

Heathfield House Care Home Care Home Service

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Type of inspection:

Unannounced

Completed on:

19 November 2018

Service provided by:

Heathfield Care and Residential Homes
Limited

Service provider number:

SP2010011376

Service no:

CS2010280151

About the service

Heathfield House Care Home is registered to provide a care service for 88 older people including one place for a named individual under 65 years. Within the maximum of 88 places, eight may be used for respite/short stay, including one place for a named individual under 65 years. The provider is Heathfield Care and Residential Homes Limited. Heathfield House registered with the Care Inspectorate on 27 September 2011.

Heathfield House is situated in the town of Ayr, close to the town centre and Prestwick. Accommodation is provided over two floors and is connected by two passenger lifts. The accommodation has been subdivided into five smaller units, Glenburn and Barony (ground floor), and William Wallace, Pennyvennie and Kaimes (first floor). Accommodation is provided in single bedrooms with en suite shower facilities. Each floor has a large lounge/dining area, toilets, assisted bathing facilities and a small lounge. In addition, there is a café on the first floor which can be used by residents and their families to make hot drinks, and a hairdressing salon on the ground floor. The ground floor lounge leads onto a sunroom and garden and the upstairs lounge has access to a roof garden.

The aims and objectives of the service are:

- To provide a friendly residential setting within a care home environment.
- To provide a quality of life which enables residents to retain their independence, identity and sense of value.
- To provide stimulation and encourage participation in activities and social events.
- To provide physical and emotional support to residents, families and friends.
- To involve relatives and friends in the day-to-day lives of the residents.
- To maintain and develop close links with the community.
- To deliver the best possible care to all residents at all times.

What people told us

For this inspection we received the views of 29 residents and 9 relatives.

Comments included:

"Care level is good".

"Sometimes I would like to go on the outings but there is not enough space on the bus. I don't get out a lot. Activities staff do the best that they can. Some people get out a lot. Could do with a different bus. They do their best and do a good job. Care is good".

"Care excellent".

"Waiting too long for medication needs better organisation".

"X gets brilliant care. Quality and choice of food not good...chips at every meal. There could be more staff".

"Residents meetings mainly highlight activities not actual issues".

"The evening meals could be more varied and not so bland i.e. not the same every week with a buffet on a Saturday".

"X's health has improved. The staff are always available for anything and very communicative when they need to contact us. The whole family can now relax knowing that X is well cared for".

"Food not good".

"I have enjoyed outings. The staff look after me well".

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

Overall, we saw people being treated with dignity and respect.

We found some evidence of resident's views and preferences being sought and reflected in daily practice including their care routines and where and how they spent their time. The new manager was working to shift the staff culture from 'doing to' people to a more enabling approach which supported the rights of residents in making choices and maintaining their independence. This included support to change entrenched attitudes about why things couldn't change. For example, we saw instances where people were not supported to make choices to enable them to have control over their care and support such as mealtime arrangements, and of staff adopting risk averse practices to keep people safe without recognising the wider impact of restricting people's movement.

There was a team of activity staff who were working hard to provide a varied weekly activity programme to promote health and wellbeing. Activity was being promoted as everyone's responsibility and some staff working within the service were also involved in supporting people to get the most out of their life. For example, by encouraging participation in gardening, cognitive stimulation therapy groups and making sure that residents had what they needed within reach to do things that were important to them such as jigsaws. Outings were continuing to take place with more staff now able to drive the minibuss. However, further work was needed to

ensure that all residents had opportunities to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. See areas for improvement 1 & 2.

We saw that people received good support with their health needs including regular assessment by nursing staff and involvement of other health professionals as required. The home had their own physiotherapist who was observed working with residents to promote and maintain their physical wellbeing such as mobilising within the home and other pursuits such as swimming. There were good communication arrangements between shifts to ensure a consistent approach in addressing clinical needs and consideration of peoples social needs. The home was now aligned to two GP practices which was having a positive impact in terms of improved relationships, access and monitoring of people's health needs.

We looked at medication arrangements and found that they were not as enhancing as they should be. For example, medication was being administered from trolleys in communal areas linked to other routines such as mealtimes. We encouraged the service to consider how medication could be administered in a more person centred way within the home. We found that there was a lack of information to guide staff when administering medication prescribed when required. This is medication that is not required on a regular basis. It is important that there is clear guidance for staff on what symptoms to look for and when to offer this. We found an example of a change to medication which was not reflected on the medication administration record (MAR). This meant that there was the potential for a resident to receive the wrong dose of medication. We also found excess stock of dietary supplements which needed to be reviewed to limit unnecessary waste and cost. See area for improvement 3.

We found odours in some areas of the home and assessed that more could be done to promote and support the continence needs of residents. See area for improvement 4.

We received comments about the quality and choice of food at mealtimes. We observed mealtime arrangements and found that the experience was task focussed and not as sociable and pleasant as it could be. We signposted the service to the good practice resources which can be found on the Care Inspectorate Hub - Spotlight on Food and Fluid. See area for improvement 5.

Areas for improvement

1. The service should continue to develop opportunities for people to participate in meaningful occupation linked to their interests and preferences. This should include promoting activity as everyone's responsibility in accordance with the key messages of 'Make Every Moment Count' Care Inspectorate (2013) and 'Make Every Move Count' Care Inspectorate (2014); making sure that there are sufficient resources to engage people's interests; and monitoring provision to ensure that everyone has the same opportunities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

2. The provider should look into the possibility of increasing the opportunity of outings for residents. Within this, consideration should be given to increasing the amount of staff able to drive the mini-bus.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am supported to participate fully as a citizen in my local community in the way that I want" (HSCS 1.10).

3. The provider should ensure that medication management arrangements within the home are consistent with good practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "If I need help with medication, I am able to have as much control as possible" (HSCS 2.23).

4. The service should continue to encourage and promote a culture which promotes continence, providing timely and appropriate support to go to the toilet in an environment which supports this.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can easily access a toilet from the rooms I use and can use this when I need to" (HSCS 2.23).

5. The provider should review the food choices and mealtime experience to ensure that all residents can enjoy the food and drinks provided to them in a relaxed atmosphere.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33).

How good is our leadership?

4 - Good

A new manager had been appointed since the last inspection who had only been in post for a short period at the time of our visit. We received positive feedback from staff about the approach of the manager and that he valued their contribution and listened to their views. We found that the new manager had a good understanding of how the service was performing and what needed to improve, and was responsive and receptive to ideas and suggestions from inspectors on how the service could be improved. The manager was in the process of developing a plan for improvements and we discussed how the quality framework could provide an effective structure for this. We also discussed how the Model of Improvement could be applied and signposted to tools to support improvement on the Care Inspectorate's Hub.

The home employed a quality assurance officer who had undertaken 'My Home Life' training which promotes quality of life and positive change in care homes for older people. As a result of being involved the quality assurance officer had started to use visual communication tools as a way of helping people express their views particularly in relation to activity choices, and spoke of residents in a knowing way. This should continue to be developed to encourage feedback on other aspects of care delivery within the home. See area for improvement 1.

Overall, we found that there was an improved approach in the way the service responded to complaints and concerns received regarding the service.

We saw that there was a disparity between the experiences of residents living on the ground and first floor of the home which supports people living with dementia. People with dementia have the same right live as independently as possible and feel involved and included in their community wherever they live. The provider and manager were receptive to feedback and suggestions on how this could be improved. See area for improvement 2.

As part of the inspection process we looked at the service notification history, we found that not all information had been passed to the Care Inspectorate as required. We referred the service to the Care Inspectorate guidance on notification reporting.

Areas for improvement

1. The manager should evaluate the experiences of people living and working in the care home as part of the quality assurance system and processes. This should include implementing a service development plan which shows how everyone is working together to improve the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

2. The provider should develop and implement a strategy to meet the health and wellbeing needs of people living with dementia taking account of good practice guidance. This should include involvement of residents, relatives and staff in the development of the strategy and in ensuring that staff have the required knowledge and skills to implement this. The service should monitor the impact of this to ensure that all residents have the same right to live as independently as possible and feel involved and included in their community wherever they live.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I experience high quality care and support that is right for me" (HSCS 1).

How good is our staff team?

3 - Adequate

To enable people to have confidence in the staff that support and care for them. People should expect that their needs will be met by the right number of people and that staff will work well together to meet their needs.

We received positive feedback about the quality of staff working within this service. We saw examples of staff working hard and showing warmth, kindness and compassion in the way that they supported and cared for residents.

There was a process for assessing how many staff hours were needed. However, this was not effective as it did not accurately reflect the complexity of some residents needs. For example, staffing levels were the same for both floors of the home. The manager had identified as a priority the need to review the workforce plan, deployment, skill mix and development needs of staff and work was underway to address this such as the recruitment of additional staff. We also received some comments from staff that the staff team was not always working as effectively as it could. The manager was aware of this and taking action to shift the culture within the service. See area for improvement 1.

The manager had undertaken a review of training within the home and was making changes to ensure a more blended approach in meeting the development needs of staff. This should include promoting staff awareness of the standards of professional conduct and practice required of them in their daily work and awareness of the new health and social care standards to ensure that they understand their role in ensuring high quality care and continuous improvement. This will enable people to have confidence in the people who support and care for them. We signposted the manager to the Common Core of skills, knowledge and values grid (Scottish Social Services Council, 2016) as a tool to help staff reflect on their skills and knowledge and what could be improved.

There was a robust system in place to ensure that staff were appropriately registered with the relevant professional body and suitable to work with vulnerable adults.

Areas for improvement

1. To ensure that there is the right number and skill mix of staff to meet resident's needs. The provider should review staffing levels, deployment and skill mix and promote good teamwork and morale amongst staff.

This is to ensure care and support is consistent with the Health and Social care standards which state that "my needs are met by the right number of people" (HSCS 3.15).

How good is our setting?

3 - Adequate

People should expect to live in a setting which promotes their independence. This is important to older people as it gives them a sense of dignity, control, self-esteem and fulfilment.

Overall, we found the environment was well maintained. There was a good garden area designed to encourage activity and engagement including a large accessible greenhouse and raised vegetable beds with produce used in the homes kitchen.

All bedrooms were single occupancy with ensuite wet floor showers to enable independence with personal care. Residents were able to use their own space as they wished and we saw bedrooms which were personalised according to individual needs and wishes.

There was a good range of equipment to support people's changing needs and we saw examples of people having control over their setting such as having phones to maintain contact with family and friends.

There was a small café on the first floor which could be used by residents and their families/friends to make drinks and snacks.

However, we noted a difference between the different floors in the home and found a resistance from some staff choosing not to make things work such as their response to locking corridor doors over mealtimes resulting in an environment which was not as enabling as it should be. People should expect to experience a homely environment with access to comfortable areas with soft furnishings to relax. We found the environment was not being used to its full potential to support resident's experiences such as the mix of communal areas within the home. There was space to move around independently. We encouraged further use of the Kings Fund EHE Environmental Assessment Tool and resources to develop a supportive environment for people with dementia.

Areas for improvement

1. All aspects of the setting should promote independence. The provider should involve people living and working within the service in reviewing the layout of the setting and how space can be used to its potential to ensure it meets people's needs and provides a comfortable and homely environment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1).

How well is our care and support planned?

4 - Good

People should expect that assessment and care planning will reflect their needs and wishes. This is important as care plans are used to direct staff in meeting people's needs and wishes and reflects their experience of care and support.

The home used an electronic care planning system a copy of which was retained in the resident's room and contained some good detail to inform staff practice. Records showed that care plans were reviewed and evaluated regularly, as people's needs changed and following involvement of relevant health professionals.

Overall, we found that staff were knowledgeable about people's needs. To help support people better, one page profiles were being developed for residents and staff by focussing on what matters to people.

We saw that where people were not able to express their wishes and preferences, relevant individuals important to residents were involved and supporting legal documentation was in place.

We have repeated an Area for improvement made at the last inspection about reviewing the care management system to ensure that information held within the home relating to a residents care needs is coordinated and reflective of residents' holistic care needs. See Area for improvement 1.

Areas for improvement

1. The manager should review the care management system to ensure that information held within the home relating to a residents care needs is coordinated and reflective of residents' holistic care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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).

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

The service should continue to encourage and promote a culture which promotes continence, providing timely and appropriate support to go to the toilet in an environment which supports this.

National Care Standards Care Homes for Older People, Standard 6: Support arrangements.

This area for improvement was made on 14 December 2017.

Action taken since then

This improvement area is repeated.

Previous area for improvement 2

The service should ensure that residents have opportunities to engage in meaningful activities as part of life story work and key worker roles.

National Care Standards Care Homes for Older People, Standard 6: Support arrangements.

This area for improvement was made on 14 December 2017.

Action taken since then

This improvement area is repeated.

Previous area for improvement 3

The manager should review the care management system to ensure that information is coordinated and reflective of residents' holistic and changing care needs.

National Care Standards Care Homes for Older People, Standard 5 Management and staffing arrangements.

This area for improvement was made on 14 December 2017.

Action taken since then

This improvement area is repeated.

Previous area for improvement 4

The manager should look into the possibility of increasing the opportunity of outings for residents. Within this consideration should be given to increasing the amount of staff able to drive the mini-bus.

National Care Standards Care Homes for Older People, Standard 14.7: Keeping well - healthcare and Standard 17: Daily life .

This area for improvement was made on 14 December 2018.

Action taken since then

This improvement area is repeated.

Previous area for improvement 5

The service should continue to develop the environment to support the needs of people with dementia. To achieve this, the manager should:

- a) Continue to evaluate the environment using the Kings Fund EHE Environmental Assessment tool, involving others as appropriate to gain different views on the care environment and how to improve it
- b) Review practice that has the potential to limit resident's freedom of movement in accordance with the principles, guidance and good practice outlined in Rights, risks and limits to freedom, Mental Welfare Commission 2013
- c) Consider how space can be developed to provide different options where people can spend time.

National Care Standards Care Homes for Older People, Standard 4: Your environment.

This area for improvement was made on 14 December 2017.

Action taken since then

This improvement area is repeated and included in a new area for improvement about the development and implementation of a dementia strategy.

Previous area for improvement 6

Staff should reflect and develop their practice in accordance with the requirements of their professional registration. This should include evidence of how they are using learning from the Promoting Excellence Framework and the keywork role to improve outcomes for people.

National Care Standards Care Homes for Older People, Standard 5: Management and staffing arrangements.

This area for improvement was made on 14 December 2017.

Action taken since then

This improvement area is repeated and included in a new area for improvement about the development and implementation of a dementia strategy.

Previous area for improvement 7

The manager should evaluate the experiences of people living and working in the care home as part of the quality assurance system and processes. This should include implementing a service development plan which shows how everyone is working together to improve the service.

National Care Standards Care Homes for Older People, Standard 5 Management and staffing arrangements.

This area for improvement was made on 14 December 2017.

Action taken since then

This improvement area is repeated.

Previous area for improvement 8

The following Areas for improvement were made following the last inspection:

The provider should review how the care home manages referrals to external healthcare professionals to ensure these are made in a timeously manner to meet the health and wellbeing care needs of people using the service.

This is to ensure care and support is consistent with the Health and Social Care Standard 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 4 September 2018.

Action taken since then

This improvement area is met.

Previous area for improvement 9

The provider should ensure medication management arrangements within the care home are consistent with current best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that "If I need help with medication, I am able to have as much control as is possible" (HSCS 2.23).

This area for improvement was made on 4 September 2018.

Action taken since then

This improvement area is repeated.

Previous area for improvement 10

The provider should ensure all complaints and concerns received regarding the service are responded to appropriately.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "If I have a concern or complaint, this will be discussed with me and acted upon without negative consequences for me" (HSCS 4.21).

This area for improvement was made on 4 September 2018.

Action taken since then

This improvement area is met.

Previous area for improvement 11

The manager should ensure effective procedures are in place to allow people access to the equipment they require to meet their care needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21).

This area for improvement was made on 30 August 2018.

Action taken since then

This improvement area is met.

Previous area for improvement 12

The manager should ensure staff are aware of the procedures in place to manage spillages out with the time domestic staff are on duty.

This ensures care and support is consistent with the Health and Social Care Standards which state that "I experience an environment that is well looked after with clean, tidy and well maintained" (HSCS 5.22).

This area for improvement was made on 30 August 2018.

Action taken since then

This improvement area is met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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