

Hope Park House Care Home Service

Balmoral Road
Ratray
Blairgowrie
PH10 7HU

Telephone: 01250 872 349

Type of inspection: Unannounced
Inspection completed on: 14 February 2018

Service provided by:
Hope Park Trust

Service provider number:
SP2003002117

Care service number:
CS2003009759

About the service

Hope Park is an extended Victorian Villa set in spacious grounds located in the residential area of Rattray, Blairgowrie. The extension was built in 2015 which provides additional lounge, dining and seating areas for people. There are lovely, private enclosed gardens for the residents to enjoy with seating and bird feeding areas.

The home is registered to care for 32 older people and there is an additional registration for a day care service which is inspected separately.

The home is run on a voluntary basis by the Hope Park Trust - Smith Bequest.

At the time of our inspection there were 31 residents living at Hope Park.

What people told us

Prior to our inspection we sent out 10 questionnaires to residents and relatives. Seven were returned to us from relatives. We also spoke with four residents. An inspection volunteer also helped us during this inspection who spoke with five residents and four relatives. The volunteer is someone who has experience of care services or has cared for someone who has experience of care services. Their role is to speak to people using the service, their relatives and any visitors to find out people's views about the service we are inspecting.

The majority of views were very positive overall. Residents were complimentary about the food and homebaking, and felt they were treated with dignity and respect. People also told us their routines were adhered to with regard to rising in the morning and going to bed. Everyone was complimentary about the staff, a few people commented they felt staff did not always have time to sit and chat. There was a mix of responses with regard to meaningful activity, some people told us they didn't have much to do and others told us there was always something going on, including trips. Comments included:

"Hope Park is a great care home"

"To Hope Park I give 10 out of 10"

"I cannot praise the staff highly enough"

"I get on very well with the staff, they are a lovely bunch."

Self assessment

We no longer ask services to submit a self assessment. Instead we look at the overall development plan the service has in place and we make reference to this under Management and Leadership.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We looked at a sample of care plans for residents. We could see from these that time had been taken to gather life history. We saw that residents' routines and preferences were recorded alongside their interests and any hobbies they had. This ensured that staff could plan and deliver individualised care. Reviews were carried out in accordance with recommended timescales.

Residents who were at risk of skin breakdown were provided with pressure alleviating equipment. We saw regular input from other health professionals such as the Community Psychiatric Nurse, District Nurse and Speech and Language Therapist for those residents who required this. Safety measures were also in place for people who were at risk of falls, for example bedrails and sensor mats.

We saw that there was an overview of residents' weight and any associated nutritional needs were noted in care plans. People were supported at meal times in a kind and discreet manner with some residents receiving assistance in their rooms. We discussed with the management team that staff could interact more with residents during mealtimes, and that more choice could be provided regarding drinks and condiments. We also suggested that drinks should be available in main lounge areas which would also promote independence.

Overall the medication administration and recording was good. We reminded the management team that the outcome of "as required" pain relief should always be recorded to ensure this has been of benefit. In addition, we also noted that one resident received regular "as required" medication over a substantial period and therefore this should be reviewed by the GP.

We discussed overall that care plans could improve by ensuring the evaluations record if the care has supported the resident well and what the care has achieved for the resident in terms of independence. We also discussed that there was not enough information in care plans about residents fluctuating mental wellbeing and how they should be supported, or any note of possible triggers for distress.

Finally we discussed with the management team that at times there were a high number of residents in main lounge areas with no staff presence. We have asked that this be re-considered alongside resident's dependencies, in particular, for those who are assessed as high risk of falls.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

This quality theme was not assessed.

Quality of staffing

Findings from the inspection

Overall staff at Hope Park are held in high regard by residents and relatives. We saw from our observations that staff treated residents with kindness, dignity and respect. Staff told us they worked well together, with one staff member stating "we are a big happy family here." We noted that staff attended regular meetings and had supervision with their manager. We heard an example from a staff member who raised concerns with the manager and was confident this was addressed quickly and effectively. This promoted confidence within the staff team.

Staff told us that they felt the induction they received was thorough and they had opportunities to meet with their manager to discuss progress. We sampled staff recruitment records and found that people could be assured that new staff had been selected using best practice guidance.

Overall residents and relatives praised the staff highly. Comments included:

"All staff are courteous and caring."

"We are happy we are able to approach staff with any concerns and that they will be dealt with promptly and effectively."

We discussed with the management team that both the supervision and induction records should include how training has improved staff practice and how this overall has improved the care of residents. We further discussed that it was unclear to us how the needs of the residents were currently being met by the numbers and deployment of staff on duty. We address this further under the Management and Leadership theme of this report.

Staff opinions overall were that there were enough staff to care for residents during this day, but that night shift could fluctuate in terms of how staff could respond to the needs of people without delay. We discuss this further under the Management and Leadership theme of this report.

Some staff told us they would like more training relating to dementia. Some staff had not undertaken essential mandatory training but were included in staffing numbers. We have also addressed this under the Management and Leadership theme of this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Staff told us they felt well supported by their senior and by the management team and that they could approach them at any time should the need arise.

Audits of the service are carried out regularly, these included medication, the cleanliness of the environment and the maintenance of equipment used within the home such as hoists and stand aids. We noted that the service for these were out of date. A record was kept of accidents and incidents. We noted that not all falls had been noted in the audits for one particular resident.

The management team had a good overview of staff registration with the Scottish Social Services Council (SSSC) and how staff were supported and encouraged to obtain necessary qualifications.

The service has plans to develop further by extending the community links and how residents can be a part of this.

We discussed in full with the management team that an overview of training for all staff should be produced. In this way identified outstanding essential training, including refresher training can be easily highlighted. Staff should not be included in numbers on rotas without essential training being undertaken.

The management team have agreed to progress with ensuring that dementia training is provided for all staff, alongside identified leadership roles.

We discussed with the management team that some of the audits required to be more analytical, in particular the monitoring of accidents and incidents and the proposed prevention of these. The service should also undertake observations of staff practice, this also supports any training needs that may be identified and how staff are deployed throughout the home.

We have asked that the management team evidence how the current staffing numbers effectively meet all of the residents' needs, in particular, those living with fluctuating levels of distress and cognitive impairment. It was not clear to us from the information we looked at that all of residents' needs were taken into account and from the sample of care plans, we noted for one resident their mobility needs were not recorded accurately.

Finally, the service should progress with their development plan highlighting the main areas they have identified for improvement and moving the service forward. This should take into account their audit findings and include the views of both relatives and residents.

We have made a requirement and recommendations below in accordance with our findings.

Requirements

Number of requirements: 1

1. The provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques in order to protect service users and staff. All staff must receive appropriate training and updates in line with good practice guidance in order to carry out safe and effective practices.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users Regulation 15(a) and (b), (i) and (ii) - Staffing

Timescale: To be completed no later than 28 February 2018.

Recommendations

Number of recommendations: 5

1. The management team should progress with the implementation of their development plan, including how the staff will be supported to undertake leadership roles within the home.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

2. The management team should ensure that current guidance is used with regard to Falls and Fractures and ensure the analysis of these highlights any patterns with any identified prevention plan. The falls information must also be recorded accurately for each resident.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

3. The management team should undertake additional assessments of residents overall care needs over a 24 hour period that are not currently considered in the assessment tool the service use. In particular, this should include residents' mental well-being.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

4. The audits currently undertaken by the service need to develop further. These should include observations of staff practice, the meal time experience and how the views of residents and relatives are acted upon.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

5. All health and safety statutory service maintenance for equipment should be carried out within the recommended timescales.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should review all care plans to ensure that these clearly describe all the support needs of service users and that these are updated when any changes occur. This should include ensuring that all legal support documentation is accurate and up-to-date.

National Care Standards Care Homes for Older People – Standard 6: Support Arrangements.

This recommendation was made on 19 August 2016.

Action taken on previous recommendation

We saw from the sample of care plans we looked at that the needs of people were highlighted and updated where required, for example risk assessments were updated after a fall. In one instance, it was not recorded who held welfare powers for a resident and some consent forms required signatures. Other care plans we sampled had all relevant information contained within them. We have discussed this with the service and will therefore not repeat the recommendation.

Recommendation 2

The service should ensure that all staff update their training to the new e-learning system introduced by the provider.

National Care Standards Care Homes for Older People – Standard 5: Management and Staffing Arrangements.

This recommendation was made on 19 August 2016.

Action taken on previous recommendation

We have discussed this under the Management and Leadership theme of this report and have made a requirement in this regard.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
19 Aug 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
21 Sep 2015	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
2 Oct 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
28 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
25 Jun 2013	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

Date	Type	Gradings	
28 Feb 2013	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
28 Oct 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
6 Apr 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
3 Feb 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed
14 Jul 2009	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Feb 2009	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
19 Dec 2008	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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