

Fidra House Care Home Service

67 Dirleton Avenue
North Berwick
EH39 4QL

Telephone: 01620 897 600

Type of inspection:

Unannounced

Completed on:

8 February 2019

Service provided by:

Randolph Hill Nursing Homes (Scotland)
Ltd

Service provider number:

SP2003002451

Service no:

CS2008179811

About the service

Fidra House (the service) is registered to provide a care home service to a maximum of 60 older people, with one place being offered to a named person under the age of 65. The service was previously registered with the Care Commission, transferring its registration to the Care Inspectorate on 1 April 2011. The service is provided by Randolph Hill Nursing Homes (Scotland) Ltd.

Fidra House is located in the town of North Berwick. The home comprises of a purpose built building. Accommodation is provided across three floors, each of which is accessible via a passenger lift. Bedrooms are offered for single occupancy, with each having their own en-suite toilet and shower facilities; communal bathing facilities are available on each floor. Each floor has a large living/dining room, kitchen area and quiet lounges. There is a large enclosed garden area which is accessible from the ground floor.

The service states its aims as:

"Fidra House nursing home aims to provide excellent health and social care to 60 older people situated in the coastal town of North Berwick. We aim to provide a homely environment, and appropriate care and support for each individual resident, to enable them to achieve the best possible quality of life. We will do our best to recognise what is important in each resident's life, and to support them to maintain the relationships, activities and interests that matter".

What people told us

The views of those who live in, and visit, Fidra House were gained through either returned Care Standards Questionnaires, face-to-face discussions, or telephone conversations.

An inspection volunteer supported this inspection to help gain the views of those who use the service. Inspection volunteers are individuals who have first hand experience of care services. They spend time talking with those who live in the home, their relatives/friends, and provide information that supports feedback to the service.

The feedback we received was as follows:

- "They're all great here"
- "I like my room. I've got all my things in it"
- "Brilliant here. We looked around before we moved in, and this is definitely the best in the area"
- "The foods great, and staff are lovely"
- "We've seen some changes, but it's all going very well now, it's pulling together"
- "Some agency staff still being used, but they get the same ones, so that's very good and consistent"
- "As good a place as you can get"
- "Staff keep me up-to-date"
- "I like the staff, we have a chat about what's going on in the home"
- "Things have definitely improved over the past few months"

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?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

During this inspection, we reviewed how well the service was performing to support people's wellbeing, and found the standards to be good, overall.

Individuals who use care services should feel confident they will be treated with compassion, dignity and respect. To help us assess how well the service was performing in this regard, we spoke with people who live in, and visit, Fidra House, as well as carrying out a period of time observing using the SOFI 2 observational framework. It was positive to hear from those living in Fidra House about their experiences of care. We were told: "They're all great here"; "As good a place as you can get"; "Staff keep me up-to-date with any changes"; and "Brilliant here, we looked about before moving in, and this is definitely the best in the area". We were able to corroborate some of these comments with our observations. We saw staff treating people with warmth, acknowledging where support was required, and offering this in a compassionate manner; helping individuals to feel safe and valued.

Those who live in Fidra House had access to a developed programme of structured activities (movement & music, quizzes, reminiscence, sing-along, sports games) throughout the week. The activities records we reviewed during this inspection demonstrated some individuals engaged with the activities programme, gaining enjoyment, and connectivity to others living in the home; however, these records were kept separate from the main support plan. We would suggest the service streamline this process, allowing the well documented evaluation of individuals engagement with activities to feed into the main support plan review. Furthermore, we would also suggest the service build on the success of activities already delivered to ensure all those who live in the home have equitable access.

People should feel assured their health will benefit from the care and support they receive. We reviewed the processes employed by the service to manage individuals medications, and found this required some improvement. The service was using the 'Monitored Dosage System' (MDS), which is not in line with best-practice guidance developed by 'The Royal Pharmaceutical Society'. Moreover, instructions for the administration of 'As Required' medications was not always clear (Area for Improvement 1). Enhanced health outcomes were supported for those who live in the service by timeous referral from staff to external medical practitioners.

The service had a well developed suite of policies and procedures in place to guide staff practice, and generally these were of a good quality. However, we found the actions outlined within some may not always support the

most enhanced outcomes for those living in the home, such as the fire policy, and others did not fully detail actions to be taken by the service, such as the complaints policy (Area for Improvement 2).

Areas for improvement

1. The service provider should ensure they review and enhance the practice of medications management. This should include, but not be limited to:

- Clear guidance for the administration of 'As Required' medications.
- Development of a plan to align with best-practice of medication storage and administration.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24), and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. The service provider should ensure policies and procedures clearly set expectations of practice, and do not compromise the health, wellbeing and safety of those who live, visit, and work in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14), and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

During this inspection we reviewed how well individuals care was planned, and found the standard to be good.

Individuals who use care services should feel confident they will be involved in the development of their care plan, and that this will clearly set out how needs will be met, linked to preferences. We could see clear evidence the service had actively sought the views of people, and their representatives as required, to develop the plans of care. Each person had an allocated named nurse, whose responsibility it was to develop plans of care in concordance with the individual, and their representatives. We noted all care plans were printed, however, on

review observed limited access to computers. On discussing this with nursing staff, we were told care plans could either be hand-written and given to administration staff to type, or they could access the computer in the Deputy Managers office to complete independently. We discussed the limited access of computers, and were informed the provider is planning to install additional computers to allow staff more access. We have suggested this be a focus of development, as limited access may diminish how contemporaneous plans of care are and compromise the quality of information contained therein (Area for Improvement 1).

Individuals' needs should be assessed by staff qualified to complete, with findings from assessments used to guide care, and trigger referral to external healthcare professionals as required. Of the support plans reviewed, we could see individuals' needs were being assessed; however, assessments were not always completed accurately (nutritional needs), and some assessments used were not in line with best-practice (falls and pain). Where individuals have an identified need assessed, it is important plans detail the specific interventions required to support enhanced outcomes. Staff who work in the service could demonstrate a very good level of understanding of the specific actions needed to support those who live in Fidra House; however, the same level of detail was not evident throughout support plans reviewed (Area for Improvement 2).

Areas for improvement

1. The service provider should ensure there is adequate equipment provision throughout the home to allow staff access to care plans, permitting development and review in a contemporaneous and timeous way.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. The service provider should ensure assessments used align to best-practice, are completed accurately, have planned interventions linked to individuals' needs and preferences which are specific, and efficacy of these is effectively measured throughout the evaluation process.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13), and 'My personal plan (sometimes referred to as my 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).

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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