

# Isobel Fraser Home Care Home Service

4A Mayfield Road  
Inverness  
IV2 4AE

Telephone: 01463 230 149

**Type of inspection:**  
Unannounced

**Completed on:**  
7 October 2022

**Service provided by:**  
Isobel Fraser Home

**Service provider number:**  
SP2017012984

**Service no:**  
CS2017360080

## About the service

The Isobel Fraser Care Home is a large, listed building set in attractive grounds, providing people with a quiet, pleasant environment close to all amenities in the city of Inverness.

There are 28 bedrooms, two of which can be used for shared occupancy. All bedrooms are provided with an en-suite toilet and wash-hand basin with a large assisted bathroom in each wing.

It is registered to provide a care service to a maximum of 30 older people.

The provider is Isobel Fraser Home, a Scottish Charitable Incorporated Organisation.

## About the inspection

This was an unannounced inspection which took place over two days by two inspectors from the Care Inspectorate on 4 and 6 October 2022.

To prepare for the inspection we reviewed information about this service. This included registration and complaints information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and three members of their family/friends/representatives and received eleven completed online surveys;
- spoke with twelve staff, management and received seventeen completed online surveys;
- observed practice and daily life;
- reviewed documents;
- received x completed on line surveys from visiting professionals.

## Key messages

- Staff supported people with care and sensitivity.
- People were re-connecting with family and friends through open visiting arrangements.
- Staff supported people with a wide range of activities and trips outside.
- People's health and well-being benefited from very good arrangements in infection control and prevention.
- The manager had clear systems for quality assurance.
- The staff team shared responsibility for identifying and supporting improvement.
- Staff work well together and staff morale was good.
- People living in Isobel Fraser benefited from a comfortable and homely setting, although improvements were required.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our setting?	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?

5 - Very Good

We made an evaluation of very good for this key question. This means there were major strengths in supporting positive outcomes for people.

There were positive relationships between staff and residents living in Isobel Fraser. Staff knew people well and what was important to them. People told us they were very happy and said;

- 'It is wonderful here, we are very well cared for';
- 'I have no complaints, staff are very friendly and very understanding'.

Relatives agreed and told us;

- 'The care my relative receives is exceptional'.

Staff provided sensitive, dignified care and supported people at their own pace and with respect. We saw staff taking time to talk with people who were living with dementia and when people chose to remain in their rooms. This approach contributed to people's emotional and physical wellbeing.

People's nutrition and hydration needs were met well. Mealtimes were held in a roomy, pleasant dining room and were sociable and relaxed events. Food was of high quality, home cooked, fresh and hot with choice available and alternative options offered. People's preferences were respected and understood by the chefs because there was good communication about people's dietary needs. This meant people had access to a varied, well-balanced diet.

To support people's health and wellbeing, staff sought guidance from healthcare professionals such as community nursing, dietician and general practitioners. Their advice was acted upon, and details of their input documented. This provided confidence that everyone involved in people's care worked well together and knew their wishes and choices, especially if there was an unexpected event.

People benefited from an effective electronic medication system. Records confirmed that people's medical needs were being met because they were receiving their medication as prescribed. Staff had completed training and administration of medication and followed good practice guidance. Their practice was audited routinely. This provided assurance that medication was administered by well trained staff.

Personal planning commenced when people moved into Isobel Fraser, using an electronic system which included a range of health and risk based assessments. These assessments informed people's personal plans, which guided staff about the support people required. For example, where an individual had been identified as being at risk from a fall or becoming anxious, the care plan sets out how to support them to prevent a fall or incident. This meant people could feel safe because staff had a clear understanding of how to protect people from harm.

People's choices and wishes were clearly stated in their care plans, for example, individual's preferred daily routine for getting up or where they liked to eat their meals. This meant staff had a good understanding of what mattered to people, particularly if they were living with dementia. The service was committed to making further improvements to care planning documentation. We discussed improvements which would make the care plans and related records more accurate and these were addressed during the inspection.

People were encouraged to be as active as possible, indoors and in the pleasant outdoor space and said, 'The staff always do their best to include everyone'. For example, people could enjoy activities every day including local community events such as music sessions, lunch club and visits to places of interest. Other group activities took place in the lounge. Local musicians played regularly and a religious service was held every Sunday.

Covid-19 visiting restrictions had been lifted. Relatives were visiting their loved ones at any time and people were going out and about with their family and friends. This was having a positive impact on people's mental and physical wellbeing. Relatives said, 'I've always had a warm welcome when I visit and an update on how my relative has been'.

We found significant strengths in relation to infection control practices. The environment was clean because housekeeping staff worked hard to keep it that way. Cleaning schedules had been implemented effectively in line with national guidance. Staff had completed training in hand hygiene and use of personal protective equipment and were observed using these appropriately during the inspection. This provided evidence of good practice and further reduced the risk of spread of infection. People's laundry, bed linen and towels were being laundered outside of the premises while a new laundry area was being built. This was a positive development (see section 4).

### How good is our leadership?

### 5 - Very Good

We made an evaluation of very good for this key question. This means, there were major strengths in supporting positive outcomes for people.

Communication within the staff team was good and information was shared verbally and electronically. This meant staff were kept up to date with changes in people's care needs so that action could be taken quickly and effectively. For example, people's weight was monitored closely by the team and prompt action was taken if there were signs of weight loss or changes in people's appetite. This enabled the chef to adapt an individual's food to meet their dietary needs. These actions provided assurance that people benefited from a staff group who worked well together to provide consistent care and support.

The staff team shared responsibility for identifying and supporting improvement. Staff told us they were confident about giving feedback and raising concerns and their views would be taken into account. The service had a clear monthly audit schedule. The results of these audits were disseminated to appropriate staff for action, for example, to improve care plans following the manager's care plan audits. Observations of staff practice were undertaken by senior staff to ensure the care and support provided was a high standard. This helped staff to identify their learning needs for discussion with their manager during supervision and appraisal.

It was positive that all staff had access to annual appraisal and twice yearly supervision. We made some suggestions about how supervision could be improved to include a discussion about what had gone well or not so well and identify areas for support and development. This would make sure people benefited from a skilled and competent team who were able to reflect on how they can continuously improve their practice.

Adverse incidents, such as an accident or incident were recorded and improvements needed were identified. For example, where someone had experienced a fall, action had been taken to help them feel safe in the future. This could be further enhanced if incident reports were followed up and signed off by the manager to make sure that actions which had been put in place were effective in reducing the risk of recurrence. (See

## area for improvement 1).

The service had a clear 2022-23 action plan which detailed the future direction of the care home. As part of this, the team had taken positive steps to improve people's experience of living in Isobel Fraser, for example, a 'Friends, Relatives and Advocates survey' had been undertaken in May this year. However, it was not clear what action had been taken as a result of the survey. The service was open to suggestions during the inspection about how to address this. For example, the use of the 'You said we did' framework would make sure people felt their input was valued and the service was responding to people's feedback to make the service better. **(See area for improvement 1).**

## Areas for improvement

1. To ensure people benefit from a culture of continuous improvement, the service should ensure;

- a) actions are fully completed when improvement is identified because of an incident, complaint or adverse incident and measures are in place to ensure improvement is sustained; and
- b) action is taken as a result of surveys or feedback about people's experiences of living in Isobel Fraser.

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

**'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19);**

**'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8).**

## How good is our setting?

### 4 - Good

We made an evaluation of good for this key question. This means there were important strengths, however, improvements are required to maximise wellbeing.

People living in Isobel Fraser benefited from a comfortable, relaxed and homely setting. There was privacy when people wanted and if they wished, they could choose to use the communal areas. The furnishings in the communal areas downstairs were clean and of a good standard. The dining room was a pleasant place to enjoy a meal. The bedrooms were small but comfortable. The sun room had direct access into the garden area which meant people could access the garden for walks or fresh air.

To promote a safe environment, fire safety, water temperature checks and fire training were undertaken routinely. Repairs and maintenance identified during the inspection were addressed promptly. These measures meant people benefited from living in a safe environment.

Progress was clear in relation to making sure there was sufficient space for essential infection, prevention and control facilities such as the sluice, laundry and the staff changing area. These were part of a new extension which also included a large store room so that equipment could be stored safely. The leadership team recognised that redecoration of the communal areas downstairs was required. This had been delayed due to the covid-19 pandemic.

Positive action had been taken to address this. The service's improvement plan included the redecoration of the interior of the home, including new floor coverings in the communal areas. There was potential to increase the size of six existing bedrooms. We discussed the importance of involving people who live in Isobel Fraser in the choice of décor and using dementia friendly good practice guidance in the choice of colours and type of floor coverings (**See area for improvement 1**).

In the short term, the use of memory boxes or personal photographs and information on bedroom doors would aid people's orientation.

The garden area was large and well-tended. Whilst we did not see people using the garden during the inspection, relatives and people living in Isobel Fraser talked about accessing the garden. The rabbits and other animals outside were a positive addition. We discussed how the design of the garden could encourage more engagement and activity. For example, circular and returning pathways will make sure the outside space is attractive and safe for people living with dementia.

### Areas for improvement

1. To ensure Isobel Fraser is a safe and well maintained setting for the people who live there, including the wishes and wellbeing of people living with dementia, the provider and service should;

- a) ensure the planned environmental improvements are completed, to include but not limited to, the redecoration and new floor coverings in the corridors and communal areas;
- b) involve people in decisions about the improvements in ways which are meaningful to them;
- c) ensure the action plan includes clear priorities, timescales; and
- d) any improvements made both indoors and outside should follow the principles for dementia friendly design.

**This is in order to ensure the setting is consistent with the Health and Social Care Standards which state that:**

**'My environment is secure and safe' (HSCS 5.17); and**

**'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HCSC 5.22).**

## 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?	5 - Very 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	5 - Very 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 good is our setting?	4 - Good
4.1 People experience high quality facilities	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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 iarrrtas.

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.