

Fidra House Care Home Service

67 Dirleton Avenue
North Berwick
EH39 4QL

Telephone: 01620 897 600

Type of inspection:
Unannounced

Completed on:
26 July 2022

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 older people in a purpose-built building located in the coastal town of North Berwick, in East Lothian. The provider is Randolph Hill Nursing Homes (Scotland) Ltd.

The service is provided over three floors which are easily accessible by public lift or stairs. People using the service have an individual bedroom with full en-suite facilities. There are communal lounges and a dining room on each floor.

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

Visitors have access to car parking facilities at the front and side of the building.

The home aims to "offer a wide range of services to suit individual needs, from creating a comfortable, homely environment for our residents, to giving intensive one-to-one care for those who need it".

At the time of the inspection there were 53 people experiencing care in Fidra House.

About the inspection

This was a full inspection which took place from 20 July 2022 to 25 July 2022. A site visit to the service took place on the first two days of the inspection. The inspection was carried out by two inspectors from the Care Inspectorate with a third inspector providing assistance virtually.

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 ten people using the service and nine of their family members
- spoke with ten members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals.

Key messages

- People's health and wellbeing needs were being met.
- People experienced warm and gentle care from staff who knew them well.
- People's wellbeing benefitted from regular activity although further work was required in this area.
- People received regular visits from friends and relatives due to the home following the Scottish Government's 'Open with Care' guidance.
- The home was clean and welcoming.
- Improvements in the home were guided by a positive attitude towards quality assurance.
- Family members and other professionals we spoke with commented favourably about the high standard of service people received.

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?	5 - Very Good
How well is our care and support planned?	5 - Very 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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff interactions with people experiencing care were warm, gentle and encouraging. The home had a welcoming and friendly atmosphere. Relatives we spoke with confirmed this had informed their decision making when choosing a home for their loved ones. Assessments of people's needs regularly took place which informed staffing levels in the home. People's health benefitted from regular interaction with trained staff who knew them well.

Relatives we spoke with commented on the care their loved ones received. One family member told us:

"staff are very caring. They're an unbelievable team - the nicest team I've ever met. That includes all staff - laundry, maintenance, kitchen and admin as well as the carers and management. All the staff know mum and me by name".

People's health benefitted from very good engagement with other health services. Other health professionals we spoke to told us staff were quick to act on health related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

Medication systems were very good. The administration of medication was well structured and areas for storing medication were clean and tidy. This helped reduce errors in medication practices and kept people well as a result.

People enjoyed coming together for meals. Staff were committed to ensuring that meal times were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. The dining process was quality assured to ensure any issues identified were resolved. People experiencing care were involved in this process. People's health and wellbeing benefitted from the provision of high quality and well presented food. We suggested that placing menus on dining tables would enhance the dining experience for people.

Visiting was free from appointments and in line with the Scottish Government's 'Open with Care' guidance. People told us they valued the home having an unrestrictive visiting policy. People were able to leave the home to spend time with people who were important to them. Staff spoke passionately about the importance of people maintaining contact with friends and relatives and how this could help reduce stress and distress for people.

Activities involved all care staff but were led by a small team of activity staff. People's preferences for activities were noted in their personal plans. People were provided with a fortnightly activity plan which included music and movement classes and group trips out of the home. The activity team had undergone recent changes and as a result, activities were limited. We recommended increasing the number of daily activities available for people, incorporating at least one physical activity each day. The service had already identified this as needing attention and had plans in place to increase the provision of activities.

The building was very clean. Domestic staff constantly moved around the service carrying out cleaning duties which were recorded. Frequently touched areas were given special attention and appropriate

cleaning products were used in line with current infection prevention and control guidance. The cleanliness of the home helped keep people well and free from infection.

Relatives also commented on the cleanliness of the home. One family member told us:

"the home is very clean, uncluttered but homely, modern and comfortable. I thank (the staff) from the bottom of my heart. It does my heart good to know (my relative is) well looked after. It takes a weight off my shoulders".

Personal Protective Equipment (PPE) was readily available throughout the home and stored safely. Staff used and disposed of PPE appropriately in clinical waste bins which were used and maintained well. We identified an issue with the safe storage of clinical waste outdoors and actions were taken to resolve this during the inspection. Staff had an awareness of their surroundings when moving through corridors, allowing for people to pass and remain safely distant from each other. This meant close interactions were kept to a minimum which reduced the risk of cross infection for people.

Staff had received a wide range of training related to infection control and the Covid-19 pandemic. Staff practice had been strengthened by the training provided. Observations of handwashing took place for staff. We asked for this process to be extended to include regular observations of PPE practice. Staff took part in regular testing for Covid-19. Procedures were in place to ensure people visiting the building followed safe practices. This helped ensure people stayed well and free from infection.

How good is our leadership?

5 - Very Good

We found significant strengths in the leadership of the service and how these supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

The service demonstrated a positive attitude towards quality assurance. A wide range of quality assurance audits and other measures were in place. Managers, team leaders, care staff and domestic staff all had responsibility for different areas of quality assurance. This ensured a whole home approach to driving improvements in the service. One staff member commented:

"(the managers) are trying to empower us. There's more responsibility for us so we feel we're part of leading and developing the home".

The fabric of the building was quality assured by regular environmental and health and safety audits. Domestic staff carried out a daily housekeeping audit. Every day, six people's bedrooms and bathrooms were fully audited with actions taken when improvements were required. A schedule was in place to ensure the suitability of mattresses were regularly assessed. These measures ensured people experienced a safe environment.

Complaints were viewed positively by the service. These were logged by the manager and responded to quickly within set timescales. Learning from complaints had informed practice to ensure better care for people. The manager had oversight of accidents and incidents in the service, resulting in improvements to further safeguard people. This approach meant people could have trust and confidence in the service.

Regular emails and memos informed relatives of developments in the home and encouraged their involvement in shaping the service. Feedback from families had been collated in the form of cards and letters. Family members suggested improvements during six monthly reviews of their relative's care. A

satisfaction survey based on the core principles of care encouraged further input from families. A questionnaire specific to the home's response to the Covid-19 pandemic demonstrated a high level of trust in the actions taken to keep people safe.

Staff performance was quality assured through the supervision process. A supervision schedule was in place to ensure staff at all levels participated in regular supervision. Managers and team leaders interacted positively with staff. This created a positive learning culture that encouraged staff development.

A range of team meetings regularly took place. This ensured staff in all roles contributed to the development and improvement of the service. A service development plan was in place. This pulled together the range of quality assurance measures in place and ensured the manager kept oversight of the positive development work happening in the service.

How well is our care and support planned?

5 - Very Good

We found significant strengths in care and support planning and how these supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

Personal plans were comprehensive and assessments were clearly linked with outcomes. The abilities of people experiencing care and support were given priority when creating personal plans. This meant people were supported to be as independent as possible.

Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs completed when this was people's chosen outcome. Contacts for relevant health professionals and family members were noted in plans, meaning people could be quickly contacted when issues arose.

Risk assessments were completed when required. These were linked to people's specific health needs; for example, skin integrity, moving and handling, oral health, catheter care and falls. Risk assessments focussed on people's abilities. This ensured staff could enable people to look after themselves rather than be dependent on the service.

A system was in place to ensure people's care and support was reviewed at least every six months. Reviews involved people experiencing care, their family representatives and other health professionals. Review minutes were detailed and focussed on the outcomes people wanted to achieve. Where possible, people experiencing care signed for their own review minutes. This meant that people experienced ownership of their care and support.

Personal plans contained detailed information to ensure staff provided care and support that met people's wishes and preferences. We found some examples where plans were not completed in a personalised way but recognised that the service had made improvements in this area. We encouraged the service to continue working on recording in a person-centred way.

Personal plans were reviewed by service managers. Welfare audit checks took place where managers observed care practice and ensured personal plans were in keeping with people's current presentation. This ensured care and support delivered was responsive to people's changing needs.

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

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 the Health and Social Care Standards which state:

'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' (HSCS 1.6).

This area for improvement was made on 6 February 2020.

Action taken since then

The service used an assessment of needs tool which took account of people's current needs. The outcome of this tool informed staffing levels in the home. This ensured adequate levels of staff were available to meet people's needs.

For further details on this previous area for improvement, please see our inspection findings noted under 'how well do we support people's wellbeing'.

This area for improvement is met.

Previous area for improvement 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 the Health and Social Care Standards which state:

'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).

This area for improvement was made on 6 February 2020.

Action taken since then

People were able to access a range of activities provided by the home. Group activities were carried out by activity staff with involvement from care staff. Care staff also engaged in activities with people when activity staff were not on shift.

For further details on this previous area for improvement, please see our inspection findings noted under 'how well do we support people's wellbeing'.

This area for improvement is met.

Previous area for improvement 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 the Health and Social Care Standards which state:

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This area for improvement was made on 6 February 2020.

Action taken since then

Medication was administered in a way which promoted people's privacy and dignity. The service was working with other health professionals to ensure that stress and distress medication was only implemented after a range of non-medical interventions had been unsuccessful.

For further details on this previous area for improvement, please see our inspection findings noted under 'how well do we support people's wellbeing'.

This area for improvement is met.

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 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), 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).

This area for improvement was made on 6 February 2020.

Action taken since then

Personal plans and related risk assessments were completed with people. Reviews took place within acceptable timescales and involved people, their representatives and other health professionals. Minutes of reviews were detailed and evidenced work being completed to achieve people's chosen outcomes.

For further details on this previous area for improvement, please see our inspection findings noted under 'how well is our care and support planned'.

This area for improvement is met.

Previous area for improvement 5

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).

This area for improvement was made on 6 February 2020.

Action taken since then

A range of quality assurance measures were in place. These included care planning, the environment and staffing matters. Staff with different roles in the team had responsibility for quality assurance which ensured a whole home approach to improvement. Areas for development were noted with a named person responsible and timescales for completion.

For further details on this previous area for improvement, please see our inspection findings noted under 'how good is our leadership'.

This area for improvement is met.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
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	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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