

Highview Care Home Care Home Service

Scorguie Avenue
Inverness
IV3 8SD

Telephone: 01463 711331

Type of inspection:

Unannounced

Completed on:

27 July 2018

Service provided by:

Barchester Healthcare Ltd

Service provider number:

SP2003002454

Service no:

CS2007142927

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

The service was registered with the Care Inspectorate on 1 April 2011.

Highview Care Home is registered to provide a care service for up to 83 older people. This may include provision of respite care to a maximum of two older people. A maximum of six places may be used for adults with sensory and physical impairments.

Highview is a purpose-built home which has been extended. The care home is situated in a residential area in Inverness.

The home provides 71 single rooms and six double rooms, all with en-suite facilities, comprising a toilet and wash hand basin. Double rooms are only used to accommodate those who wish to share and are generally used as single accommodation.

A purpose-built unit 'Memory Lane' provides care for 22 people with dementia. The unit is part of the overall care home but has its own specific facilities and staff group. The remainder of the rooms are split over two floors with lift access. There are two designated dining rooms, a lounge and various communal areas.

The service states in their philosophy of care; that they focus on improving and developing the quality of care, the environment, hospitality services and the choices they offer service users.

What people told us

Prior to the inspection process we sent a sample of 25 care standards questionnaires to those using the service and also 25 to relatives/carers. We received back 11 completed by those using the service and 17 completed by relatives and carers. Of those questionnaires returned 27 people told us that overall they were 'happy' with the quality of care and support provided, while one person 'disagreed' that they were happy. However, there were many varied comments recorded in the returned questionnaires.

Comments included:

'My relative is very happy at Highview and is well cared for.'

'All staff are very friendly and approachable and introduced themselves at first meetings with them.'

'Management are approachable and staff welcoming.'

'My husband has been welcomed with open arms, nothing is too much trouble.'

'There continues to be times especially at weekends where there seems to be too few staff on duty and residents are waiting to be attended to.'

'We sometimes feel that there is not enough staff on duty especially at weekends.'

'Generally an excellent place - many outstanding members of staff - feel more staff would help.'

'Overall I am happy with the quality of care, but there has been times when my relative has had to wait a long time for a carer to help her.'

'There have been times when we have asked for personal things for our relative and it hasn't been done.'

As part of the process we involved an inspection volunteer who spent time with a number of people to gain their views. This included six people who were using the service and four relatives/carers.

We also spent time speaking with another nine relatives/carers to gain further views during the inspection.

People's views were taken into account on completion of the process and used to help inform our feedback to the service.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service. This was discussed at feedback and reported on under the management and leadership theme.

From this inspection we graded this service as:

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

What the service does well

At the time of the inspection the service was found to be providing an adequate level of care and support and a good level of management and leadership.

We observed some staff supporting people in a warm and positive way and showing knowledge of people as individuals. It appeared that some staff knew people that they were caring for well. Certain members of staff stood out in this respect.

Care plans should give clear direction about how to deliver each person's care and support, along with details of personal interests and preferences. This is important in ensuring that care is provided according to the needs and wishes of individuals. In this service we saw that plans generally did take into account the person as an individual and people's physical care needs appeared well described.

People should be confident that their care and support meets their needs and is right for them. This is achieved by ongoing reviews of outcomes to ensure the right support is provided. We could see that some people experiencing care, or their relatives/carers, were involved in the planning and regular reviewing of their care.

People should be confident that they will be given the correct medicines at the right times. This ensures that people receive the medicines they need to improve or maintain their state of health. We saw that staff generally were appropriately trained and their skills regularly assessed as part of their ongoing supervision. We saw that safe medication storage and administration procedures were generally being used and regularly checked to identify any issues and that some work had taken place to address previous medication issues. We observed communication with a local GP practice which was addressing someone's ongoing pain, this showed good insight, knowledge and understanding of the persons situation in that particular circumstance.

People should be able to enjoy unhurried snack and meal times in as relaxed an atmosphere as possible. The mealtime experience we observed on one day was good in a particular unit, tables were set nicely with menus and staff ensured that one person had access to their own favourite snack which was important to them. This particular meal time was observed to be an enjoyable social experience. Staff supported people well and offered help and encouragement. We observed relatives also being offered meals. We saw some people looking comfortable and content in their own specific chairs which supported their care needs.

We saw positive relationships with some relatives and there was lots of chat, banter and laughter at times.

We saw that there were a range of activities taking place within the home and that the garden area was cared for and attractive with ready access to it for some people using the service.

People should experience a service that is well led and managed. In this service we saw that the service manager generally had positive relationships with people using the service, their relatives and the staff group. The senior team appeared visible and to have regular contact with staff and people using the service.

We saw evidence of positive relationships between the service and the wider health and social care team, which benefited those people being cared for and supported good communication.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes, in order to safeguard their care and support. At this inspection we saw evidence of some detailed quality assurance systems at an operational level and regular checks on some key systems within the service to identify areas that could be improved upon. We also did see some evidence to support the fact that there was an open culture within the home and a willingness to address issues that had occurred and reflect on these.

What the service could do better

We discussed staff rotas, numbers and skill mix as part of the inspection process. We could see that in general rotas were well-managed, dependency levels regularly assessed, staffing was generally in line with this and recent recruitment had been quite successful; however it was also the perception of a significant number of people using the service and some relatives / carers, that at times there has not been enough visible staff on duty to provide continuity and be available to people. This had particularly been noted by people at weekends. The layout of the building, skill mix and the routines of the day should be assessed to ensure that deployment of staff throughout the building is effective at all times. In particular weekends should be considered where the more senior team may not be present. This was discussed at feedback with the management team and acknowledged.

We looked at care for those with skin issues and found some inconsistencies in completion of documentation associated with this. We also found in one instance that dressings in use were not well organised or accounted for. This should be addressed to ensure that where prescribed the appropriate product is in use and resources

are effectively managed. We had some concerns over ongoing monitoring of the condition of people's skin, one recent incident in particular had highlighted the need for more comprehensive systems to be in place to safeguard those receiving care in this area. This was discussed at feedback and it was noted that once aware, the management team had made immediate efforts to address and investigate this. However this now needs to be further tested in practice. **(See requirement 1)**

Although we noted that there were various checks and safeguards in operation to ensure that medication was well-managed, there were still occasions where medication for individuals was out of stock, resulting in delays in it being given. Systems should be addressed to ensure that there is a clear audit trail of the reasons that this has occurred and what attempts have been made to address this as quickly as possible. **(See recommendation 1)**

Due to recent necessary changes in personnel, we observed that at times there could be a stronger leadership presence in the individual units and further monitoring of staff competencies throughout. **(See recommendation 2)**

We noted that at the present time there was not an active keyworker system in operation for all people using the service, which should be re-established to enhance person centred care and continuity within the home.

Although a positive dining experience was noted for one group on one day of the inspection, all experiences were not similar and could be improved upon. Cold drinks were noted on occasion to be out of reach of people and tea reported as being cold, an ice lolly offered to someone (a very positive thing in hot weather) became less positive when they were not assisted to remove the wrapper and were struggling with this unaided. There was also less social interaction for those who required less physical help from staff. The dining experience throughout the home should be reassessed to identify necessary improvements to ensure that it is positive for all. This was discussed at feedback and acknowledged by the service.

We saw that although good improvements had been made, not all required food and fluid recording charts were found to be accurately completed to reflect a true picture of what a person was eating and drinking, this should be further addressed. **(See recommendation 3)**

We saw that although some progress had been made in relation to six monthly reviews, some people did not appear to have had one within that timescale. **(See recommendation 4 - made at previous report and repeated below)**

We noted that some areas of the homes physical environment appeared to need attention, particularly the upstairs floor dining room which looked somewhat neglected, some individual rooms, the hub areas, two of the sluice floors and the carpeting in some areas. Some people appeared to be sitting in wheelchairs for prolonged periods and at times appeared to be 'parked' in the hub areas of the home which were busy thoroughfares. Other areas of the home were observed to require updating and redecoration. This was discussed at feedback and assurances given that there was a refurbishment plan in hand. This should be taken forward as soon as is practical, along with considering best use of communal areas.

Although activities and access to outdoors for some were clearly good, this was not consistently reflected for all. We noted that it would be helpful to consider that 'memory lane' should have its own dedicated activities staff and better access to outdoors could be provided.

Overall at this inspection we did note some inconsistencies in the quality of care that need to be addressed. However, we also noted positive feedback that we received from people using the service and from relatives/carers, and the management teams acknowledgement of issues and positivity with regards to addressing them.

Requirements

Number of requirements: 1

1. In order to ensure that people receive appropriate care and risk is minimised, the manager/provider must, by 31 October 2018, ensure that appropriate systems and safeguards are in place for specific regular checks to be made of people's skin integrity, particularly following any previous invasive intervention. These checks should be recorded and monitored for effectiveness.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and in order to comply with Regulation 4(1)(a) - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Best Practice Statement (March 2009): Prevention and management of pressure ulcers
http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/prevention_and_management_of_p.aspx

Prevention and Management of Pressure Ulcers Standards (2016)
http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/pressure_ulcer_standards.aspx
_practice.aspx

Recommendations

Number of recommendations: 4

1. In order to ensure that people consistently receive medication that is prescribed for them, the provider/manager should ensure that appropriate systems are in place to safeguard against medication becoming out of stock. This should include recording of reasons why this may have happened and what efforts have been made to ensure that medication is made available at the earliest opportunity.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

2. In order that effective care and support is offered throughout the home, overall staff practice observed effectively and good practice reinforced; the provider/manager should ensure an appropriate leadership presence is available on all units on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; "I should have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

3. In order to ensure that people receive appropriate support with eating and drinking, the provider/manager should ensure that where food and fluid recording charts have been put in place, they are completed accurately and people receive adequate food and fluid intake which is appropriate to their assessed care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; "My care and support meets my needs and is right for me." (HSCS 1.19)

4. This recommendation was made at the previous inspection of 19 July 2017 and will be reassessed at the next inspection of the service.

Staff should ensure care plan reviews are carried out at least six monthly with the involvement of the person using the service where possible and their representative. Accurate review records should be kept which should link to an agreed plan of care, what is working well, what needs to change and any resulting action to be taken forward to improve the plan of care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that; "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12)

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Inspection and grading history

Date	Type	Gradings
19 Jul 2017	Unannounced	<div>Care and support4 - Good</div> <div>Environment4 - Good</div> <div>Staffing4 - Good</div> <div>Management and leadership5 - Very good</div>
19 Jan 2017	Unannounced	<div>Care and supportNot assessed</div> <div>EnvironmentNot assessed</div> <div>StaffingNot assessed</div> <div>Management and leadershipNot assessed</div>
1 Jul 2016	Unannounced	<div>Care and support3 - Adequate</div> <div>Environment4 - Good</div> <div>Staffing4 - Good</div> <div>Management and leadership4 - Good</div>
4 Feb 2016	Unannounced	<div>Care and supportNot assessed</div> <div>EnvironmentNot assessed</div>

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	Not assessed
4 Mar 2016	Re-grade	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Sep 2015	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	1 - Unsatisfactory
		Management and leadership	1 - Unsatisfactory
3 Apr 2015	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
12 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed
23 May 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
31 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
2 Oct 2013	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	1 - Unsatisfactory
		Management and leadership	1 - Unsatisfactory
26 Apr 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 3 - Adequate
20 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
27 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
15 Sep 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
21 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
22 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
11 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate
25 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
29 Jul 2008		Care and support Environment	4 - Good 4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Mar 2009		Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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