

Hunterhill Care Home

Care Home Service

Blackford Road
Paisley
PA2 7EN

Telephone: 0141 848 6722

Type of inspection:

Unannounced

Completed on:

6 February 2020

Service provided by:

Renfrewshire Council

Service provider number:

SP2003003388

Service no:

CS2006121927

About the service

The home is registered to care for 60 older people some of whom are living with dementia, this includes respite care for up to 12 older people. There were 54 people living in the home during the inspection. The provider is Renfrewshire Council.

The care home is purpose-built with accommodation over two floors. Hunterhill offers single room accommodation with en suite facilities. There are lounges, dining rooms and adapted bathrooms and shower rooms on each floor. There is an accessible enclosed garden at the rear of the home and balconies on the upper floor area offering residents outdoor space from all five units of the home.

The service is located in a residential area of Paisley near local amenities including shops and bus routes.

What people told us

We were able to speak with residents throughout the inspection either individually or in small groups. We also received their opinions through completed questionnaires. Comments received were as follows:-

"We are all pals here, the staff are lovely."

A group of residents stated "We like the meals, but the choice is not great."

"I love it here. The staff, the food, the manager - they are all good."

"I think the staff are lovely and kind. They can do nothing more for staff to do for me. Staff know me very well."

"I am fine. I am comfortable."

"I am happy here. The meals are good - I like to take a wee walk - its good for me. I get bored in here."

"I am happy to be here. I really enjoy the company of residents and staff. I like to keep busy."

"I am good. I enjoyed my breakfast. I slept well and am ready for the day."

"I would like more things to do on a daily basis."

"I feel happy and contented. The staff are good."

We spoke with relatives as part of the inspection and also received their views through completed questionnaires. We also emailed some relatives to see if they would like to give us their opinions.

Comments received were as follows:

"I was initially very apprehensive, but I am surprised at how well my relative has settled. They really enjoy the activities. Staff go the extra mile."

"I am very pleased with the care of my relative. I have concerns. Staff come into the room and my relative smiles so I am reassured that her relative knows staff and is 'content'. I would raise concerns if I had any. Staff are really good with my relative."

"Right from the start of his residency the staff have been absolutely wonderful, bringing my relative to the phone and allowing us to have our chat, I receive such courtesy and kindness. I asked how he found the dining room and without hesitation he said, "it's excellent", no complaints at all about meals. With regard to feeling involved in health care needs, I do hear about his medications, and visits to the RAH when something arises, I must say they act swiftly when something arises and the visits with specialists too, very good care. To summarize, I have not had an interaction from the beginning of my relatives residency with the staff that has not made me feel very comfortable when I sign off on the phone that he is surrounded by kindness and respect and care."

"I feel the staff care for my relative very well. I am sure her mobility is an issue, but it never shows. I feel very involved in all aspects of my mum's care."

"The staff in the care home are wonderful. My relatives wellbeing and care needs are paramount. They treat him like a gentleman, always take time to speak with him and take care of his personal needs. When possible, there is a certain pool of staff that work within the unit. These staff members tend to bond with the residents and get to know what their needs are and respond to them immediately. There is a warm and welcoming atmosphere there with the true feeling of a persons own home. I have found the quality and variety of food is excellent. My relative will also take part in other activities organised by the home. He will attend social functions which are organised. I feel very involved in his care and care plan. I am kept informed of all aspects of his care and always informed if he needs medical attention. If staff have any concerns regarding his health, they immediately call the doctor and inform me. If I have any concerns regarding my relatives care or health, I have no hesitation in raising my concerns with the staff and they always take my thoughts, feelings and concerns on board."

"My relatives well-being is encouraged. Staff are supportive to us as a family."

"Staff and all employees are all excellent. The staff are fantastic. Well run home from the top to the bottom."

"I feel it would be helpful to keep a consistent staff group within each unit. I have the utmost admiration for most of the staff. They are friendly and supportive."

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

4 - Good

We saw compassionate, warm relationships between residents and staff. Good humour and knowledge of each resident from staff assisted with the positive interaction observed. Staff offered assistance in a discreet and respectful manner and this was appreciated by residents who described staff as 'lovely' and 'they take good care of me.' Whilst the interaction between staff and residents was positive, it often centred around a task. The management team should review how staff spend their time, with less focus on being task orientated, more meaningful time for residents would be available. Residents should benefit from a stable staff team who know them well. The home had to rely on agency staff to meet the needs of residents and, at times, this was not working for their benefit. We discussed this with the management team who gave assurances that they would review this.

The home had a respite unit where residents could come for a short break. Residents could be admitted for a variety of reasons and some on an emergency basis. To promote the best possible experience for residents staying in the respite unit we asked that the admission criteria, staffing levels and staff training be reviewed. Reviewing the aims and objectives of the respite unit would clarify expectations of all parties, including residents and relatives. The correct staffing and resources must be in place to ensure that the placement is appropriate and successful. This will be an area for improvement 1.

Residents enjoyed a pleasant, unrushed dining experience. Staff knew the food preferences of residents and offered assistance to eat in a respectful manner. The tables were set in a way that encouraged residents to sit and enjoy their meals and the company of others. A few residents we spoke with told us that the choice and quality of food 'could be better.' We mentioned this to the management team and they had already set up a meeting to discuss any concerns and seek the views of residents.

To help maintain residents health and wellbeing the service chose to have the doors to the units open. This allowed residents to walk freely, but safely around the home and afforded them the opportunity to visit other units. This was particularly beneficial for some residents living with stress and distress.

It was important that residents had access to a range of meaningful opportunities and activities throughout the day. The home offered activities such as Reiki, newspaper reading, gentlemen's club, pampering and visits from local children. The home also tried to offer specific activities to residents living with dementia. We found that this was variable across the home depending on staff time and training. The larger activities were well enjoyed by residents as we observed. However, activities for those who were cared for in bed or who were living with dementia were harder to see as the outcomes and benefits were not well recorded in all units. Staff expressed frustration at the lack of one-to-one time they had to spend with residents. This will be a continued area for improvement from the last inspection.

We could see that staff worked hard to keep residents healthy. There was good evidence in the care plans of professional visits such as the GP and the dentist. Residents told us they felt well cared for and this was confirmed when we spoke with a resident cared for in bed. They were very positive about care and support provided despite not having their independence.

We were able to review the records for clinical health needs and see that they were well assessed and reviewed. All of this ensured that the health needs of residents were promoted. We did find that the mental health and well-being support for residents was harder to evidence. The information was brief and did not reflect the person-centred practice we saw. We found the medication records to support residents with their 'as required' medication were not descriptive enough to guide staff. They mentioned the medication, but did not give indicators of why the residents was distressed, what would work to assist with the distress and ultimately why the decision was made to give the 'as required' medication. This will be a continued area for improvement from the last inspection.

Areas for improvement

1. The management team should draw up aims and objectives for the respite unit to ensure staff and resources are in place. This will ensure that staff are prepared for admissions and each placement is a success.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

and

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

2. Meaningful activity should be available for each resident and respond to their needs, wishes and choices. Staff, at times, need to be less task orientated and spend more meaningful time engaging with residents.

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

'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)

3. Staff need to ensure that record keeping in care records and medication protocols is accurate and meaningful to inform the ongoing care needs of each resident. The care plans for those living with dementia and stress and distress should be robust and the rationale for administering medication, for example to assist with distress, should be clear.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected.' (HSCS 1.23)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

Each residents had a care plan and these were evaluated at regular intervals. Assessment and care planning did reflect residents' needs and wishes to an extent. Most of the information contained within the care plans was relevant and up-to-date. There was good information about residents health needs and some about their likes, choices and preferences for everyday life. However, we did not get a sense of resident's whole identity and needs from the care plans we looked at. The care plans where stress and distress for a resident was evident could be improved to guide staff on what the distress could look like, what worked to support the resident and ultimately what medication could be used to support the resident, if required.

The daily notes recorded by staff about residents and the regular review minutes were clinical in tone and language. This process did not reflect how a resident had enjoyed their day or how meaningful their lives had been over a period of months, they tended to focus on care and support interventions.

We asked the management team to review the information required to support a resident being admitted to the respite unit. Often the initial information received made it difficult to compile care plan to support the placement of the resident.

The management team acknowledged that there were further improvements needed to ensure that information recorded helped residents communicate the things that were important. They will review the current care planning process.

This will be a continued area for improvement 1.

Areas for improvement

1. Each resident should have a robust, accurate person-centred care plan which reflects their assessed needs. This should include a plan for such areas as stress and distress and living with dementia if appropriate.

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

Meaningful activity should be available for each resident and respond to their needs, wishes and choices. Staff, at times, need to be less task orientated and spend more meaningful time engaging with residents.

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

'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)

This area for improvement was made on 10 December 2018.

Action taken since then

Some nice progress noted within Abbey with regards to what activities can be done, but the needs of residents/ use of agency staff/amount of tasks to be done - stands in the way of regular responsive activities.

Previous area for improvement 2

Staff need to ensure that record keeping in care records and medication protocols is accurate and meaningful to inform the ongoing care needs of each resident. Staff must follow their professional codes of practice in these areas.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected.' (HSCS 1.23)

This area for improvement was made on 10 December 2018.

Action taken since then

PRN protocols were not robust enough. Care plans were brief. Continue.

Previous area for improvement 3

Each resident should have a robust, accurate person-centred care plan which reflects their assessed needs. This should include a plan for such areas as stress and distress and a protocol should be in place for the use of 'as required' medication.

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)

This area for improvement was made on 10 December 2018.

Action taken since then

Still needs to be developed. See notes. Continue.

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	4 - 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 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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