assessed 4 - Good |
| 9 Feb 2010 | Unannounced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 5 - Very Good 5 - Very Good 4 - Good |
| 23 Sep 2009 | Announced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 5 - Very Good 5 - Very Good 4 - Good |
| 16 Mar 2009 | Unannounced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 4 - Good 4 - Good 4 - Good |
| 1 Jul 2008 | Announced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 4 - Good 4 - Good 4 - Good |

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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