

Isobel Fraser Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
31 July 2024

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 one inspector from the Care Inspectorate on 25 and 26 of July 2024.

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 seven people using the service and four members of their family/friends/representatives and received thirteen completed online surveys;
- Spoke with six staff, management and received fifteen completed online surveys;
- Observed practice and daily life;
- Reviewed documents;
- Received one completed online survey from visiting professionals.

Key messages

- Staff treated people with compassion, dignity and respect
- People benefited from a range of activities every day including local community events
- Mealtimes were sociable, relaxed and people enjoyed good quality, home cooked food
- The managers had clear systems for quality assurance
- Everyone in the staff team was recognised as having a vital role in the home
- People benefited from a team who worked well together
- The environment was clean, comfortable and homely
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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 staff team?	5 - Very Good
How good is our setting?	5 - Very 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?

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.

Staff treated people with compassion, dignity and respect and we saw consistently positive relationships between staff and people living in Isobel Fraser. People told us they were happy, felt safe, and that staff were respectful, saying -

"They are all terrific here"

"I would give it a grade 6!"

"They make sure I have everything... they are all very nice"

"They are very good in this place"

Staff provided care and support to people at their own pace, for example when care staff were moving and assisting people this was undertaken in a patient and sensitive manner. We saw staff taking time to talk with those who were frail or living with dementia and with people who had higher support needs. This approach contributed to people's emotional and physical wellbeing.

People's nutrition and hydration needs were met well and said:

"The food is lovely and there is a good choice".

Mealtimes were sociable and relaxed, held in a pleasant, spacious dining room. Meals were good quality, using vegetables and eggs from the garden. People were offered choice, and an alternative options menu was available. Their preferences were respected and understood by the chefs because there was effective communication about people's dietary needs. This meant everyone had access to a varied, well-balanced diet.

Staff were confident in supporting people to eat and drink well and chatted with warmth. A designated 'host' was identified from the staff team to support them. Their 'host's' photograph was on the table which meant people knew who was serving and supporting them.

To ensure people were hydrated well, people were offered drinks throughout the day and at mealtimes. Water dispensers were available to access drinks independently. However, for people who could not help themselves, we discussed the need to ensure they had access to a drink in the lounge between breakfast and mid-morning refreshment round.

To support people's health and wellbeing, people could enjoy activities every day including local community events such as music sessions, lunch club, boat trips and visits to other care homes for reciprocal tea and cakes. Other group activities took place in the lounge such as chair exercises. Local musicians played regularly, and a religious service was held every Sunday. However, where people were unable to participate in these activities some families felt their loved ones could do with having more one-to-one support.

To ensure people's health and wellbeing was maintained, staff sought guidance from healthcare professionals such as community nursing, dietician and the advanced nurse practitioner who visited twice weekly. 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.

To support people's medical needs there was an effective medication system. Records confirmed that people were receiving their medication as prescribed. Staff completed training and administration of medication followed good practice guidance. Their practice was audited routinely. This provided assurance that medication was administered by well trained staff. However, we identified a discrepancy in the stock which had been missed, despite a regular audit process and daily count of medicines. To ensure this is addressed we have made an area for improvement. (See area for improvement 1 below).

Areas for improvement

1. To ensure that people ensure people's medical needs are met, the service should ensure there is a regular and effective quality assurance of the medication system, to include, but not limited to medication stock counts and associated records are completed accurately at all times.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

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.

People and staff in Isobel Fraser benefited from a warm atmosphere because there were good working relationships between care staff, senior carers and managers. Staff not involved in direct care were recognised as having a key role in supporting people too. The staff were motivated and worked well together to make sure they spent as much time as possible with people. It was evident that there were strong, trusting relationships with the whole staff team and people who lived in Isobel Fraser who had a say in who provided their care and support.

Without exception, staff were positive about their role and said:

"We love it here"

"The senior staff are really supportive"

"I love it here because it is so focused on residents and staff morale"

"There is such a nice atmosphere".

Relatives endorsed this, with all thirteen respondents confirming in the online survey that staff worked well together and there were enough staff to care for their relative properly and said:

"They are a really lovely group"

"Staff are very obliging and polite".

Leaders in the care home understood the needs and wishes of the people living in Isobel Fraser and every month they reviewed individuals' support needs. This process informed how many staff hours were needed to meet their care needs. This meant staffing levels allowed staff to have time to provide a very good level of care and support with compassion. Staffing levels were sufficient to cover absences and annual leave without using agency workers. They helped each other by being flexible in response to changing situations, to ensure care and support is consistent and stable.

New staff felt supported and benefited from a robust induction period. Where there had been examples of poor practice this had been addressed promptly. Staff practice was supported and improved through effective regular supervision to review and address relevant areas of practice and identify areas of support and development.

Staff spoke positively about the training which was available online. A highly motivated senior carer provided moving and handling training on a one-to-one basis. This was an effective method of providing this type of training which reflected staffs' learning needs.

How good is our setting?

5 - Very Good

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

It was positive that since the last inspection in 2022, significant work had been undertaken to improve the environment. For example, painting and new floor coverings throughout, resulting in a warm, comfortable, welcoming environment with plenty of fresh air and natural light. There was sufficient communal space to meet their needs and wishes. The environment was relaxed, with no evidence of intrusive noise or smells.

The quality of furnishings in the communal areas was good and the lounge areas and dining room were attractive and homely. People had privacy when they wanted and could choose to use the communal areas if they wished to do so.

Leaders had taken account of good practice guidance such as the King's Fund tool for people with dementia. People had been supported to make memory boxes for their bedroom doors which included personal memorabilia and photographs. This aided people's orientation who were living with dementia.

As part of the ongoing improvements people had been actively involved in giving their views about the setting, for example, the colour schemes. This meant they felt listened to and could influence changes

The attractive outside space was accessible from the conservatory for walks and fresh air and safe for people living with dementia. The garden area was large and well-tended. The design of the garden allowed for engagement and activities.

To ensure the setting was safe for people, there were planned arrangements for regular monitoring and maintenance of the premises and the equipment. This included a monthly check on the standard of décor in people's bedrooms.

The provider had plans to develop larger bedrooms which will incorporate full ensuite facilities. However, this was at initial stages in planning but will create rooms with more space and private bathing which due to the design and age of the building are not currently available.

How well is our care and support planned?

4 - Good

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

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, the care plan set out how to keep them safe from falling. However, where a person had experienced stressed and distressed reactions, a specific care plan to guide staff should be in place. Although a behaviour assessment had been undertaken this was insufficient for staff to know how to safely prevent and/or respond to stressed reactions. (See area for improvement 1 below).

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 who and what mattered to people, particularly if they were living with dementia. The service was committed to making further improvements to care planning documentation and recording. For example, where people are at risk from dehydration, a target should be set for how much they should drink over a 24-hour period. (See area for improvement 1 below).

Progress had been made to offer families or those important to them, access to the electronic care planning system if they wished. This provided an opportunity to see their loved one's care plan and entries made by staff about their day at any time.

Areas for improvement

1. To support positive outcomes for people, the service should ensure people's care plans set out how their individual needs will be met, with specific concentration on, but not limited to:

a) people who experience stress or distress have a personal plan which clearly identifies approaches that will prevent and reduce their stress and distress; and

b) people who are at risk of dehydration, care plans should provide accurate information to staff about people's specific fluid intake needs.

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

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

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).

This area for improvement was made on 7 October 2022.

Action taken since then

At the previous inspection we found the service had a good oversight of adverse incidents, such as an accident. This included a review of what had gone wrong and what action needed to be taken to prevent it happening again. However, there was a lack of evidence that the manager had confirmed that all actions had been taken. This has now been addressed and we were satisfied that the manager had an overview of actions taken. During the inspection we also discussed the need to ensure improvement is sustained. (See area for improvement 1 above).

The service had also taken appropriate action as a result of surveys or feedback about people's experiences of living in Isobel Fraser having introduced the use of the "You said We did" framework to make sure people feel their input is valued and provide assurance.

Two monthly residents meetings are also used to keep people informed about developments and involved in decision making.

In conclusion, the service had responded effectively and have put measures in place to address the area for improvement.

This area for improvement has been met.

Previous area for improvement 2

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)

This area for improvement was made on 7 October 2022.

Action taken since then

This area for improvement has been met. See section 'People experience high quality facilities' above.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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