

Care service inspection report

Full inspection

Hayfield Residential Services Care Home Service

250-268 Ballater Street
Glasgow

Service provided by: Hayfield Residential Services

Service provider number: SP2005007544

Care service number: CS2003000848

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

| | | |
|--------------------------------------|---|-----------|
| Quality of care and support | 5 | Very Good |
| Quality of environment | | N/A |
| Quality of staffing | 5 | Very Good |
| Quality of management and leadership | | N/A |

What the service does well

Staff and managers continued to provide residents with ample opportunities to give their views and opinions about the service they received. A range of communication systems were used including British Sign Language (BSL) and accessing sign language interpreters if required.

Many of the staff had worked with residents for a number of years which meant that they had developed a clear understanding of each person's desired outcomes and personal wishes.

The service continued to give appropriate priority to residents' health and well-being.

What the service could do better

Staff we spoke with had a good understanding of the Scottish Government's "Keys to Life" strategy, and lessons learnt from Winterbourne View where the abusive treatment of adults took place. A few staff we spoke with indicated that they would benefit from more learning and development in these areas.

A recommendation made at the previous inspection that the manager should develop a service improvement plan, remained unmet.

The service had developed a satisfaction survey for families and for external agencies to complete. However, this means of participation did not achieve a good response from external agencies. Accordingly, a recommendation we made about this at the time of the last inspection was not yet fully met. Other ways such as capturing external agency feedback, for instance through review processes, should be considered.

New recommendations following this inspection include developing the training programme further to reflect the needs of older people and reflecting management overview in incident records.

What the service has done since the last inspection

Medication procedures had been revised in line with advice from our pharmacy adviser. Staff told us they were receiving training in line with the revised procedures.

Communication methods had further developed since the last inspection with the introduction of 'Graphic Facilitation'.

Residents at Cowcaddens had moved into refurbished flats and we could see that this had meant that they were enjoying better living arrangements.

Medication cabinets had been purchased for each resident's bedroom as a means to achieving a more person centred approach to managing the person's medicines.

Conclusion

We could see that staff and managers were fully committed to the ensuring that residents enjoyed an enriched and fulfilled quality of life with as much control as possible over how they lived their lives.

1 About the service we inspected

Hayfield Residential Services registered with the Care Inspectorate on 1 April 2011 as a care home for adults with physical and sensory impairment. It provides support and accommodation for up to a maximum of 23 residents across four addresses in the east end and centre of Glasgow.

Hayfield Support Services with Deaf People operates this service.

As well as deafness, residents may have other support needs such as learning disability or mental health problem.

The stated aims and objectives of the service include providing an environment in which each individual deaf person can progress, either toward developing skills and confidence for independent living or toward a significant enhancement in their quality of life.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - N/A

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This unannounced inspection was carried out by one inspector on the following days: 28, 29 and 30 June 2016, across the day and evening. We gave the manager feedback on our findings at the end of the inspection.

We took account of the completed annual return and self assessment forms that we asked the provider to complete and return to us.

We sent out questionnaires to the staff team and received five back.

During the inspection process, we also gathered evidence from various sources including the following,

We interviewed:

- seven people who used the service with the help of sign language interpreters
- five support workers
- the manager

We attended a staff team meeting and also observed staff practice during our visits to the main accommodation in the Gorbals area of the city and one of the community flats in the centre of the city.

We looked at a range of organisational policies, procedures and documents including:

- support plans and review paperwork
- staff training records

- team meeting minutes
- staff supervision records
- certificate of registration
- notifications of incidents
- accident and incident records
- staff personnel files and recruitment checks
- resident house meeting minutes
- medication records
- staff supervision records
- staff induction programme

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

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The Care Inspectorate received a fully completed self assessment form from the service providers. We were satisfied with the way the document had been completed. It identified what the service did well, areas for improvement and any changes that were planned. It also included the involvement of residents and the outcomes they experienced from service processes.

Taking the views of people using the care service into account

We spoke with seven out of the 18 residents currently living in this care home service with the assistance of two sign language interpreters. They all said they were very happy with the quality of the service. They told us that they got on well with staff and could speak with someone if they had any concerns. They told us that staff were good communicators and treated them with respect.

Taking carers' views into account

We did not speak with family carers on this occasion.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service Strengths

The provider had met the previous recommendation we made in relation to revising the medication policy. We could see that it was now in line with good practice guidance and feedback provided by our pharmacy adviser. The service was in the process of providing individual medication cabinets in residents' bedrooms to promote a more person centred approach to managing medicines. This was assisted by self medication assessments to promote independence in this area. We observed a staff member administering medicines in a competent and safe fashion.

We found an established staff team who knew residents well and who were proficient in sign language. This meant that when we spoke with them they could express a clear understanding of each resident's needs and wishes, daily routines and desired outcomes.

Support planning placed a high priority on health and well being. Records sampled were up to date and clearly written, showing how staff should support the person. Reviews took place regularly involving all interested parties and clearly focused on outcomes for the person. Risk assessments were devised where necessary to promote independence and keep people safe.

Staff described an open culture and felt able to report any wrongdoing. Most staff we spoke with were aware of the provider's 'Whistleblowing' policy and the lessons learnt from Winterbourne View. We also found a better awareness of the Government's learning disability strategy, 'Keys to Life'. Managers should continue to reinforce staff's learning where there were gaps in knowledge regarding these areas.

A range of meaningful activities took place across the service, at home and in the community. This meant that new experiences and skills, hobbies and interests were encouraged and maintained.

Regular health checks, for instance, regarding dental and oral care were maintained with special arrangements put in place to meet individual needs. There remained a strong focus on health screening and health promotion programmes.

We found good attention to staff training, which was focused on the specific needs of residents.

We observed staff practice and interactions with residents during this inspection. We noted various examples of acceptance, inclusion and staff encouraging decision making and self help skills.

Areas for improvement

In some cases, support plans would be more accessible if older paperwork was removed and archived.

Usually medication protocols for 'as required' medication were suitably detailed. We highlighted one example to the manager where this was not the case so that it could be addressed.

We could see that the service was focusing on healthy eating with individual staff taking on nutrition champion roles. This initiative should be backed up with relevant training on nutrition, appropriate to the champion role.

Infection control was a higher risk issue in one of the community flats we visited. We signposted the manager to a new online resource manual from the NHS to assist staff in maintaining appropriate levels of hygiene. (Available at www.nipcm.hps.scot.nhs.uk)

With the changing needs of some residents, the manager should ensure that the needs of older people are better reflected in the training programme, for instance in relation to falls prevention, continence care, etc... (See Recommendation 1).

Regarding incident records, we noted that records now reflected further actions and consequences. They should also evidence manager overview and signing off (See Recommendation 2).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The training programme should be further developed to better reflect the needs of older people.

National Care Standards (NCS) 5 Care Homes for People with Physical and Sensory Impairment -Management and Staffing Arrangements

2. Incident records should include management investigation/overview, be signed off by a member of management and indicate actions taken and/or lessons learnt.

NCS 5 Care Homes for People with Physical and Sensory Impairment - Management and Staffing Arrangements

Statement 4

"We use a range of communication methods to ensure we meet the needs of service users."

Service Strengths

The service was performing very well in relation to this statement.

The manager planned to roll out a health and hospital passport for each service user. This would help to inform medical and hospital staff about the person's communication needs, likes and dislikes, etc... and would be in keeping with the Scottish Government's Keys to Life strategy.

We were impressed by the range of communication aids used by the service, as it meant that service users were given every opportunity to get their views across and be understood by staff who supported them. For instance, the service used visual calendars, finger spelling, BSL, photographs and computer graphics. An interactive wall board was used at the provider's day centre to facilitate review meetings.

Staff had recently received training in graphic facilitation. This communication method was a more immediate method of communication based on large scale imagery to lead groups and individuals towards a goal and facilitate various processes such as meetings. We could see that this graphic facilitation was beginning to be used within the service, for instance, to record service user house meetings. Plans were in hand to put service users through graphic facilitation training as well.

Support staff were trained to a minimum of BSL level 2 and some had level 3 or higher. Refresher courses in signing skills continued. We noted that there was little turnover in staff and this meant that service users benefitted from staff who knew them well and understood the signs they used which were often unique to them. The well established staff group provided consistency and good understanding of each service user's emotional, social and health care needs.

The complaints procedure, service user surveys, reviews and other key information processes were translated into pictorial and graphic form to make them user friendly.

When we spoke with service users, using the assistance of sign language interpreter or a support worker, they told us that communication was not a problem in the service. Comments included,

"Staff are good at communicating in an easy way".

"I can understand staff".

"No bullying or shouting".

"Staff have improved at signing".

We noticed a warm and friendly atmosphere during our visits. This encouraged communication, learning and cooperation.

We noticed that preferred methods of communication were recorded in care records. Reviews recorded the person's preference on how they wanted assistance to communicate their views, such as a support worker or an interpreter, and who they wanted to attend. In general, we found that the review system was an effective system for tracking peoples progress with identified outcomes.

Areas for improvement

We commented at the time of the last inspection that there were delays in providing minutes of house meetings to residents and staff, which detracted from their value. This remained an area for improvement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Quality theme not assessed

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

We sampled staff personnel records and found that appropriate recruitment checks were carried out to assess the quality and suitability of applicants. These included:

- application forms and curriculum vitae
- interviews involving residents
- interview assessments
- identity checks
- references
- Protection of Vulnerable Adult Group (PVG) scheme applied
- registration checks with a professional body
- an induction (training) process.

New staff were subject to a probationary period which could be extended if necessary. During this time their performance and suitability would be monitored and training was on-going with any additional support and guidance being provided.

Areas for improvement

There was scope to involve residents in the formal probationary assessment process for new staff.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

We made a recommendation following the last inspection in relation to improving aspects of staff approachability as some residents had raised this as an issue. We understood that managers had discussed this issue with staff. On this occasion, residents we spoke with indicated that they did not have any difficulty communicating and approaching staff. Comments included,

"I would tell staff if I had any worries".

"Staff do not shout at me".

"We write things down and talk about things".

"Staff make me feel safe".

"Nobody forces me to do anything".

"Staff treat me well".

We observed positive interactions between staff and residents based on mutual respect and understanding. There was a strong sense that people felt safe and secure with staff and in their home surroundings.

The service's slogan was "nothing about me, without me". Staff and residents were able to give examples of how this was the case in practice.

Staff provided regular opportunities to listen to the views of residents individually or in a group through house meetings. Consequently, when we spoke with people they told us that they felt listened to and respected.

We noted a very good use of communication aids such as computer graphics and photos to communicate with people and help them make informed choices.

The service had introduced separate family and external agency questionnaires to gain the views of these key stakeholders. However, this means of participation did not achieve a good response from external agencies. Accordingly, a recommendation we made about this at the time of the last inspection was not yet fully met (See Recommendation 1). Other ways such as capturing external agency feedback, for instance through review processes, should be considered.

Adult protection incidents were taken seriously and reported to relevant agencies. Managers co-operated with any investigations that took place. For instance, we spoke with a care manager who had conducted an investigation into alleged adult protection concerns. She reported that staff and managers were open and transparent during her investigation and that the alleged concerns were unfounded. The care manager commented that she found staff to be attentive to residents' needs and wishes and that their human rights were protected.

Areas for improvement

From reviewing team meeting minutes and speaking with staff we gained the impression that there remained scope to provide more opportunity for staff to discuss topics related to values, culture and good practice guidance. Staff told us that they were aware of, but did not use online resources, such as 'The Hub', a one stop location for accessing good practice guidance, learning about innovative practice and accessing resources that support continuous improvement (Available at, www.hub.careinspectorate.com). Managers should consider ways to incorporate these resources into group discussion topics and self learning with staff.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service should seek better ways to receive and retain the comments of care managers, health professionals and other relevant stakeholders on the quality of the service it provides.

NCS 11 Care Homes for people with physical and sensory impairments -
Expressing Your Views

Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The manager should ensure that the staff team have access to both the Winterbourne View report and the "Keys to Life" Scottish Government strategy and that they are given the opportunity to consider the lessons learnt from the former as well as develop a service response to the relevant recommendations within the latter document.

National Care Standards (NCS) 9 Care Homes for people with physical and sensory impairments - Feeling Safe and Secure and NCS 14 Care Homes for People with physical and sensory impairments - Keeping Well - Healthcare

This recommendation was made on 10 June 2015

The manager confirmed that service locations had been given these documents. Most staff we spoke with had an awareness of their contents. Managers should continue to provide opportunities for staff to develop an understanding of Keys to Life and the Winterbourne View report as part of team and individual staff learning and development.

2. The medication policy should be reviewed as a matter of priority, in the light of the advice given by the Care Inspectorate's pharmacy adviser and good practice guidance (See <http://www.careinspectorate.com>).

NCS 5 Care Homes for people with physical and sensory impairments - Management and Staffing Arrangements and NCS 15 Care Homes for people with physical and sensory impairments - Keeping Well - Medication

This recommendation was made on 10 June 2015

This recommendation was now met.

3. The manager should review staff practice in the light of residents' comments about instances of inappropriate non-verbal communication, linking this to learning from Winterbourne View and "Keys to Life".

NCS 5 Care Homes for people with physical and sensory impairments - Management and Staffing Arrangements

This recommendation was made on 10 June 2015

This recommendation was now met.

4. To drive forward continuous improvement the manager should develop a service improvement plan involving stakeholders and the product of a whole team effort, which can be regularly discussed and updated.

NCS 5 Care Homes for People with Physical and Sensory Impairment - Management and Staffing Arrangements and NCS 11 Care Homes for people with physical and sensory impairments - Expressing Your Views

This recommendation was made on 10 June 2015

This recommendation was not yet met.

5. The service should seek better ways to receive and retain the comments of care managers, health professionals and other relevant stakeholders, on the quality of the service it provides.

NCS 11 Care Homes for people with physical and sensory impairments - Expressing Your Views

This recommendation was made on 10 June 2015

This recommendation was not fully met. The service had developed a satisfaction survey for families and external agencies to complete. However, this did not achieve a good response from external agencies. Other ways such as capturing feedback through review processes should be considered.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|--|
| 10 Jun 2015 | Unannounced | <div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>4 - Good</div> |

| | | | |
|-------------|-------------|--|--|
| 3 Jun 2014 | Unannounced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good |
| 18 Jun 2013 | Unannounced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good |
| 18 Jul 2012 | Unannounced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 4 - Good 5 - Very Good 5 - Very Good |
| 9 Feb 2011 | Unannounced | Care and support Environment Staffing Management and Leadership | 5 - Very Good Not Assessed Not Assessed Not Assessed |
| 9 Jul 2010 | Announced | Care and support Environment Staffing Management and Leadership | 5 - Very Good Not Assessed 5 - Very Good Not Assessed |
| 30 Mar 2010 | Unannounced | Care and support Environment Staffing Management and Leadership | 5 - Very Good Not Assessed 5 - Very Good Not Assessed |
| 10 Jul 2009 | Announced | Care and support Environment Staffing Management and Leadership | 5 - Very Good 4 - Good 5 - Very Good 5 - Very Good |
| 22 Jan 2009 | Unannounced | Care and support Environment Staffing Management and Leadership | 4 - Good 4 - Good 4 - Good 3 - Adequate |

| | | |
|-------------|-----------|---|
| | | |
| 13 Aug 2008 | Announced | <div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>3 - Adequate</div> |

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