

# Home Farm Care Home Care Home Service

Home Farm Road  
Portree  
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**Type of inspection:**

Unannounced

**Completed on:**

6 December 2018

**Service provided by:**

HC-One Limited

**Service provider number:**

SP2011011682

**Service no:**

CS2011300714

## 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](http://www.careinspectorate.com).

Home Farm Care Home registered with the Care Inspectorate on 31 October 2011 under the new ownership of HC One Limited.

Home Farm Care Home is a purpose-built care home, which is registered to provide care and support to up to 40 older people. (This may include one adult with a sensory or physical impairment). Short breaks or respite stays can also be provided.

The home is situated within a quiet residential area of Portree and provided a warm and friendly atmosphere. All people had their own bedrooms, which they were able to personalise as they wished. There was a large, spacious and light dining room, which had direct access onto a patio area and garden. There were a range of lounge areas to use.

The aim of the service is:

'To provide all residents and their family and friends with the highest possible standard of individualised care. We will do this within a friendly, homely and supportive environment where quality of life is paramount and where residents' rights are safeguarded and respected.'

## What people told us

Before the inspection we sent 12 care standards questionnaires (CSQ's) for people living in the home and 12 CSQ's for relatives and carers. Four relatives returned a completed questionnaire. People living in the home returned three completed questionnaires.

Overall relatives were happy with the service, one relative disagreed that they were happy. This relative was spoken with and their views and comments were shared with the management. Comments from the CSQ's included:

- 'I did ask for the equivalent of a key worker and was given the name of a member of staff but they were not very communicative.'

People who used the service indicated that they were either very happy or happy with the care that they received. Comments from the CSQ's included:

- 'Staff always help me.'

During the inspection we spoke with people and also observed how people were cared for to capture the experiences of people who may not be able to express this for themselves. We also spoke with some relatives.

Overall people we spoke with were happy with the care and support. They were all very complimentary about the staff and said that they were kind and helpful. Some felt that they were bored. People said that the food was good and that they were offered choices.

## 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?	not assessed
How good is our staffing?	3 - Adequate
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

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**

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths and addressing areas that are not contributing to positive experiences and outcomes for people.

People should experience warmth, kindness and compassion. There was some positive feedback from some people and their relatives. We were told 'some staff are caring, loving and welcoming.' However, not all people were positive about the aspects of care. Some relatives felt that standards were not so good and that they had to speak about this with the management. However, there were positive working relationships being built so that the outcomes for people were being improved.

We saw that some staff engaged with people well, gaining their attention before speaking with them. However, during our observations we saw that this was not the case for all. Some staff were more task oriented and did not engage with people in meaningful ways. This meant that they did not take cognisance of the 'person' they were supporting. **We have made a requirement with regards to the training and ongoing support for staff within quality indicator 3.2. By meeting this, staff will then be able to effectively support all people with positive outcomes.**

People benefitted from advice from a range of healthcare professionals, such as GP's, dentists and opticians as well as psychiatric services. We could see that for some people staff gained support and advice when there was a change in people's health.

The management of medication was adequate. The service was to ensure that the outcomes of the use of 'as and when needed' medication was clearly documented within the protocols and care plans. This would assist staff to effectively support those who had issues with pain and/or stress and distress.

People should be able to maintain and develop their hobbies, interests and friendships. We saw some activities taking place. However, there were lost opportunities for some people to take part in these. There was no positive promotion of the activities that were taking place each day. Therefore, people were not being offered opportunities to take part in things that were happening, or that they may be interested in. There were lots of times that we saw some people sitting in lounges staring into space with no interaction from staff. Some people told us that they were bored. There were good links with the local community with regular visitors to the service. People had independent access to a safe and secure garden area. However, again, there were lost opportunities for people to access fresh air on a regular basis. The use of life story work and the development of the social care plans was to be improved. This was so that there was information about people's preferences and that these were being taken into account when reviewing and developing the activity programme. **(See area for improvement 1)**

Being able to eat and drink well is important to keeping well. The quality of the mealtime experience was mixed. We felt that those who chose to eat their meals upstairs were supported to do so in a cramped environment, which then impeded their ability to leave the dining room independently. There was no promotion of what was being offered each day. Staff asked people what they would like for their supper during the morning. This included those who had a cognitive impairment and may not well recall what they had chosen. However, we were told that people were able to change their minds if they so wished. We felt that some staff's interactions were task oriented. Staff did not always extend conversations or encourage people to talk about things that interested them, thereby not promoting a pleasant sociable experience. There was no promotion of independent access to drinks in lounges. **(See area for improvement 2)**

## Areas for improvement

1. It is important that all people are offered opportunities to take part in regular meaningful activities regardless of their abilities and needs. Therefore, the provider was to review and further develop the activity programme. In order to do this they were to ensure that;

a. All people had a personal plan which clearly details how their recreational, social, creative, physical and learning needs will be met;

b. A full review of activities is undertaken which is based on consultation with people and their representatives, and following this;

There is an activity plan in place to ensure that people are supported to take part in meaningful activities, that this is promoted, and;

c. That this is regularly reviewed to ensure that there are continued positive social experiences;

d. Regular reviews of people's care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that 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 everyday, both indoors and outdoors.' **(HSCS 1.25)**

2. It is important that all people are offered the same high quality of mealtimes experiences, regardless of their abilities and needs. Therefore, the provider was to review the overall management of the meal and snack time experiences. They were to ensure that people's wishes, choices and preferences were sought and taken into account, thereby, promoting positive outcomes.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' **(HSCS 1.35)** and 'I can drink fresh water at any time' **(HSCS 1.39)**

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

**3 - Adequate**

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths and addressing areas that are not contributing to positive experiences and outcomes for people.

People should have confidence that staff are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes.

There were regular meetings and briefing sessions for staff where they shared information about aspects of the service. **(See area for improvement 1)**

New staff took part in an induction programme, which included relevant training before they worked with people. However, the service was to ensure that they carried out regular assessments of staff's competency and explore any further training needs.

While staff had taken part in a range of face to face training, our observations showed that staff were not always following best practice. There was no use of reflective accounts following training that staff took part in, which would assist them with improving outcomes for people. The lack of reflective accounts impacted on the quality of care and support for some people who were not always able to make their needs known due to their communication difficulties.

The supervision that staff took part in was not always reflective to help support staff to tease out and improve their understanding of the care and support they offered to people.

The use of direct observations of staff practice should be introduced and regularly used to support staff's learning. These observations could then form part of their supervision to assess and improve their understanding. **(See requirement 1 in relation to the overall training and support offered to staff)**

## Requirements

1. By 31 March 2019 you must ensure that persons employed in the provision of care are trained, competent and skilled in relation to the induction, training and supervision they took part in;

In order to achieve this the provider must ensure that:

- a. There is an assessment of staff competence and skills in relation to the identified aspects of care and support;
- b. That staff received training based on the above assessment;
- c. That staff took part in effective training in relation to, but not exclusively to the care of people with dementia, person centred care and the care planning process;
- d. There are effective systems in place to monitor that staff are competent and skilled and where there are indications of poor practice they are recognised and action is taken promptly to address them.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, '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)**

It is also necessary to comply with:

Regulation 15(b) SSI 2011/210. SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2.

## Areas for improvement

1. To ensure positive outcomes for the people who use the service the provider must review how staff meetings were managed. They were to ensure that there was a follow up to agreed actions from previous meetings; what worked well, lessons learned and the impact on outcomes for people.

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

'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)

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**3 - Adequate**

There were some strengths which just outweighed weaknesses. Improvements must be made by building on strengths and addressing areas that are not contributing to positive experiences and outcomes for people.

People's care plans should be right for them because they set out how their needs will be met, as well as wishes and choices.

Various healthcare assessments were regularly used to indicate potential risks and care needs. Some of this information was used to plan the care that was needed.

Some care plans contained person centred information with evidence of people's choices, independence and preferences being taken into account. Some of the relatives we spoke with were happy with the care that was offered, others were not so happy. However, they were currently working with the service to help improve the outcomes for their relatives. Some of the care plans contained little recognition of people's wishes and choices. In one case there was no care plan in place to enable staff to effectively support the person with stress and distress.

The evaluations of the care plans simply stated 'remains the same' despite it being evident, from observation, that people had unmet care needs and further action was required to improve experiences and outcomes. The poor quality care plans meant people were not being adequately or effectively supported with their health and wellbeing needs, which could result in deterioration in their health.

Of the care plans we looked at, bar one, people using the service and their relatives/representatives had taken part in a formal review. We spoke about how the service managed the review process with people who had no allocated social worker. It is important that all people take part in a review no matter how they are funded. We saw that there could be better follow up to the actions that were decided upon, to ensure that needs and wishes were being planned for and met.

**(Please see requirement 1 with regard to the overall development of the care and support plans)**

## Requirements

1. By 31 March 2019 you must ensure that that people's emotional, psychological, social and physical needs are met and are in a manner which respects their wishes and choices.

In order to achieve this the provider must ensure that:

a. A full assessment is undertaken, which identifies significant risks to people's health, welfare and safety.

Including, but not limited to those which relate to; supporting people with stress and distress and the management of tissue viability, medication and the use of as and when needed medication;

b. All people to have a personal plan, which clearly details how their health, welfare and safety needs will be met in relation to their wishes and preferences and any identified significant risks;

c. There is a system in place to ensure that people receive the care that is identified in their care plan and where there are indications of poor care, they are recognised and action is taken promptly to address them;

d. The above assessments and arrangements are based on consultation with people and their personal and professional representatives, and;

e. Reviews and evaluations of people's care and support are carried out to ensure there is a focus on improved outcomes.

This is to ensure that care plans meet people's needs and is consistent with the Health and Social Care Standards which state that, as an adult '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)

It is also necessary to comply with:

Regulation 5(1)(2)(a)(b) (i)(ii)(iii)(c)(d) SSI 2011/210. SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2

## 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 provider was to ensure that care plans were in place for all needs and were reviewed and amended accordingly so that they contained relevant, up to date and person centred information. In addition, following any evaluation and review, they were to ensure that the changes were clearly identified within the care plans, so that staff were aware of how to support people in line with their preferences and healthcare needs.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements and Standard 6: Support plans.

**This area for improvement was made on 8 December 2017.**

#### Action taken since then

We found that not all care plans contained sufficient or person centred information to assist staff with supporting people in line with their needs, wishes and preferences. Therefore, this recommendation has not been met. The development of the care plans has been made the subject of a requirement within this report.



## Previous area for improvement 2

The provider should ensure that they review the mealtime experiences for people in order to promote positive outcomes. This was to take into account people's' views, likes, dislikes and preferences. They were to ensure that staff interaction and support and the environment was of a consistent positive experience.

National Care Standards Care Homes for Older People. Standard 4: Your environment; Standard 5: Management and staffing arrangements and Standard 13: Eating well.

**This area for improvement was made on 8 December 2017.**

### Action taken since then

We found that the mealtime experience was not always a positive experience for all people. Therefore, this recommendation remains in place and is subject to an area for improvement within this report.

## Previous area for improvement 3

The provider was to ensure that there were systems and processes in place to assure themselves that the topical medication records were being regularly and correctly completed.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements and Standard 15: Keeping well - medication.

**This area for improvement was made on 8 December 2017.**

### Action taken since then

Records were being adequately maintained. Therefore this recommendation has been met.

## Previous area for improvement 4

The provider should ensure that a review of how they gained the views of people using the service took place. This was to include how they involved those who lived with dementia or a cognitive impairment. The service was to then develop how they addressed any suggestions/concerns/comments and how they shared this information. Action plans were to be used to ensure that agreed outcomes were fully addressed. This would then enable and promote a positive and open approach to working together, to improve the overall service that was offered.

National Care Standards Care Homes for Older People. Standard 1: Informing and deciding; Standard 5: Management and staffing arrangements; Standard 8: Making choices and Standard 11: Expressing your views.

**This area for improvement was made on 8 December 2017.**

### Action taken since then

We felt that there had been no significant work carried out with regard to the involvement of the people who used the service and their relatives. Therefore, this recommendation remains in place.

## Previous area for improvement 5

The provider was to ensure that the care plans contained information to people's legal status. This was so that staff were able then to effectively support people with their decisions.

National Care Standards Care Homes for Older People. Standard 1: Informing and deciding; Standard 5: Management and staffing arrangements and Standard 8: Making choices.

**This area for improvement was made on 8 December 2017.**

## Action taken since then

All of the care plans that we looked at had appropriate and up to date information with regard to people's legal status. Therefore this recommendation has been met.

## Previous area for improvement 6

The provider was to ensure that they carried out regular appraisals and supervision with the staff team and that this is in line with their own policy.

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

**This area for improvement was made on 8 December 2017.**

## Action taken since then

While supervision and appraisals of staff were being carried out, we could not evidence how this had led to improved outcomes for people using the service. Therefore, this recommendation has not been met. The development staff support and training has been made the subject of a requirement within this report.

## Previous area for improvement 7

The provider should ensure they further develop the management of staff meetings for all grades of staff. They were to ensure that there was a focused approach to the overall development and improvement of the service and that the staff group were involved with this. The meetings were to provide a forum where best practice was discussed and shared. Action plans were to be used to ensure that any changes, improvements or developments that were highlighted and/or needed were fully addressed.

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

**This area for improvement was made on 8 December 2017.**

## Action taken since then

We felt that there was no significant improvement had been made with regard to the way that staff meetings were managed. Therefore, this recommendation has not been met and is made the subject of an area of improvement within this report.

## Previous area for improvement 8

The provider must ensure that steps are taken to ensure that a review of the effectiveness of windows is undertaken and that they are made fully draught proof. This is in order to maintain adequate heating for the people who live in the service.

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

**This area for improvement was made on 8 December 2017.**

## Action taken since then

A full review of the effectiveness of windows had been carried out and some windows had been replaced. There was a programme in place to replace others. We did not evidence that people were uncomfortable with the ambient temperature in the service. Therefore this recommendation has 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](http://www.careinspectorate.com).

## 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	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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