

Fleet Valley Care Home Care Home Service

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Gatehouse of Fleet
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Telephone: 01557 814 449

Type of inspection:
Unannounced

Completed on:
2 May 2025

Service provided by:
Fleet Valley Care Ltd

Service provider number:
SP2019013364

Service no:
CS2019376881

About the service

Fleet Valley Care Home is registered to provide a care service to a maximum of 43 older people with assessed care and support needs. Inclusive in this number is a maximum of 5 places for adults aged 50 years and above with care and support needs associated with ageing. The provider is Fleet Valley Care Home Ltd.

The home is situated in the small town of Gatehouse of Fleet, Dumfries and Galloway. Fleet Valley Care Home is located on the main road through the town, with views over the countryside and has easy access to the local community, shops, and services.

There are shared bathing/shower rooms and access to communal lounges and dining/kitchen area. All 43 bedrooms have en-suite toilet and sink facilities. Accommodation is provided over two floors with a lift to the first floor. The ground floor has access to a large, enclosed garden with seating. There are car parking spaces to the front of the building for staff and visitors.

At the time of the inspection 42 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 30 April and 01 May 2025. 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 14 people using the service who were able to give their opinion and six relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with one visiting professional.

Key messages

- The staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from regular activity and social opportunities.
- Families reported being happy with the care and support their loved ones received.
- The home was clean and welcoming.

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 staff team?	5 - Very Good
How good is our setting?	4 - 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?

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 told us that staff interacted warmly and respectfully with them. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. This supported good conversations and growing good relationships and gave people a strong sense of their own identity and wellbeing. We were told that care and support was carried out in a dignified way and personal preferences and choices respected.

Feedback was positive about the quality of care and support people received. Comments included "I enjoy getting out and about, the service is brilliant, and everyone is friendly" "staff are very good and know what I like" and "I have no complaints about the service, it's a lovely home." Relatives' comments included "My dad is very happy here, they all do a fantastic job" and "the communication is excellent, I am always kept informed."

People enjoyed coming together for meals. Staff ensured that mealtimes 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's health and wellbeing benefitted from the provision of high quality and well-presented food.

Activities involved all care staff but were led by an activities co-ordinator. People's preferences for activities were noted in their personal plans. People were provided with a weekly activity plan which included physical exercise classes, entertainment, arts and crafts and group trips out of the home. Relationships between people experiencing care were developed because of well provided activities.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with 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.

Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences. We saw and heard about reviews which fully involved the person receiving care and their relatives. The interventions by staff showed that there was structure and meaning for the individual, encouraging independence and to take control of their life.

Supported people, relatives and staff were encouraged to participate in satisfaction surveys to gather feedback. The service ensured people had the opportunity to give their views. Actions taken as a result of feedback were recorded and shared and then informed service improvement. This ensured that people experiencing care influenced the direction of the service.

How good is our leadership?**5 - Very Good**

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

The service demonstrated a positive attitude towards quality assurance. There was regular audit of incidents, accidents, falls and key health needs such as nutrition, oral health, and skin care. The themes emerging from audits informed care planning, ensuring care was responsive to people's individual needs. The management team had a very good oversight of what was happening within the home. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

A review of the complaints received by the service showed that these had been responded to promptly. Complainants were advised of the method of investigation and the outcome of their complaint. Where a complaint had been upheld an apology was offered. The findings of complaint investigations were used to enhance learning and improve practice. This reflected a learning culture with improved outcomes for people.

There was a Service Improvement Plan, which focussed upon improving the experience of people using the service. This demonstrated that there was a commitment to evaluating the service and learning from feedback from residents, relatives, and other stakeholders.

The service produced a regular newsletter and used social media to provide information on what was on offer in the service and activities that had taken place. The newsletter included an invitation to friends and relatives to share their views on the service provided. The feedback from people was overwhelmingly positive.

Staff, relatives and visiting professionals spoke highly of the management team. They were positive about communication and commented upon the visibility of the manager. Staff felt able to approach managers and were confident that their views would be listened to.

Overall, we found very good leadership within the home, with a clear focus on improving the quality of life for the people living in the service.

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

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

The staff team were valued by people experiencing care. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: "The staff are amazing and work hard," and "I am well looked after". Relatives we spoke with said they felt well supported by the staff team and were reassured that their loved ones were being looked after. This assured us that the staff team were caring and considerate in their practice.

The management team monitored the staffing levels required to safely meet peoples' needs. These were regularly reviewed and updated to ensure there were sufficient staff working within the service. Staff were familiar with people and the service. This ensured that people were supported by staff they knew and provided continuity of care.

Staff were encouraged and motivated in their roles. Staff we spoke to told us that the management team

were supportive. Training was ongoing and the service had champions roles to support staff progression. There was evidence of good communication for staff including meetings, handovers and supervision. This ensured that the staffing arrangements were right, and staff worked well together.

Staff received supervision in line with organisational policy, where self-evaluation was used to encourage staff to reflect on their practice. Supervision provided an opportunity to talk about their development. Staff spoke positively of the process of supervision where they felt able to bring up anything positive or negative about their work and life outside of the home. They felt valued and a sense of commitment towards the home.

The service aimed to employ staff with the right values to support people and protect them from harm and had a range of policies and procedures to help promote this. We reviewed how safely staff had been recruited and found that best practice had been followed with all relevant checks completed. Staff were provided with a good level of induction when they started to provide them with enough knowledge to support people safely.

How good is our setting?

4 - Good

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

The environment was fresh and clean throughout, and we saw evidence throughout the day of staff routinely cleaning well used surfaces, such as touch points and flooring. Domestic and housekeeping staff had received training and were following good practice which helped keep people safe and well. This meant that the risk of the spread of infection was reduced.

The home was warm and welcoming. The home had been working to make the home dementia friendly. An assessment tool was used, and some areas had been actioned. The home continued to work on areas identified to enhance the setting to good practice and improve outcomes for people.

The home had an enclosed outdoor garden, seating areas, potting shed and greenhouse. People spoke positively about accessing the garden and meaningful activity connected to this. This ensured there were increased opportunities for people to spend time outside which will benefit physical and mental health.

The home's refurbishment plans showed areas of improvement that had been carried out such as new flooring, handrails and redecoration. These improvements had made a difference in people's experiences. Some areas of the home were not as nice as others and needed updating. For example, the ensuite and communal bathrooms. We discussed this with the management team and were assured these areas were part of a phased improvement plan for the home.

The communal areas were welcoming, spacious and tidy. The environment and equipment were generally cleaned to a high standard and well maintained. Any issues reported were actioned quickly, promoting people's health and safety. Maintenance records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure.

How well is our care and support planned?

5 - Very Good

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

It is essential staff have all the relevant information about each person to be able to deliver care and support effectively. Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make. Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs completed when this was people's chosen outcome. Anticipatory care plans were recorded showing discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

When people's health needs had changed, personal plans and risk assessments were promptly updated. 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

In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered. This should include but not limited to:

- a) Records are completed in a timely manner and follow best practice guidance including date and time of recording
- b) Outcomes for people are captured in daily recordings
- c) Maintain accurate records of the support and assistance provided with repositional changes
- d) Staff are aware of the importance of accurately completing care plans and related documentation, and their accountability in line with professional Codes of Practice

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21)

This area for improvement was made on 12 December 2023.

Action taken since then

We looked at personal plans and could see daily records had been completed by staff. The home had been working with staff to improve record keeping. We checked daily charts and were satisfied that records reflected support given to meet people's care and support needs.

This area for improvement had been met

Previous area for improvement 2

So people benefit from high quality facilities that promote choice and support privacy and dignity, a review of bathing and showering facilities should be undertaken. This should be done in line with current best practice and show that the views of people living in the home are central to this improvement work.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

This area for improvement was made on 12 December 2023.

Action taken since then

Surveys had been carried out by the home to look at ensuite facilities. Some areas of work would require disruption and structural change therefore the home felt this was not viable at this time. The home improvement plan took into account ensuite and communal bathrooms and we discussed this with the management team. Improvement in this area is still needed and the home gave assurance that plans will be taken forward to ensure better outcomes for people. People's views had been sought and bathing preferences were recorded in people's plans.

This area for improvement has been met

Previous area for improvement 3

So people can be assured systems are in place to support safe infection prevention and control practice, the following actions should be taken:

- a) Ensure up to date guidance is known to those staff accountable for infection control and regular reference to National Infection Prevention and Control Manual is made so practice is in keeping.
- b) Ensure hard to clean surfaces such as wooden handrails are reviewed.
- c) Ensure the standards of cleanliness is monitored, including soft furnishings.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective." HSCS (1.24)

Monitoring of the standard of cleanliness was in place and staff were aware of up to date guidance. Some minor points were noted during inspection but the manager acted promptly to address these. New handrails had been fitted to the ground floor and a plan was in place for the first floor handrails to be replaced. We have reported on this further under Key Question 4 – How good is our setting?.

This area for improvement had been met

This area for improvement was made on 12 December 2023.

Action taken since then

Monitoring of the standard of cleanliness was in place and staff were aware of up to date guidance. Some minor points were noted during inspection but the manager acted promptly to address these. New handrails had been fitted to the ground floor and a plan was in place for the first floor handrails to be replaced. We have reported on this further under Key Question 4 – How good is our setting?.

This area for improvement had been met

Previous area for improvement 4

To ensure the setting meets the needs of people, the provider should consider specialist dementia design when planning and carrying out any renovations or redecoration within the home. Best Practice guidance such as The Kings Fund Tool and the Care Homes Design Guide should be referred to.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "The premises have been adapted, equipped and furnished to meet my needs" (HSCS 5.18) and "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.24)

Action taken since then

The home had carried out a six-monthly assessment and actions had been taken. New signage had been ordered and awaiting delivery. Improvements continue to be made.

This area for improvement had been met

This area for improvement was made on 12 December 2023.

Action taken since then

The home had carried out a six-monthly assessment and actions had been taken. New signage had been ordered and awaiting delivery. Improvements continue to be made.

This area for improvement had been met

Previous area for improvement 5

The provider should ensure that people, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs. 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 1.4).
Action taken since then

Future planning wished had been recorded within people's plans. We have reported on this further under Key Question 5 – How well is our care and support planned?

This area for improvement had been met

This area for improvement was made on 12 December 2023.

Action taken since then

Future planning wished had been recorded within people's plans. We have reported on this further under Key Question 5 – How well is our care and support planned?

This area for improvement had been 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?	5 - Very 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
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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