

Hillend View Care Home Service

14 Airdrie Road
Caldercruix
Airdrie
ML6 8PA

Telephone: 01236 842205

Type of inspection:
Unannounced

Completed on:
25 October 2018

Service provided by:
Hillend View Limited

Service provider number:
SP2011011741

Service no:
CS2011304898

About the service

Hillend View has been registered with the Care Inspectorate since 29th February 2012.

The service is registered as a care home for up to 80 adults with mental health problems, associated disabilities and health issues.

Hillend View is a privately owned care home, set in extensive grounds close to the village of Caldercruix and the town of Airdrie in North Lanarkshire. It has good access to bus and rail links to both Edinburgh and Glasgow.

The service is provided in two buildings known as H1 and H2. The older building, H1 has 45 rooms for people to stay there with five public rooms and two dining rooms. H2 had four small units - with lounges and dining rooms, bedsits, a training kitchen and a cinema / sensory room - this area can accommodate 35 people.

The service reviewed its statement of 'Aims and Objectives' in March 2016 in consultation with the Care Inspectorate. The following are a summary of some of the main points :

Hillend View is an independent provider working with men and women requiring:

- Care and support
- Rehabilitation services

It aims to:

- Maximise their quality of life
- Maintain good mental health
- Promote social inclusion
- And skills for a sustainable discharge into the community where appropriate
- Which enables people to continue their recovery.

What people told us

We gathered feedback from residents in the service, by speaking to people during the inspection and by sending out questionnaires, prior to the inspection. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service being inspected and gathering their views.

We received feedback on various aspects of living at Hillend View. People we spoke with told us that the staff were very caring and that they had a good relationship with them. Most told us that the meals were good and they enjoyed the many choices of food. Some people told us that they didn't want to be here and spoke negatively about their situation of requiring care however, were overall positive about the support they received from the staff. Comments received included:

- I'm happy here because staff are so nice to me.
- We only have meetings about food.
- We don't have resident's meetings.
- I like doing the knitting and things.
- I'm bored....all I do is walk about the corridors all day.
- I'm going to the cinema after lunch today with staff.

- I enjoy being here and the staff are all nice to me.

Self assessment

We are not currently asking services to submit this.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

It is important that staff across the home treat residents with compassion, dignity and respect. From our observations of staff, we noted them to be respectful and had a genuine interest in caring for people. Residents spoke very positively about staff and how kind and friendly they were. Residents were given the choice of where and how to spend their day.

The way people spend their day should promote feelings of purposefulness and wellbeing. The service has dedicated activity staff who arrange in-house activities for people, including knitting, morning exercises and quizzes. We heard about people being supported to get out and about and attend some community groups. An Occupational Therapist had been in place since May 2012. This post was being recruited for at the last inspection and the new person had now been in post since May 18 and was making positive improvements with residents including, facilitating a rehabilitation programme for those possibly moving from the care home.

It is important for residents to enjoy a healthy and balance diet and have access to plenty of drinks throughout the day. The majority of people told us how good the food was and how accommodating the kitchen team were. A few said they felt there was too much processed food and not enough fruit and vegetables. We looked at nutrition and found that meals offered a good choice and that alternatives were readily available. Snacks and drinks were available between meals. We discussed ways of encouraging people to be as independent as possible and felt that the service would review this.

We had previously made a recommendation around personal plans. We sampled these and found that this was still a work in progress. Personal plans should provide detailed guidance for care staff, to use to inform them how best to care and support for each person. Whilst this was the case in some areas, including mental health, other areas were lacking. The service are currently working with an external consultant, to train and support the staff with this. The recommendation had not been met. Please see recommendation 1.

Residents could be confident that staff and management had an overview of their health care needs and consulted with relevant health care professionals including the speech and language therapist, GP and dietician as needed. We found that they were supported to receive their prescribed medications. The service had recently

changed to a new pharmacist and there were some teething problems, that we discussed with the service. We were assured that these would be rectified. We will monitor this at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should look to review their individual support planning content and format. They should be clear, up-to-date, outcome focussed and evidence of them being reviewed. This should include the full implementation of the audit of their content which should be carried out on a regular basis. Six monthly reviews should be clearly dated to ensure that these have occurred at least every six months.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "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)

Grade: 4 – good

Quality of environment

Findings from the inspection

Residents should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. Staff told us that they had plenty equipment and supplies, to carry out their job. People could be assured that external service checks were in place. Some in house maintenance checks were in place, but we were unable to fully assess this as records were not been kept as expected. We looked at how repairs were managed and found the current system to be difficult to audit. We noted some repairs that had not been completed within a reasonable timescale. Please see recommendation 1.

Whilst we found the home to be clean, there were several pockets of odour around the home. We did not find the majority of bedrooms, bathrooms and corridors to have a warm, homely or inviting feel. There was a lack of soft furnishings, some flooring was beyond cleaning and the bed linen and curtains in many bedrooms were in need of upgrading. We discussed this at feedback and whilst we appreciate that many of the residents may have lost interest in their environment, the service have a responsibility to provide a reasonable standard on their behalf. Please see recommendation 2.

We noted that radiators throughout the service were extremely hot to touch and could be a risk if someone leant or fell against them. We had discussed this with the manager several months ago and been assured that these would be rectified, but this had not yet been addressed. We gave the service a copy of the Health and Safety Executive's guidance around this. Please see recommendation 3.

We found that the smoke room on the ground floor of Unit 2 was continually being held open by a dining room chair. This meant that smoke was travelling out with the room. It also meant that should a fire take place in the smoke room the door would not automatically close, making this an increase of risk to fire travelling to other

areas of the home. We were told that this was being done as one resident would be upset if the door was closed. We have asked the service to liaise with the Scottish Fire and Rescue Service, to help them resolve the matter. Please see recommendation 4.

We heard how the garden had been used over the summer to grow some potatoes and about plans for next year.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The service should ensure that clear, robust and auditable records are maintained for all in-house maintenance checks and repairs.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "My environment is safe and secure." (HSCS 5.17)

2. The service should make improvements to the environment. This should include, but not be limited to:

- i) Making sure everyone's bedroom is nicely decorated and has curtains, bed linen and soft furnishings to an acceptable standard.
- ii) Communal areas are warm and homely.
- iii) Bathrooms, showers and toilets are attractively decorated and feel homely and inviting.
- iv) Free from offensive odours.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." (HSCS 5.18) & "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

3. The service should ensure that hot surfaces comply with best practice guidance, as detailed in the publication from the Health and Safety Executive 'Health and safety in care homes.' 2014. In doing so, it should ensure that residents are not at risk of burns from being in contact with an extremely hot surface.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "My environment is safe and secure." (HSCS 5.17)

4. The service should ensure that it complies with the smoking provisions of 'The smoking and Social Care (Scotland) Act 2005'. In doing so, it should reduce the risk of second hand smoke to people who use, visit and work in the service.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "My environment is safe and secure". (HSCS 5.17)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People who use the service, should be able to have confidence in the staff that support them. We received very positive feedback from residents and relatives, about how nice staff were and how well they cared for them. Staff told us that there was good team working and we found staff to be enthusiastic about caring for the residents.

We sampled the recruitment of files for staff recruited, since the last inspection. We found that staff had been through a recruitment process. Whilst references had been taken up for people, this did not always include their current or most recent employer. It is best practice that two people should interview for posts and record this separately. Please see recommendation 1.

We chatted with some newer staff who told us that they had received an induction to the service. They told us that they had been made to feel very welcome.

We had previously made a recommendation around training. We found that staff had recently been asked about their training needs and a training planner had been devised in response to this. We looked at the training matrix and could see that this was being worked through; however, gaps still existed in some areas. We asked the service to review their training policy so that mandatory training was clearly identified and frequencies of refresher training were noted. This recommendation had not been met. Please see recommendation 2.

A matrix was in place for staff to receive supervision. Staff we spoke with told us that they received this and felt well supported, by senior staff and management.

We checked the validity of the registration of care staff with their appropriate registering body. We found that there were several care staff who were not registered with the Scottish Social Services Council (SSSC) and were not registered to practice. A letter of serious concern was sent to Hillend View on 26 October 2018. This letter required immediate action to be taken to minimise risks for residents. We monitored the actions taken on 29 October 2018. We required weekly reports to be submitted to us to ensure risk is managed in relation to this issue. See Requirement 1.

Requirements

Number of requirements: 1

1. To ensure that people are confident that all staff are registered to work in the service, by 31 January 2019, in order to make proper provision for the health, welfare and safety of service users, the provider must implement a system, to ensure that regular checks of the validity of registration of staff are carried out.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24). It also complies with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

Recommendations

Number of recommendations: 2

1. The service should ensure that the process for taking up references and interviewing staff, follows the best practice guidance from 'Safer Recruitment Through Better Recruitment' November 2016.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

2. The training matrix should be updated and be a comprehensive record of all staff training in the service. The service should ensure that gaps in training are rectified and this should be monitored on a regular basis.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I 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)

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

We spoke with people using the service, who told us that the management team were approachable and they would feel comfortable to speak to them if they had any suggestions or concerns. Staff we spoke with also told us this.

We noted that a system was in place for reporting accidents and incidents. This included a monthly audit to look at any lessons learned.

We had previously made a recommendation around the service's quality assurance system. We found that some audits had taken place, which covered some key areas including infection control, care planning and medication management. However, there was not a clear, robust and auditable system in place as yet. This recommendation had not been met. Please see recommendation 1.

We reminded the service about incidents that they are expected to notify us about and asked them to submit a few retrospectively.

We looked at how residents, relatives, staff and other people who may visit the service were able to give feedback about Hillend View and be involved in looking at future ways to develop the service. There were some minutes of meetings with residents and staff only. The service had a comprehensive 'Participation Strategy' which details many ways of improving this aspect of the service. We have asked them to start working towards this.

Overall, we found that the management team were genuinely interested in the care and support of the residents who stayed there and told us that they were committed to improving the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. An overall quality assurance process should be developed with clear timescales, expectations, responsibilities and action planning. This should cover all aspects of the service including, the points raised in this inspection report concerning support plans, training, supervision and the various audits already in place. Checks should be ongoing basis at defined intervals. There should be clarity on responsibilities, to ensure these are maintained to a high standard and any actions identified are carried out timeously.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

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 look to review their individual support planning content and format. They should be clear, up-to-date, outcome focussed and evidence of them being reviewed. This should include the full implementation of the audit of their content which should be carried out on a regular basis.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "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)

This recommendation was made on 6 September 2017.

Action taken on previous recommendation

Please see information under quality theme 1.
This recommendation had not been met.

Recommendation 2

The service should carry out an Infection Control Audit in September 2017. The outcome and actions from this should be available to the Care Inspectorate at the next inspection.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes ." (HSCS 4.19)

This recommendation was made on 6 September 2017.

Action taken on previous recommendation

We found that an infection control audit had been completed recently and any actions noted and completed.
This recommendation had been met.

Recommendation 3

The service should review the roles around fire practice and evacuation and update training where required. This should include information and discussion with people who stay at Hillend View.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I 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)

This recommendation was made on 6 September 2017.

Action taken on previous recommendation

We found that training had taken place.
This recommendation had been met.

Recommendation 4

The service should ensure that their supervision planner covers all staff members, is up-to-date and implemented in full. The on going support should be provided in-line with the services supervision and appraisal policies.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I 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)

This recommendation was made on 6 September 2017.

Action taken on previous recommendation

We found that this was now in place and staff told us that they received this.
This recommendation had been met.

Recommendation 5

The training matrix should be updated and be a comprehensive record of all staff training in the service. The service should ensure that gaps in training are rectified and this should be monitored on a regular basis.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I 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)

This recommendation was made on 6 September 2017.

Action taken on previous recommendation

Please see information under quality theme 3.
This recommendation had not been met.

Recommendation 6

An overall quality assurance process should be developed with clear timescales, expectations, responsibilities and action planning. This should cover all aspects of the service including the points raised in this inspection report concerning support plans, training, supervision and the various audits already in place. Checks should be ongoing basis at defined intervals. There should be clarity on responsibilities to ensure these are maintained to a high standard and any actions identified are carried out timeously.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This recommendation was made on 6 September 2017.

Action taken on previous recommendation

Please see information under quality theme 4.
This recommendation had not 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.

Enforcement

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

Inspection and grading history

Date	Type	Gradings
14 Mar 2018	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
6 Sep 2017	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good 4 - Good 3 - Adequate 4 - Good
1 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
5 Oct 2016	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate 3 - Adequate 3 - Adequate 4 - Good
22 Apr 2016	Re-grade	Care and support Environment Staffing Management and leadership Not assessed Not assessed 3 - Adequate Not assessed
23 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
4 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate 3 - Adequate 2 - Weak 4 - Good
3 Mar 2015	Unannounced	Care and support Environment Staffing 4 - Good 4 - Good 4 - Good

Date	Type	Gradings	
		Management and leadership	3 - Adequate
4 Aug 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Feb 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Jul 2013	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
8 Mar 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
26 Oct 2012	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	2 - Weak
26 Oct 2012	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	2 - Weak
17 Oct 2012	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Jun 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak

Date	Type	Gradings	
		Management and leadership	Not assessed

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