

# Fidra House Care Home Service

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North Berwick  
EH39 4QL

Telephone: 01620 897 600

**Type of inspection:**

Unannounced

**Completed on:**

6 February 2020

**Service provided by:**

Randolph Hill Nursing Homes (Scotland)  
Ltd

**Service provider number:**

SP2003002451

**Service no:**

CS2008179811

## About the service

Fidra House provides care and support for 60 persons in a purpose-built building located in the coastal town of North Berwick. The provider is Randolph Hill Nursing Home Group.

The service was provided over three floors which were easily accessible by public lift or stairs. People who used the service had individual bedrooms with full ensuite facilities. There were communal lounges and a dining room within each floor.

There was a well maintained, secure garden area with several seating spaces, accessible to all persons who use the service directly from the ground floor lounge.

To the front of the property visitors have access to car parking facilities.

Residents had access to a pantry area with tea making facilities to entertain their visitors.

The care home's aims and objectives were to take a holistic approach to caring for older people, celebrate life to the full and focus on what individuals can do rather than what they can't. They listen to the wishes of residents and their families and make sure residents are comfortable, reassured and dignified in their last days.

At the time of the inspection the care service had four vacancies.

## What people told us

We received seven completed questionnaires from people who experience support and five from relatives and friends. We spoke with people who use the service and visitors during the inspection. The responses from all people was that they were positive about the service.

"They are really lovely here. Feel it is fantastic. Have assisted our relative to settle in. We are able to compare two homes and staff always talk and are always doing something"

"I like it here. Staff are nice. I enjoy the music and exercise it makes me smile"

"No odours, bedrooms are fresh as is the whole home".

Complimented a male member of staff describing "Has a special touch".

**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**

People spoken with during the inspection told us they were treated with dignity and respect, and a genuine warmth. They told us they experienced care and support with compassion which was reflected in the positive relationships between staff and the people using the service, and the discrete way they were supported to achieve individual outcomes. For example, respecting people's independence, choice and control, enabling people to participate in events with their peers and the wider community.

People said they knew the management because they were visible in the units, were approachable and they could raise any concerns that they had with management.

People were confident that the service protects them from all types of abuse through the implementation of their quality assurance and audit systems. The service can collate and interrogate the data collected to ensure positive outcomes for residents, for example the monthly completion of the assessment of need tool and its impact on staffing levels.

(See Area for Improvement One)

Staff were observed to know people's daily routines and communicated in a style that suited their needs. We observed that interactions and attention were ensured through the lounge having a staff presence. This provided stimulation and reduce long periods of time just being seated, sleeping or passively watching, which could have compromised individuals wellbeing, both physical and mental health. Staff understood the importance of meaningful activity on people's wellbeing. People were supported to enjoy activities and pastimes of their choosing at a level and pace that was manageable for them. Such as physical activities through music and movement, mental stimulation through reading the newspaper, mindfulness through knitting, using a colouring in book or a simple mobility and dexterity toy. People could be confident that they had access to a minibus

transport for outings within the local community. The service was striving to develop links with local nursery and school children for intergenerational activity which would provide positive stimulation for all parties. The service has a number of designated activities facilitators, but the culture of the home should ensure that all staff lead or deliver activities as part of their support of people who experience care.

(See Area for Improvement Two)

People were confident that staff monitored and recorded individual's food and fluid intake to ensure they did not become dehydrated or malnourished. Everyone was able to contribute to the content of the menus through the planning meetings with the catering staff. People had access to healthy meals and snacks, including fresh fruit and vegetables, to help maintain individual's nutritional health and wellbeing. At mealtimes choices were provided and everyone appeared to enjoy their personal selection. We observed missed opportunities for individuals to retain their daily living skills because the service completed tasks such as buttering toast or milking tea on behalf of people who experience care.

(See Area for Improvement Two)

Staff had a good understanding of the individual's preferences and wishes, as well as current healthcare needs, which gave people confidence and reassurance. To remain as healthy as possible people were supported by the local GP service, Health Professionals and the care home trained staff. Staff used recognised assessment tools to monitor the health status of people using the service and where required referred for input from external professionals. This means that interventions were made quickly to help keep people well and staff followed the guidance provided.

Protocols were in place to protect the welfare of people who received their medication from staff and copies of the legal framework were recorded within the individuals care plan. The evidence of the medication records sampled were found to show that staff often used other interventions in advance of accessing medications for people who show stressed and distressed behaviour. The administration of medication in the communal lounge areas is not person centred and does not protect the individual's privacy and dignity.

(See Area for Improvement Three).

## Areas for improvement

1. Management should ensure that the outcome of completing the assessment of need tool is open and transparent and provides confidence to people who experience care and their carers that the staffing levels and skill mix are appropriate to deliver positive outcomes.

This ensure care and support is consistent with Health and Social Care Standard 1.6:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.'

2. Management should ensure that the training matrix records that all staff receive the necessary training to promote independence and facilitate activities to meet the assessed needs of people they support. Activity equipment should be visible and easily accessible to all parties throughout each 24 hour period.

This ensure care and support is consistent with Health and Social Care Standard 1.25:

'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.'

3. The service provider should ensure that people receive high-quality person-centred care and support based on relevant evidence and best practice guidance through reviewing improvements to medication management and administration to promote privacy and dignity.

This ensure care and support is consistent with Health and Social Care Standard 2.23:  
'If I need help with medication, I am able to have as much control as possible.'

### 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**

People and their visitors told us they felt they were at the centre of their own service and confident that they would experience high quality care and support that was right for them. They were recognised as experts on their own experiences, needs and wishes and fully involved in decisions about their care and support. Each personal plan sampled contained detailed information on how to support the person and were updated monthly or when people's needs, and circumstances changed. The personal plans that were reviewed reflected the individual and people important to them had been consulted and had input to ensure the plan was informative. We saw the plans contained details of people's life history, daily routines, food preferences and how they liked to spend their day.

The provider had a corporate style to the content lay-out for the individuals care plan, which were nursing orientated and lacked a person-centred focus on outcomes. Although there was good information in the care plans sampled the contents did not flow particularly well, and we observed there was some inconsistency during the evaluation process. The minutes recorded at the review of the care plans could be more reflective and robust. We discussed with management that this area for improvement was not met and would be repeated from the last inspection.

(See Area for Improvement One).

Staff who took part in the inspection told us they were safely recruited, trained and qualified to a recognised level for registration purposes with appropriate agencies. Staff felt knowledgeable and confident to meet the assessed needs of the people they support. There was evidence that there was a skill mix and experience of staff on each shift to meet the assessed health and wellbeing needs of people experiencing care. Staff had access to appropriate health professionals, the use of recognised assessment tools and the administration of medication to support their delivery of care. We discussed with management the need to review some of the in-house

medication management procedures to ensure administration is carried out with privacy and dignity and meets the individual's choices.

People could be confident that the management had identified areas for inclusion in an improvement and development plan for the care home, which is important for good governance and positive outcomes for people. At feedback we discussed with management the need to prioritise the identified areas for improvement and record the action taken to assist in the development of the service.

(See Area for Improvement Two)

## Areas for improvement

1. 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 review process and minutes reflect the outcome.

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),

'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).

2. The management should ensure that the services in-house quality assurance systems, also the continuous improvement and development plan, record how the service proposes to achieve timescales for completion and the responsible person to ensure positive outcomes and protect the welfare of people who experience support.

For example:

- care planning and review minutes
- environment
- staffing matters, such as impact of assessment of need tool on staffing levels day or night shift; training; turnover and filling of vacancies; impact of agency staff; culture and team working

This ensures care and support is consistent with the Health and Social Care Standards which state:

"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)

## 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

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)

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 8 February 2019.**

#### Action taken since then

**This area for improvement has been met.**

The action plan from the previous inspection noted that:

Nurses will review the "as required" medications in use.

There will be a clear protocol put in place for use of analgesic medication or psychoactive medication but not necessarily for "as required" emollients or laxative.

Guidance for the use of these "as required" medicines will be in individual resident's personal plans.

Specific times will be removed from the MAR and replaced with morning / lunch / tea or other - this has been actioned by the Deputy Home Manager

The manager will review the use of the MDS system and discuss with senior management.

There was evidence that the care service stored controlled drugs appropriately and had protocols in place for the administration of as required medication.

We discussed with management about recording what steps are taken in advance of administering medication and their efficacy.

At feedback we raised with management what their plans were for the future when monitored doses are replaced with original packaging. The manager will add this to the services improvement and development plan.

#### Previous area for improvement 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)

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 8 February 2019.**

## Action taken since then

**This area for improvement has been met.**

The action plan from the previous inspection noted that:

Senior Management are reviewing the policies and procedures in place to ensure they do not compromise the health, wellbeing and safety of the people who live here, people who work here and people who visit.

Senior Management are reviewing the policies and procedures in place to ensure that they give adequate detail of actions that can be taken by the service, for example, the complaints policy

The service provided a copy of their updated Fire and Complaints policy and procedure.

## Previous area for improvement 3

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).

**This area for improvement was made on 8 February 2019.**

## Action taken since then

**This area for improvement has been met.**

The action plan from the previous inspection noted that:

Plan is being developed by senior management at head office to increase the provision of computers in the home to allow easier access for nursing and other relevant care staff

There was evidence that the provider had put in place a company computer for staff to access to write and update care plans. The service is awaiting delivery of the printer to accompany the computers.

## Previous area for improvement 4

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)

'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).

**This area for improvement was made on 8 February 2019.**



## Action taken since then

**This area for improvement has not been met** and is repeated at Key Question 5.1.

The action plan from the previous inspection noted that:  
 Monthly audits by manager and deputy of resident kardex to ensure that assessments are accurate and current. Consideration will be given to the use of alternative assessment tools, and possible advantages.

There was a lack of evidence that the completed assessments and the outcome care plans impacted on each other due to the lay-out of each individuals care plan file. The recording of the review and evaluation of the contents of the files could have been more robust and reflective of effectiveness for the person experiencing care.

The management confirmed that there is a corporate style to the filing for the care plan files but would continue to review the matter.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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