

Finavon Court Care Home Care Home Service

Blair Avenue Glenrothes KY7 4UG

Telephone: 01592 773 033

Type of inspection:

Unannounced

Completed on:

26 July 2023

Service provided by:

Holmes Care Group Scotland Ltd

Service provider number:

SP2020013480

Service no:

CS2023000096



Inspection report

About the service

Finavon Court Care Home is registered to provide residential care to 24 older people. The care service is based in a purpose built, single storey building. The care home was recently taken over by the Holmes Group in April 2023. The home is located in Glenrothes and has easy access to local amenities. The home provides accommodation in 24 single ensuite rooms which incorporate an area with a small fridge and provision for a kettle if wished. There are a number of pleasant, communal areas as well as an attractive enclosed garden. There were 23 people living there during our inspection.

About the inspection

This was an unannounced inspection which took place over 21 and 24 July 2023. The inspection was conducted by one inspector 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 seven people using the service and five of their family members
- spoke with seven staff, plus management
- · spoke with three visiting professionals
- · observed practice and daily life
- · reviewed documents.

Key messages

People were supported by staff that knew them well and treated them with kindness and compassion.

Families told us that staff were approachable, and they felt their views were valued.

Management was visible and well led.

Improvements were identified relating to supporting people to have a meaningful day.

Staff were motivated and committed to providing people with good experiences.

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 good is our staff team?	5 - Very Good
How good is our setting?	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 awarded an evaluation of good for this key question. This means we found a number of strengths which had a positive impact on people's experiences.

People were supported by staff that they knew well. We observed kind and relaxed interactions with comments including, "they are fantastic" and "we have a good laugh." Staff echoed this view, telling us, "they are like my second family" and "I just want them to have a great day." We were confident that people were being treated with dignity and respect.

Mealtimes were a relaxed, sociable occasion with people having a choice as to where they wished to eat across two small dining areas or in their own rooms. Food was home cooked and enjoyed, with people given choices throughout the meal, "they will make me something different if I wish." Staff supported people discreetly as required. People's nutritional needs were being met.

Medication was well managed with people receiving their medication as prescribed. There was evidence of staff referring to health professionals in a timely manner with one professional commenting, "they work with us and know people well." This supports good outcomes for people's health and wellbeing.

People's support plans were on the main detailed and held relevant health information to guide staff. Some care plans did not fully reflect people's wishes for end of life care which could impact on good outcomes for people. We made an area for improvement under key question five in relation to care planning.

Most people were supported to remain active and involved, with a range of activities available within and out with the home. Regular bus trips to the local community were enjoyed with people telling us "it is so interesting" and "we all have such a laugh together." There was a lack of relevant activities for some people with more complex needs, such as dementia and we observed some missed opportunities from staff to support people's independence and meaningful engagement. We made an area for improvement relating to this, see area for improvement 1.

People and families had the opportunity to share their views and suggestions through meetings and reviews. The manager was exploring a range of ways to gather people and families' opinions and ideas to ensure as many people's views were considered. Working in this way supports improvements that are meaningful for the people living there.

Areas for improvement

- 1. To support people to get the most out of life the provider should:
- a) ensure people are supported to spend their time in ways that are meaningful and purposeful for them
- b) assess people's level of engagement and understanding to enable staff to support people living with a cognitive impairment to have access to activities that are appropriate to their needs
- c) evaluate and continually review people's engagement
- d) update support plans to reflect above points.

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

How good is our leadership?

5 - Very Good

We evaluated this key question as very good, as there were a number of identified strengths which outweighed any areas for improvement.

For this key question we focused on quality assurance. These are checks carried out by staff to make sure people are consistently having positive and safe experiences. Checking in this way makes sure that issues are identified, and action can be taken to make improvements.

There were a range of robust audits in place which informed how people's care was delivered. This covered areas such as medication, falls and incidents, people's finances, and support planning. There was evidence of a lessons learnt approach to any incidents which supports good outcomes for people and reduces the risk of future harm.

Staff told us that they felt valued and supported by the manager. They had access to a range of training with specific training identified and sourced by the manager to support their learning. Staff reported that the recent specialist dementia training some of them had received had improved their knowledge in supporting people living with dementia, "feel it helped me understand more, feel more confident." The manager was keen to facilitate a range of training, recognising the value of upskilling her staff team. Working in this way can support good outcomes for people.

There was effective communication between the provider, manager and the staff team. Weekly overview reports were provided to the regional team, as well as evidence of detailed daily handovers, staff meetings and staff supervisions. Staff demonstrated that they knew people well and other professionals commented, "they are very quick to refer to us for guidance or involvement" and "very transparent and open when working with us." This approach supports positive outcomes for people's overall health and wellbeing.

At the time of inspection there were no staff vacancies, resulting in a stable staff team which supported continuity of care. Staff reported they worked well as a team and were clear about their roles and responsibilities. They received supervision and regular team meetings were held. Staff felt listened to and confident that any concerns raised were dealt with appropriately by the manager. Staff reported high morale and job satisfaction.

There was a service improvement plan which would benefit from evidencing greater involvement from people, families and staff. The manager was exploring ways to achieve this.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

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People have the right to be supported by staff that are knowledgeable and skilled in providing good quality care. We found staff did not start work until all the necessary pre-employment checks had been completed. Staff received a period of induction and had access to a range of continuous training. Staff demonstrated an understanding of people's needs and desire to work in a person centred manner.

Staff reported feeling supported by their colleagues and manager, "we all work together." We saw evidence of direct observations of practice being carried out, with a focus on improving people's care experience.

Staff were motivated to develop their practice, "just want to do the best for people" and told us that the manager was proactive in sourcing training opportunities. Providing opportunities to support on going learning helps to develop a skilled staff team. This can result in people receiving care that supports their overall health and wellbeing.

People told us they trusted and knew who was supporting them. Comments such as, "they are all fantastic" and "I am happy here" demonstrated the high regard that people held the staff. We observed warm, relaxed interactions occurring throughout the day, with humour and fun often being apparent. People told us they felt safe and cared for.

How good is our setting?

5 - Very Good

We evaluated this key question as very good, as the strengths outweighed any areas for improvement.

People were living in a small, homely environment. The building is on one level with a variety of different communal areas to choose from. The design of the home meant there was plenty of natural light, with the large lower level windows enabling people to see outside easily from their chair or bed. Some people had bird feeders outside their windows, "I love to watch the birds come and go."

People's bedrooms were personalised and spacious, with an area designated for kitchen type use, such as small fridge and own kettle if wished. This supported people's independence and autonomy.

There was a well-tended secure garden, which people could access freely from various parts of the building. One person spoke of her pride in tending one of the raised beds, "I am surprised how well they have grown, my dad was always a great gardener," with another lady commenting, "she has worked so hard." Providing people with opportunities for meaningful activities can enrich their lives both physically and emotionally.

The environment was very clean with robust checks in place to minimise infection control. There was evidence of care equipment such as bed mattresses being cleaned regularly and following current practice guidance. People's laundry was washed separately which reduced the risk of cross infection and staff treated people's belongings with respect. We could be confident that the risk of infection was being reduced.

There was discreet signage throughout the building to aid people's orientation, with the provider taking account of good practice guidance such as the Kings Fund environmental tool for people living with dementia.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People had detailed support plans in place which were person centred and held up to date information. These were regularly reviewed and updated as required. People and their families reported they were involved in support planning and reviews of the plans. This involvement was not always fully documented, and the manager was keen to see this area developed.

Staff knew people well and we observed people receiving individualised care and attention. Comments from families included, "they know her well and how she likes things" and "we were involved in the plans 100%."

Some support plans required greater detail relating to anticipatory and end of life care. They did not always document a person's wishes as to how they want their care to be delivered should their health deteriorate. This could impact on staff being able to deliver the right care at the right time for people. We made an area for improvement relating to this, see area for improvement 1.

Areas for improvement

1. To support people's wellbeing, the provider should ensure that anticipatory and end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met should they become unwell.

This is to ensure 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 1.5).

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 and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	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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