

## Hutton Park Care Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

10 June 2019

**Service provided by:**

Hutton Park Limited

**Service provider number:**

SP2003000231

**Service no:**

CS2008185283

## About the service

Hutton Park is registered to provide a care home service to 37 older people, six of which can be for respite care. The home was previously registered with the Care Commission, transferring its registration to the Care Inspectorate on 1 April 2011.

Hutton Park is situated within the coastal town of Largs, North Ayrshire. The home consists of a converted villa, with purpose-built extensions. All bedrooms are for single occupancy and have en-suite facilities. These are spread across three floors and can be accessed by passenger lifts, stairs and stair-lift. There are communal lounge spaces on each floor of the home, and a large dining area situated at the front of the property. The home has a large unsecured garden towards the front of the property, and small secured garden to the rear.

Since the last inspection, the home has been subject to enforcement action by the Care Inspectorate following a 'Large Scale Investigation' undertaken by North Ayrshire Health and Social Care Partnership. An 'Improvement Notice' was issued to the service and provider on 9 May 2019, which clearly highlighted the actions required to ensure the health, welfare and safety of all those living in the service is maintained. A copy of the 'Improvement Notice' issued can be accessed via the Care Inspectorate website (<http://www.careinspectorate.com/>).

We reviewed developments therein during this inspection and found one requirement to be met (Requirement 1), with the remainder unmet (Requirements 2 – 8). We have referenced the requirements of the Improvement Notice (IN – Requirement X) throughout the associated sections of this report.

There has been substantial staff turnover since the last inspection and a new manager in post since May 2019.

The service states its aims as:

'To provide individuals with care in a safe environment, committed to excellence, where personal dignity is maintained, personal privacy respected, and personal needs are fully met'.

## What people told us

We gained the views of people who live, visit and work in the service through attending relatives' meetings, and face-to-face discussions.

We used an inspection volunteer to support with this inspection. Inspections volunteers are people who have first-hand experience of care services. They spend time discussing with those who live in and visit the care service to gain their views. Feedback from inspection volunteers is used to support the overall feedback to the service.

The feedback we received about the service is as follows:

- "Staff are very good"
- "Staff are nice"
- "Staff are great, so attentive and I'm treated well"
- "I like the bingo"
- "I find the home welcoming"
- "Please thank the staff who have remained here, because when were not here they are our loved ones family"
- "Communication is a big issue"
- "I have lost confidence in the home"
- "I don't like it here... I've spoken to my relative about moving"

- "I don't get what I choose"
- "I don't know who my keyworker is"
- "You don't get a choice... you take what they offer and do as you're told"
- "I like to watch T.V in the lounge, but find it noisy"
- "I have an awful lot of spare time"
- "I have suggested paying privately for someone to take my relative out for a cup of tea, but the service have never got back to me"
- "I've had to move my relative out of the lounge because it was so congested... it was for her safety"
- "I think the nightshift quality is poor. My relative asked for a glass of water and they didn't get it for hours"
- "My relative has missed hospital appointments because the service mislaid her appointment letters"
- "There is an awful lot of agency staff"
- "Staff are too busy"
- "I like my room, but it's not wheelchair friendly"

### 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	1 - Unsatisfactory

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

### How well do we support people's wellbeing? 2 - Weak

During this inspection we reviewed how well the service was performing to support people's well-being and found the standards to be weak.

People who use care services should be confident they will experience compassion, dignity and respect. To help assess how well the service was performing in this regard, we completed periods of observation using the SOFI2 framework, along with discussions with people who live in and visit the service. We observed some individuals were supported with warmth and respect; however, this was not consistent for all. We saw periods where staff provided information at a rate too fast for individuals to process, and limited choice. Those who live in the home told us: "Staff are nice"; "Staff are great, so attentive and I'm treated well"; "You don't get a choice... you take what they offer and do as you're told"; and "I don't get what I choose".

We were not assured the service were working to support individuals to get the most out of life. We observed high levels of inactivity, with individuals spending extended time passively watching or sleeping. Moreover, there were several missed opportunities for staff to support meaningful interaction and engagement in activity. It was unfortunate to see activities staff were routinely used to undertake escort duties for scheduled hospital appointments, removing them from the home thereby limiting their ability to support activity. Those who live in the home told us: "I like the bingo"; "I like to watch T.V in the lounge, but find it noisy"; "I have an awful lot of spare time"; and "Now my relative can't walk with their zimmer, they have to use a machine to help them to stand because there are no exercises for them to do".

People who use care services should be assured their health will benefit from their care and support. We saw that individuals had regular access to an advanced nurse practitioner, who provided an enhanced service to the home. However, we could not see that the service was making timeous referrals to others within the wider healthcare team based on clinical assessment. Moreover, we were not assured that input from external professionals was followed by care staff to support enhanced outcomes linked to need. Examples of this include medication records being signed to indicate administration, however on review found this not to be the case; medications not administered in-line with the prescribers instructions; and physiotherapist input not being followed. We made requirements for the service to address these issues within the Improvement Notice issued (IN - Requirements 2 & 5d), and have extended timescales following this inspection.

People who use care services should feel confident staff will respond appropriately in an emergency situation. We made a requirement for the service to improve practice in relation to fire safety within the Improvement Notice issued (IN - Requirement 1). During this inspection we found this to be met. Staff were able to provide a detailed account of their roles and responsibilities should this situation arise. Moreover, the home had developed and put in place a protocol clearly outlining the processes to be followed, which they were able to demonstrate through an observed fire drill.

## How good is our leadership?

## 2 - Weak

During this inspection we reviewed the quality of leadership and found the standards to be weak.

We were told by the new manager of the governance measures that they will be putting in place; however, these were not yet implemented or embedded.

People using care services should feel confident the organisation providing their care and support will be well led and managed, with robust and transparent quality assurance processes. We made a requirement about this in the Improvement Notice issued (IN - Requirement 6), and have extended timescales following this inspection. We found the mechanisms employed by the service did not drive improvements. Audits used did not set and assess standards of practice linked to outcomes for those who live in the home. Moreover, these did not address enduring issues within the home; meaning that those who live in the home were not benefiting from a culture of continuous improvement.

We reviewed the two service improvement plans developed by the home. Both directly linked to the improvement notice issued by Care Inspectorate, and did not consider any further issues independently discovered by the service. Both improvement plans did not set out specific actions that the service will take in order to ensure care and support is safe and effective linked to outcomes for those who live in the home. Throughout the improvement plans reviewed, some issues had been marked as complete, which we found not to be the case; illustrating that the service is finding it difficult to measure where improvements are occurring and

what areas still require attention. We saw very little indication of staff being allocated responsibility for carrying out improvements, meaning there is a potential diminished accountability.

One area where quality assurance must improve is in the governance of individuals finances. We made a requirement for the service to improve in this regard within the Improvement Notice issued (IN - Requirement 8), and have extended timescales following this inspection. We reviewed the systems employed by the service for the oversight of money and found some individuals to have been in negative balance for extended periods of time, with little evidence to support a proactive approach from the service to rectify; some individuals were found to borrow money from the homes petty cash account. We found an inconsistent and unequitable approach to charging individuals for complementary therapies, such as chiropody, where some paid privately, and others had this cost met by the home's resident fund.

Individuals who use care services should feel confident that different organisations will work together to protect them from harm, neglect and abuse. We made a requirement about this in the Improvement Notice issued (IN - Requirement 3), and have extended timescales following this inspection. We found the service did not have good oversight of accidents and incidents, were unable to analyse these in a meaningful way, allowing solution-focused responses to mitigate risk/reoccurrence to enhance the outcome of those who live in the home. Furthermore, the service were not reporting to external agencies aligned to their responsibilities outlined in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

## How good is our staff team?

## 2 - Weak

During this inspection we reviewed how good the staff team was and found the standards to be weak.

Individuals who require care and support should feel confident that staff have been well recruited. We made a requirement about this in the Improvement Notice issued (IN - Requirement 7) and have extended timescales following this inspection. We reviewed the recruitment information held by the service for staff, and found these contained inconsistencies. Not all files contained current application forms, with one file for a returning member of staff only containing their application form from 2009. Some employment references only contained start and end dates, with no evidence of the service exploring staff's previous practice, limiting the ability to judge suitability of the candidate for the post applied for. Moreover, reference did not always contain information to validate, such as company stamp, signature or returning email address. This results in ambiguity of how these have been completed and by whom.

An area for improvement was made at the last inspection for the service to improve access to, and engagement with, training for all staff which continues at this inspection. We also made a requirements about this in the Improvement Notice issued (IN - Requirements 3 & 4), and have extended timescales following this inspection. We saw that 'Moving and Assisting', 'Medication' and 'Adult Support and Protection' training had been prioritised by the service; however, we could not be certain that those who lived in the home were benefitting from staff implementing knowledge gained due to the inconsistencies found in practice.

People who use care services should have their needs met by staffing levels which support better outcomes, with staff working well together. Through our observations we found staff to be working hard, however, in a task focus manner; limiting choices and control for those who live in the home. We were told by those who live in and visit the home: "Staff are too busy"; and "My relative asked for a glass of water which he didn't receive for hours". Those who live in the home were not always supported by a staff team who knew their needs. We found incidences of full shifts being covered by a complete team of agency staff despite other shifts within the same week having a full complement of Hutton Park employees. Those who live in the home told us: "There are

a lot of agency staff".

The home was completing a dependency assessment to ascertain the amount of staff required to meet individual's needs; however, on review we found the service had not considered individuals social needs, or the layout of the home when determining the amount of staff required to provide responsive care. Staff who work in the service told us: "Find not enough staff, and it's hard going"; "The staffing is driving the routine... it's task focused and not person-centred"; and "There is no coordination to who's doing what". We have made a further requirement for the service to ensure that staffing levels are enough to meet the needs, choices and preferences of those who live in the home in a responsive and proactive manner (Requirement 1).

## Requirements

1. By 05/08/2019 the service provider must ensure the health, welfare and safety of service users is maintained through putting in place and implementing a mechanism for ensuring adequate staffing provision throughout each 24-hour period.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My needs are met by the right number of people' (HSCS 3.15)

This is in order to comply with Regulations, 3, 4(1)(a) and 15(a), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How good is our setting?

### 2 - Weak

During this inspection we reviewed how well the setting promoted people's independence and found the standards to be weak.

We found the home to be freshly decorated and containing a good quality of soft furnishings.

People who use care service should be able to independently access a variety of communal, private and outdoor spaces. Although there are three communal lounges throughout the home and enclosed garden space to the rear, we observed individuals spending most of their day in the large communal lounge on the ground floor, resulting in the space becoming extremely busy, which did not support small group living. We were told by one relative: "I once had to move my relative out of the lounge because it was so congested... it was for their safety".

We observed that individual's access outside space was limited due to doors requiring keypad codes. Individuals would either require to know that staff could open this for them, or be able to enter the required code(s) independently to gain access to the outside and garden.

To enable individuals living with dementia to move around the space independently, we would expect to see appropriate way finding signage to highlight areas where individuals may wish to spend time, or facilities they may wish to access. We found the signage placed by the service offered both pictorial and written guidance; however, these were placed higher than the recommended height as per best practice, therefore diminishing their effectiveness. This may result in poorer outcomes to individuals particularly for toilet facilities, with the service managing incontinence opposed to promoting continence.

## How well is our care and support planned?

### 1 - Unsatisfactory

During this inspection we reviewed how well care and support was planned and found the standards to be unsatisfactory.

People who use care services should have in place a support plan which details how their needs, choices, wishes and preferences will be met. We made a requirement about this in the Improvement Notice issued (IN - Requirement 5 a & b), and have extended timescales following this inspection. Of the care plans reviewed we could not be sure that individuals were receiving appropriate care linked to assessed needs. We found several risk assessments which were incorrectly completed; limiting how well these identified risks and underpinned accurate interventions. Where individuals were identified at risk, we did not see referrals being made to the appropriate members of the multi-professional team, such as dieticians. Interventions within plans of care were non-specific in nature, which can have a detrimental impact on consistency of care, particularly in services where there is a high agency staff usage along with increased staff turnover. There was limited evidence of care plan evaluations taking place, and where these had occurred the measurement of interventions efficacy in achieving outcomes was limited.

Where there is a change to an individual's care and support, they should be confident they will be assessed by the appropriately qualified professional, with changes in care being clearly documented throughout their support plan, allowing care to be specific, person-centred and outcome-focused. Where individuals had been reviewed by external professionals, we found no evidence of alteration to intervention set, such as physiotherapist to support the rehabilitation of walking following hip replacement surgery, or GP visit prescribing antibiotics.

Individuals who use care services should expect that their care and support is underpinned by effective ongoing monitoring where a need has been identified. We made a requirement about this in the Improvement Notice issued (IN - Requirement 5 c), and have extended timescales following this inspection. To help ensure that care is responsive to changing need, we would expect to see ongoing review through care documentation. Daily recording information, including food and fluid intake charts, lacked in quality and consistency of approach. We found multiple gaps, and where issues had been recorded, there was limited evidence of follow up; reducing how effectively care and support was evaluated.

Care documentation should be person-centred. Throughout the documentation accessed we found several incidences where individuals names were incorrect. This highlights a poor culture to ensuring that information recorded is done so with the individual in mind.

Individuals who use care services should be involved in developing their care plan in a spirit of genuine partnership; helping to make it person-centred and outcome focused. Of the support plans reviewed during this inspection we saw limited evidence that the person, or their appointed representative, had been involved in the development and review of their personal plan on an ongoing basis.

## 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 provider should ensure that all support plans clearly detail individuals' needs, underpinned by effective assessment which guide care interventions, and that interventions detailed are specific.

This is to ensure 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 area for improvement was made on 25 July 2018.**

#### Action taken since then

We found that support plans did not clearly identify individuals needs. Of the support plans reviewed, clinical assessments were completed incorrectly, resulting in some individuals not being identified as 'at risk', and limiting timeous referral within the wider healthcare team. Interventions were non-specific in nature, limiting how these would support person-centred care in a consistent way.

This Area for Improvement is: Not Met

#### Previous area for improvement 2

The service provider should develop a mechanism to have oversight of all individuals who have a section 47 certificate (Adults with Incapacity) in place, ensuring that effective assessment is completed in a timeous way.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

**This area for improvement was made on 25 July 2018.**

#### Action taken since then

Of the personal plans reviewed we saw all individuals who required an Adults with Incapacity certificate had this in place. These were in-date and contained an associated treatment plan, detailing what aspects of care delivery were included in this.

This Area for Improvement is: Met

#### Previous area for improvement 3

The service provider should ensure that quality assurance processes drive enhancements in service delivery. This should include, but not limited to, detailed plans of action, which specifically detail actions to be taken.

This is to ensure 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 area for improvement was made on 25 July 2018.**

#### Action taken since then

The quality assurance systems used by the service did not support a culture of continuous improvement. Audits completed did not set and assess standards of practice in a holistic way. Action plans/Service Improvement Plans had not been developed in a holistic and SMART way, limiting how changes to address issues identified could be measured over time, allowing the service the understanding of which alterations resulted in the most enhanced outcomes. Where actions were required, these were not associated to any specific member of staff, meaning there is a reduced accountability for continuous improvement within the culture of the home.

This Area for Improvement is: Not Met

#### Previous area for improvement 4

The service provider should work towards achieving smaller group living, enhancing the quality of the care experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am in the right place to experience the care and support I need and want' (HSCS 1.20), and 'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible' (HSCS 5.7).

**This area for improvement was made on 25 July 2018.**

#### Action taken since then

Since the inspection the service have taken steps to develop the lounge on the first floor, allowing more space for individuals to spend time; albeit we only observed this being used for mealtimes and organised activities. We saw that on the whole all individuals who live in the home were encouraged to spend time either in their bedrooms, or the large communal lounge on the ground floor. This resulted in this space becoming extremely busy, with some individuals finding it difficult to locate a seat. Due to a lack of wayfinding signage, individuals were not able to locate other communal lounges throughout the home independently.

This Area for Improvement is: Not Met

#### Previous area for improvement 5

The service provider should ensure that staff have access to, and complete training appropriate to their job role. Furthermore, staff should engage in reflection following any learning experience.

This is to ensure that staffing is consistent with the Health and Social Care Standards which state: '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 area for improvement was made on 25 July 2018.**

#### Action taken since then

During this inspection we saw that 'Moving and Assisting', 'Medications', and 'Adult Support and Protection' training had been prioritised by the service. However, we found deficits in staff practice pertaining to this learning, meaning we could not be sure that staff were putting into practice knowledge gained. Staff did not routinely engage in reflective practice following training, illustrating poor compliance with SSSC codes of practice. Undertaking reflection following any learning completed will support bridging of the theory-practice gap.

This Area for Improvement is: Not 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak
How good is our setting?	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak

How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and care planning reflects people's planning needs and wishes	1 - Unsatisfactory

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