

Hillend View Care Home Service

14 Airdrie Road
Caldercruix
Airdrie
ML6 8PA

Telephone: 01236 842205

Type of inspection:

Unannounced

Completed on:

28 August 2019

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 aims and objectives of the service state:

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 and their families by sending out questionnaires and speaking to people during 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 positive reviews on various aspects of living at Hillend View. People told us that the staff were very caring and nice to them. Some people explained that they were not happy being at the service, but that this was due to their personal circumstances rather than anything negative about the care home. The vast majority of people told us that the meals were good and they enjoyed the many choices of food. One person said that they did not like the meals. People spoke positively about the activities that were available to them, although some people did not wish to participate in these. Comments received included:

- I like the staff.
 - I'm settled here and the staff are nice and look after me.
 - The food is good, I like the Chinese and Mexican nights.
 - I'm happy with here, my relative is as settled as can be and when I visit, someone is always with her.
 - I'm happy with my relative's care here. Although it's far to travel, I wouldn't move them.
- I like the activities here.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

In order to answer this question we considered and evaluated the following Quality Indicators
1.1 People experience compassion, dignity and respect - graded as very good

1.2 People have a good quality of life as a result of their care and support - graded as good

1.3 People's health benefits from their care and support - graded as good.

It is important that staff across the home treat residents with compassion, dignity and respect. We observed staff to speak nicely to people and residents looked very relaxed around them. Residents and relatives we spoke with told us that the staff were very nice. There was a warm and homely atmosphere.

The way people spend their day should promote feelings of purposefulness and wellbeing. We found that there was a weekly activity programme in place that had a mix of in house activities including arts and crafts, quizzes and bingo along with external entertainers, pet therapy, and other booked activities. There were many people supported throughout the week to go to the local shops or out for lunch or just a walk. There had been some events out to barge trips, the theatre and the cinema with events booked for over the few months.

We heard how important keeping in touch with family was for most residents. It was lovely to hear how the home supported people with this including taking them to visit their relatives, picking their relative up from the railway station and helping them to buy cards and gifts for their family members to celebrate birthdays.

There are many people living in the care home who did not have any family members still involved in their lives and we heard about how they now looked upon other residents and the staff as their family now. This also came through when speaking to staff too.

People who use the service could be assured that they were receiving their medication as prescribed. We asked them to review the way in which they were recording medications that were prescribed on an 'as required' basis and felt assured that this would be done.

People told us that they enjoyed the meals at the home and that there was plenty of choice. Dining rooms were nicely presented, and staff assisted where needed. Snack and drinks were freely available in between meals. Management had an overview of resident's weights in order to support those at risk of malnutrition. Records that staff kept to monitor resident's food or fluid intake were not always completed well and we felt that these could be monitored better in order to ensure that they were meaningful. Please see area for improvement under key question 5.

We looked at how the home managed falls. We found that this was an area that needed improvement. Whilst it is recognised that people living in a care home will have more falls than people living at home, strategies should be looked at to reduce the risk of falling on an individual basis and especially after someone sustains a fall. We found that this varied for people. Please see area for improvement 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 podiatrist, GP and other specialist medical staff. Any advice received had been added to the resident's personal plan and been followed.

Areas for improvement

1. To ensure that people who need support keeping safe due to their risk of falling or injuring themselves, then the service should ensure that:

1. Residents are screened using a recognised falls risk assessment tool.
2. Where this assessment deems someone to be at risk of falling, then a structured action plan is put in place for that person.

3. Where a resident has sustained a fall/injury/near miss, staff complete and accident/incident form; then carry out a post falls/incident analysis of this which takes into account why the unplanned event may have occurred and any lessons learned to reduce the risk of this re-occurring.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

How good is our leadership?

3 - Adequate

In order to answer this question we considered and evaluated the following Quality Indicators

2.2 Quality assurance and improvement is led well - graded as adequate.

The manager post was currently vacant and the deputy manager was currently absent. The unit manager was acting as the interim manager. We received very good feedback from staff about this person and how supportive they were. We found a noticeable improvement in the organisation of evidence that we ask for as part of the inspection process. We also found that where we were identifying areas that could be improved, the interim manager received this very constructively and was genuinely wanting to work with us. This gave us confidence for the home going forward.

People using the service should feel assured that the service has a robust quality assurance system. At the previous inspection, we made an area for improvement about the home's quality assurance systems. We found that the service now had a structure in place, which they were starting to work towards. However, this was currently mainly lots of inputs, like audits but these were not yet meaningful as the interim manager had not had time to devise clear action plans to improve any areas identified. Please see area for improvement 1.

The service had a system in place for managing any complaints or concerns and we found that any that had been raised had been investigated however, it was not always clear to see that any lessons learned had been put in place.

We looked at the management of accidents and incidents and found that a system was in place for managing these. We sampled daily notes for residents and found that, with the exception of one, staff had processed these correctly. The interim manager was then auditing these monthly to look at any trends and changes needed.

We expect service to have a development plan in place that identifies any areas they wish to change or improve going forward. It should include feedback from external inspections and audits, internal audits, and feedback from anyone who uses the service. This should identify timescales and who would be responsible for actions. This should be shared with residents and staff to allow them to contribute to this. It should then be a working document that is regularly re-visited and updated. Please see area for improvement 2.

Meetings and supervision provide a good opportunity for people to give any ideas or concerns and to hear about any developments within the service. Meetings were held for residents and staff. Individual supervision had taken place for staff. The minutes from these could be recorded better and needed action plans devised following them to make them meaningful. We also asked the service to look at supervision using a reflective practice element for staff and signposted them to the guidance from the SSSC (Scottish Social Services Council).

Areas for improvement

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) This recommendation was made on 6 September 2017.

2. The service should ensure that a service development plan is in place that gives them clear direction for the future development of the service.

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).

How good is our staff team?

4 - Good

In order to answer this question we considered and evaluated the following Quality Indicators:

3.2 Staff have the right competence and development to support people - graded as good

3.3 Staffing levels and mix meet people's needs, with staff working well together - graded as good

We received lots of positive feedback from residents and relatives about the staff and we observed many lovely interactions between staff and residents. This was not restricted to nursing and care staff but included all staff who worked in the care home.

People using the service should feel assured that there are enough staff to support them. The feedback we received from residents, relatives and staff was that they felt that there were always enough staff on duty. The home decided on the number of staff using the previous staffing schedule issued by the care inspectorate. However, a change in legislation has meant that these staffing schedules are no longer issued by us. Instead, we expect each service to calculate the number of staff by using a recognised dependency tool which takes account of each resident's needs, layout of building and staff mix. We signposted them to a few tools that they may wish to consider. Please see area for improvement 1.

We found that there was a training programme in place for staff which included relevant topics for staff. This covered a range of topics including fire safety, mental health awareness and adult protection. We did not observe any staff practice during the inspection. We had previously made an area for improvement around training at the last inspection and found that there was now a training planner in place but there was still a significant way to go to get the percentages achieved by staff to an acceptable level. We noted that there was lots of training planned for the next few months to assist them in achieving this. Please see area for improvement 2.

We asked the service to look at adding dementia awareness to their training planner as there were several residents who were living with this. We signposted them to the Promoting Excellence training programme on the SSSC website.

Staff we spoke with told us that there was good team working and that they enjoyed being here. Newer staff told us that they had been made to feel welcome and had settled in quickly.

Areas for improvement

1. 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.

2. To ensure that people are confident that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users, the service should have a system in place that:

1. Calculates the dependencies of current service users at least every 4 weeks or when there is a significant change in total numbers of service users and/or their conditions.
2. Considers not only the hours of the dependency tool, but also their own observations of outcomes for people and feedback from staff, residents and relatives.
3. Sets out the required staffing levels to be able to meet or exceed the required dependency hours.
4. Have records of these available for inspection.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My needs are met by the correct number of people." (HSCS 3.15)

How good is our setting?

4 - Good

In order to answer this question we considered and evaluated the following Quality Indicators
4.2 The setting promotes and enables people's independence - graded as good

People using the service should be assured that the environment is kept clean and odour free. We found the home to be clean, tidy and free from offensive odours. At the last inspection, we made an area for improvement around the condition of some communal areas and bedrooms. We found that a refurbishment planner was in place and was being worked through. The communal bathrooms that had been completed looked clean and fresh. The bedrooms were also looking much fresher and homely. One area that was outstanding was the main lounge of original building, we were assured that the replacement flooring was in hand and would be getting replaced very soon. This area for improvement had been met.

We found that people were able to walk around each unit freely and also between both buildings. People were able to access the gardens either on their own, if able, or supported by staff where needed.

We did feel that the gardens were not being used to their full potential. We discussed this at feedback and look forward to seeing some changes at the next inspection.

Throughout the inspection we spoke to staff and management about ways of improving or maintaining life skills for residents. This included making the environment more enabling, especially around eating and drinking and maybe making small meals and snacks.

We found that there was good signage to find your way around the care home to assist people to find their way around the place. At times, the residents assisted us to find our way around during the inspection.

How well is our care and support planned?

3 - Adequate

In order to answer this question we considered and evaluated the following Quality Indicator
5.1 Assessment and care planning reflects people's' needs and wishes - graded as adequate.

Residents should be confident that their care plans give clear direction on how to deliver their support and that they are reviewed and updated when there are any changes in their health or circumstances. We made an area of improvement around care plans at the last inspection. We sampled these across the service and found that the service had recently worked hard to ensure that these were in place for each resident and that they contained enough information, to guide staff on how best to care and support them. They were now in a good position to work with the residents and their families, to further develop these and to ensure that no key information had been omitted. Please see area for improvement 1.

We looked at six monthly reviews and found that these had been completed for the majority of residents. The interim manager had an overview of these, we asked them to ensure that a copy was always kept in the care plan folder so that staff had access to these. We heard that there could at times be delays in getting their social workers to have time to attend. We advised the service that whilst they should continue to invite social workers along, they should go ahead and hold the review within the six month timescale as this is a legal requirement for them.

We discussed with management about reviewing the format of the reviews to not just look at the health of each person, but to include the social aspect of their life and how they can improve or maintain their life skills.

A few residents had been identified by nursing staff as requiring their food and fluid intake to be monitored. We sampled these and found some gaps in these. We discussed with management that some staff did not appear to grasp the importance of accurate and contemporaneous record keeping. Please see area for improvement 1.

Areas for improvement

1. The service should ensure that:

1. There are comprehensive personal plans are in place, to guide staff on how to care and support each person.
2. Food and fluid charts should be an accurate and contemporaneous record of an individual's intake that day. These should be monitored by staff to ensure that they are meaningful.

This ensures 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).

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 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.

This area for improvement was made on 6 September 2017.

Action taken since then

Please see information under key question 3.

This area for improvement had not been met.

Previous area for improvement 2

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.

This area for improvement was made on 6 September 2017.

Action taken since then

Please see information under key question 2.

This area for improvement had not been met.

Previous area for improvement 3

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) This recommendation was made on 16 November 2018

This area for improvement was made on 16 November 2018.

Action taken since then

Please see information under key question 5.

This area for improvement had not been met.

Previous area for improvement 4

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) This recommendation was made on 16 November 2018.

This area for improvement was made on 16 November 2018.

Action taken since then

Please see information under key question 4.

This area for improvement had been met.

Previous area for improvement 5

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) This recommendation was made on 16 November 2018.

This area for improvement was made on 16 November 2018.

Action taken since then

We found that these were now in place, with the exception of five. Two of these were in bedrooms and we were told that this was down to the resident's choice. Three were in corridors and we were told that these had been isolated and were unable to be turned on. We asked the service to complete individual risk assessments for these.

This area for improvement had been met.

Previous area for improvement 6

The provider should ensure that where a resident requires to have their nutrition and weight monitored, then the care plan should fully detail all measures that have been put in place, including guidance from other health professionals. This ensures that care and support is consistent with the Health and Social Care Standards, which state:

"My personal plan (sometimes known as my 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) and "I experience high quality care and support based on

relevant evidence, guidance and best practice". (HSCS 4.11). This recommendation was made on 22 November 2018.

This area for improvement was made on 22 November 2018.

Action taken since then

Please see information under key question 3.

This area for improvement had 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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good

4.2 The setting promotes and enables people's independence	4 - Good
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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