

Forth Bay Care Home Service

Walker Street
Kincardine
FK10 4NT

Telephone: 01259 730 001

Type of inspection:
Unannounced

Completed on:
15 July 2022

Service provided by:
Caring Homes Healthcare Group
Limited

Service provider number:
SP2013012090

Service no:
CS2013318119

About the service

Forth Bay is a purpose-built care home located in Kincardine by the River Forth. The provider is Caring Homes Healthcare Group Limited. The local area has good transport links to Edinburgh and Glasgow and the local area has a number of amenities including shops, Church, pubs and restaurants.

The care home is registered to provide care for 58 adults and older people. At the time of the inspection, there were 49 people living there. The home is over two floors and comprises of four units which are divided into the following care categories:

- Frail older people
- Older people with dementia
- Male only unit
- People with enduring mental health problems.

About the inspection

This was an unannounced inspection which took place on 12 and 14 July 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with six people using the service and six of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People experience warm care and interactions.
 A wide range of activities take place.
 Relatives feel welcomed and involved.
 Quality assurance systems are effective.
 Reviews could be more evaluative.
 Stress and distress assessments could be improved.

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

We made an evaluation of good for this key question as there were important strengths which clearly outweighed areas for improvement.

People should expect to experience warmth, kindness and compassion in how they are supported and cared for. We observed warm and compassionate care and interactions between staff and residents were friendly, good natured and humorous. During the course of our visit the atmosphere in the home was calm and relaxed. This meant that people could feel at ease in their day to day lives.

We spoke to people using the service and they told us they felt safe and that they enjoyed living there. One person told us "I'm quite happy here" and another said of the staff, "they're all nice". One person preferred to stay in bed throughout the morning and another told us he did not want to go on any of the trips planned. Instead, we saw these people enjoying one to one time with carers later in the day. We could be confident people were treated as individuals by staff who respect their needs and wishes.

Throughout the inspection we saw that staff were attentive and ensured that choice was promoted. Mealtimes were calm and relaxed. Staff took time to make sure that people were happy with their choices and found alternatives if this was not the case. People were encouraged and supported with eating and drinking in a kind and dignified way. Outwith meal times we saw people being offered food and drinks regularly. This meant that good nutritional and fluid intake was promoted, benefitting people's health.

We undertook two medication audits and reviewed the systems and protocols in place. We were confident that staff had a clear understanding of their responsibilities in this respect. Similarly, recent accident and incident records are of a high standard in that each incident is analysed to identify causes, trends and actions to be taken. We saw examples where this work had produced positive outcomes for individuals. We could therefore be confident that concerns, incidents and accidents are acted upon in a timely and effective manner and peoples' safety promoted.

People told us that their relatives visit often and without restriction. When we spoke to relatives they told us that communication from the home is good and that they feel welcomed when they visit.

There was a clear commitment to meaningful activity on a day to day basis with both internal and external activities taking place. We heard about examples including trips to farm shops, football stadiums, local restaurants, board games, bingo and gardening. This meant that people could choose to have an active live and participate in a range of activities.

We suggested that reviews of activities could be more evaluative in order to better inform care plans and future planning. We heard positive feedback about the Facebook group but some commented they would appreciate the newsletter returning.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question as there were important strengths which clearly outweighed areas for improvement.

The service was strongly focused on improving standards and developing care.

A comprehensive development plan outlined the recent changes and next steps for service improvement. The manager was able to show how each change had benefitted the people living in the service and, in some cases, how specific individual's lives had been improved. This meant that people could be assured that their needs were the main focus when decisions were being made.

A range of audits were being undertaken and the information which these gathered was being used to inform future plans. Staff were being included in developing the audit process and undertook peer review to improve practice.

The manager was aware that some developments were in their early stages and that a continued, consistent approach would be needed to maintain standards. A new approach to recording and reviewing incidents and accidents records and Adult Protection referrals was in place. We were confident that these systems supported the care home to protect people from harm as much as possible.

Resident and relative meetings were being held in order to make sure that people were fully included in developments at the home. Staff felt that there was strong leadership within the home and that their thoughts and opinions were valued.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question as there were important strengths which outweighed areas for improvement.

Staff training was comprehensive and the manager had a good overview of the training plan. Mandatory training was up to date and additional training modules had a good uptake. The manager recognised that some areas of training, such as mental health, would benefit from further development. Staff also felt that this was an area where they would like additional input in order to fully meet people's needs. Staff felt that they would benefit from an increase in face to face training. Actions to address these areas were already planned.

Nurses working in the home were completing a competency framework. This gave them the opportunity to identify any additional knowledge or skills which they might need. The nursing staff described being supportive of each other and drawing on each other's strengths and skills. People could be confident that staff were able to meet their changing needs over time.

Staff were confident that they received regular supervision and that the supervision process was helpful and supportive. Those we spoke to were confident that the manager was available to them on a day to day basis should they need further support or guidance. Having observed practice and reviewed training records we could be confident that the staff had the right knowledge, skills and competence to support people living in the home.

How good is our setting?

4 - Good

We made an evaluation of good for this key question as there were important strengths which clearly outweighed areas for improvement.

We heard about a range of activities which have taken place which allow residents to connect with the local community. Many residents attend church services locally and others access the local pub. A recent Jubilee party was a great success which was enjoyed by residents and dozens of people from the local community.

We also heard about recent raffles and car boot sales which, not only supported residents to engage with their local community, but also helped to raise money for new equipment for the home. The activities coordinator informed us that this has been a long term project and the level of engagement with the local community is something which has been worked on for a number of years.

People are also supported to be involved in communities which are important to them. Recent trips to Rangers and Celtic have been successful and meaningful to residents who are lifelong fans.

We could be confident that people are able to participate as citizens in the community.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question as there were important strengths which clearly outweighed areas for improvement.

A good range of assessments informed support plans and these were generally well detailed. These helped guide staff on how best to support people to meet their needs.

Plans were reviewed and updated on a monthly basis, however, there was little evidence of evaluation or detail within these reviews. We suggested that the home should undertake reviews which are more evaluative and detailed, and that residents and relatives involvement are clearly documented in these reviews. (See Area for Improvement 1)

There was good clinical oversight of people's health needs. A weekly clinical meeting alerted staff to changing health needs. Prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the correct time.

At the time of our inspection the care home were in the process of switching to an electronic care plan system. We saw this system being used well already, especially in terms of monitoring fluid intake. We suggested that this period of transition would be an opportunity to review a number of care plan items which could be more detailed, in particular anticipatory care plans (See Area for Improvement 2), stress and distress care plans and the use of behaviour charts. (See Outstanding Areas for Improvement)

Areas for improvement

1. To ensure that peoples' views and wishes are heard, the provider should evidence how people are involved in their care and support. This should include, but not be limited to, care plans; reviews and; residents' meetings. Where people are unable to contribute themselves, involvement should be sought from their legal representative and/or relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

2. To promote the health and wellbeing of people using the service, the provider should ensure that all residents have anticipatory care plans in place. Where residents are not able to contribute to this process, the views of their legal representative and/or relatives should be sought.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

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 should ensure that people are supported with stress and distress and that care plans are holistic and related to the individual's needs and the personal outcomes they seek. To do this the provider must, at a minimum, ensure:

- a) Each service user has a personal plan in place to guide staff on how to care and support them during any episodes of stress and distress.
- b) The plan considers any possible contributing factors including pain management, recurrent infections and any medical conditions.
- c) The plan includes any known triggers as well as tried and test method to alleviate their stress and distress.
- d) Guidance in the use of any prescribed 'as required' medication are detailed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 20 February 2022.

Action taken since then

The care home has made some progress in this area for improvement. All residents do have stress and distress care plans in place but some are more detailed than others. The care plans are written as one block of text and while some are of a good quality, this makes them time consuming to read and difficult to apply in practice.

It is acknowledged that the care home are in the process of moving to an electronic care system and we suggested that this may be an opportune time to adopt an established stress and distress tool which identifies behaviours, triggers and staff responses.

We also suggested that the use of ABC charts is more consistently applied by all staff including nurses, carers and those working on different shift patterns.

In order to implement these changes we have suggested mental health training, which is tailored to the specific needs of residents within the home, is provided to all staff.

Consideration should also be given to the way in which knowledge and training feed into care plans and the completion of documents.

We have requested that the service provides an action plan detailing how this is going to be achieved.

This area for improvement is not met.

Previous area for improvement 2

To ensure that people can be confident that their nutrition and skin integrity needs are fully met, the service should ensure that:

- a) Fluids and snacks are offered outwith set mealtimes.
- b) Senior staff monitor daily records for those at risk from dehydration, malnutrition or skin breaking down.
- c) Any gaps or concerns are clearly identified, and any actions taken clearly noted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23), and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 20 February 2022.

Action taken since then

The care home has started to implement an electronic care system which makes daily records easier to monitor. I was shown how targets can be set for fluid intake and how the system alerts carers when the target is not met.

There are daily flash meetings and weekly clinical risk meetings where concerns are discussed and referrals to other professionals are made. These actions are recorded in care plans.

We observed residents being offered fluids and snacks out with set meal times. Where some residents were asleep or did not want to eat or drink at that time, we saw care staff going back to them later to encourage them to eat and drink.

This area for improvement is met.

Previous area for improvement 3

To support and guide staff practice, the manager should introduce the good practice self-assessment resource – managing falls and fractures in care homes for older people.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'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 5 August 2020.

Action taken since then

We found that the suggested tool is being used and that the care home has then developed this tool to suit the needs of the home. Accident and incident forms detail falls which have happened and have a good level of analysis and evaluation.

We saw one example where a pattern of falls were analysed which led to a referral to the GP requesting a medication review. Since this took place there have been no further falls. This is a good example of outcomes being improved through the effective use of this tool.

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
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.3 People can be connected and involved in the wider community	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.