

# Home Farm Care Home Care Home Service

Home Farm Road  
Portree  
IV51 9LX

Telephone: 01478 613232

**Type of inspection:**

Unannounced

**Completed on:**

24 January 2020

**Service provided by:**

HC-One Limited

**Service provider number:**

SP2011011682

**Service no:**

CS2011300714

## About the service we inspected

Home Farm Care Home is registered to provide a care service to a maximum of 40 older people, of whom one person may be an adult with physical or sensory impairment. Respite/ short break places may also be provided. The provider is HC-One Limited.

Home Farm Care Home is a purpose built two storey care home situated in Portree on the Isle of Skye. The accommodation is over two floors. All of the bedrooms are single with en-suite toilet and wash hand basin facilities. There is a main dining room and two lounges on the ground floor and a lounge and small dining room on the first floor. There are shared bath and shower facilities on both floors. There is an enclosed garden area within the grounds which can be accessed directly from the building.

During the inspection 31 people were using the service including one person for a period of respite care.

## How we inspected the service

We wrote this report following an unannounced inspection. One inspector carried this out on Tuesday 21 January 2020 between 16:45 and 19:00. The inspection carried for next two days between 08:30 and 19:00. We gave feedback to the manager and HC-ONEs Deputy Area director at the service on 24 January 2020. The Area Director for HC-ONE and a representative from NHS Highland's contracts department attended the feedback meeting by telephone. During this inspection, we gathered evidence from various sources. We spoke with eight residents, four relatives and a range of people working in the service. We observed interactions between staff and people using the service, activities, care plans and records, staff rotas, quality assurance records, cleaning records and the services own action plans and improvement plans.

## Taking the views of people using the service into account

People we spoke with spoke positively about the staff and the food. One person told us they were very happy with the care and couldn't praise them enough. They described the meals as excellent. One person spoke about enjoying the music when the entertainment was on. One person told us how much she enjoyed her cooked breakfast

## Taking carers' views into account

We spoke with four relatives during the inspection. The majority of people were happy with the care and the service that was provided and the staff however we did receive some mixed views about the cleanliness of the service and staffing in the evening upstairs which we passed on to the provider.

One person told us their relative 'had blossomed since she came here', 'staff are fantastic' and 'can't speak more highly of them.'

Another person told us their relative, is well looked after' and they 'have no concerns about their care' and they found staff 'very attentive', 'very good, agency good' and that 'staff were, respectful.'

People told us there had been 'some staff issues sometimes', 'better staffing now.'

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

This requirement resulted from an upheld complaint.

The provider must always ensure that 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.

In order to achieve this the provider must ensure that:

- Staffing levels match or exceed the level assessed as necessary ensuring all people's needs are being met.
- Housekeeping staff levels must be appropriate so that cleaning schedules are consistently adhered to throughout the premises ensuring there is always a clean malodour free environment.

**This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**

**This is in order to ensure that care and support is consistent with Health and Social Care Standard: 'My needs are met by the right number of people.' (HSCS 3.15)**

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

To be completed by: 31 December 2019.

**This requirement was made on 6 November 2019.**

#### Action taken on previous requirement

The service had taken some action to address this requirement. They had regularly carried out assessments of the level of people's dependency to help determine the number of staff hours needed to meet people's needs. Through our observations during the inspection and the information made available to us on the staff duty rotas it was difficult to determine how this was translated in to staffing numbers and how this was deployed across the 24 hour period to ensure people needs were being met. Improvements should be made to the way staff duty rotas are recorded to ensure they accurately reflect all the staff who are working in the service at any given time. This should make it easier for the provider and management to have a better overview of the staffing across the whole service and ways that they could make improvements.

The number of direct care staff and ancillary staff fluctuated across different days of the week and times of day which was not linked to the needs of people experiencing care. The inconsistency in the staffing arrangements across the service was being affected by a number of factors, for example current staff vacancies, less management and supporting staff at the weekends, lack of suitable contingency arrangements to cover staff holidays, inconsistencies in the way staff were deployed and the way staff breaks were arranged. We saw that this meant the level and quality of care and support people received was not always adequate, for example some

people had to wait long periods when they were requesting help and some people were not receiving the care and support they needed. The service had continued to recruit staff and been successful in filling some of the staff vacancies. Recruitment of staff was on going which included ancillary, care staff and nursing staff. We acknowledged the service had taken the positive step of not admitting new residents to the service in the interim period to minimise the risk to people using while they improved and stabilised the management and staffing arrangements sufficiently and was working closely and meeting regularly with the Health and social care partnership. The service had continued to use their own bank staff and staff from agencies while trying to recruit sufficient staff for the service. The provider and management need to improve and monitor the way staff are deployed and when doing so account of people's needs and staff numbers, skill mix, competencies, roles and responsibilities.

Although the service had taken some action to meet this requirement, at the time we of the inspection further improvement needed to be taken to meet this requirement. We have extended the timescale to meet this requirement to 31 March 2020.

## Not met

### Requirement 2

This requirement resulted from an upheld complaint.

People experiencing care should have confidence in the organisation and infection control policies and procedures are adhered to ensuring people are not at risk. In order to achieve this the provider must ensure. The environment is hygienically cleaned to an acceptable standard and all areas are malodour free. Cleaning protocols in all areas of the premises must be adhered to and regular deep cleaning is carried out.

**This is to comply with; The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users. 9 of 10 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(d) - Requirements to make proper provision for the prevention and control of infection.**

**This is in order to ensure care and support is consistent with Health and Social Care Standard: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)**

**This is in order to comply with: Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**

To be completed by 31 December 2019.

**This requirement was made on 6 November 2019.**

### Action taken on previous requirement

During the inspection the service was free from malodours and some re-decoration was taking place. The service had cleaning schedules in place which included deep cleaning and had put systems in place for staff to record that these were being completed and for management to monitor these as part of the service's quality assurance. The sample we looked at were poorly completed and the services own quality assurance system was not being followed. One of the actions, raised by the Environmental health officer, to replace the fly screen in the kitchen had been progressed however had not been completed at the time of the inspection. The

member of staff who worked in the laundry was on leave for two weeks and housekeeping staff were being used to cover these duties. This had led to insufficient housekeeping staff being on duty to carry out their planned duties and was also impacting on the level of direct care and support people were receiving as care staff were helping out with the cleaning duties. People experiencing care should have confidence in the organisation and infection control policies and procedures are adhered to ensuring people are not at risk. We found that on some days there was only one member of housekeeping staff on in the morning for all the domestic duties in the whole home and there was no housekeeping staff on in the afternoon and evening. The housekeeping staff arrangements in the home were inadequate to ensure that the measures the service had planned and implemented to address this requirement had been met or were being suitably monitored and addressed.

The timescale for completion has been extended to 31 March 2020.

## Not met

### Requirement 3

By 30 June 2019 you must ensure 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 in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.'** (HSCS 1.15)

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 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.**

**This requirement was made on 12 April 2019.**

### Action taken on previous requirement

The service had taken some action to address this requirement. Staff had carried out assessments of people's needs and we could see an improvement in these. Some information in people's care plans had improved and set out how their needs were to be met, however there was not a consistent improvement across the sample we

looked at. We looked at one person's wound care plan and this contained good, clear information which staff would need to know. We also saw examples where the information was poor and insufficient about the way one person's pain was being managed and another person's skin care. The service had put systems in place they could use to ensure that people receive the care that was identified in their care plan and where there were indications of poor care, they are recognised and action is taken promptly to address them, however these had not been fully implemented, were not always followed and had not become established enough to be effective at the time of this inspection. The way the service worked with other Health and Social Care professionals had improved which was beneficial to all parties involved with people's care. The service needs to continue improve the way reviews and evaluations of people's care and support are carried out to ensure people and their representatives are fully involved and there is a focus on improved outcomes. We acknowledged there had been some improvement made however the slow pace of the progress to make the required improvements had been affected by the management and staffing arrangements for example staff numbers, skill mix, competency, new staff induction, training and supervision arrangements.

The timescale for completion has been extended to 31 March 2020.

**Not met**

## 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

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 every day, both indoors and outdoors.' (HSCS 1.25)**

**This area for improvement was made on 12 April 2019.**

#### Action taken since then

The service was in the process of putting a 'Remembering Together' booklet in place for each person with their, or their families involvement. They planned to use these develop meaningful activity care plans with people. Entertainment had continued to be organised and regularly held in the downstairs dining room area and some people were supported to attend activities out side the home. The service employed two members of staff as wellbeing co-coordinators who were involved in arranging and providing activities. The service was still to develop a weekly activity planner and look at and introduce ways meaningful activity can be included in people's day to day life on an individual basis. This needed to be done in an inclusive and person led way and provide opportunities that are suitable to meet each persons needs, wishes and preferences.

We will look at the progress the service has made at the next inspection to see how they support people's to get the most out of life and how well they support people so they 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.

#### Previous area for improvement 2

It is important that all people are offered the same high quality of mealtime 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 in order 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)**

**This area for improvement was made on 12 April 2019.**

#### Action taken since then

The majority of people used the main dining room on the round floor at mealtimes, Some people chose to have their meals in their room and there was a small dining room upstairs that was generally used by one person. We observed that staff supported people well in the dining room, there was a pleasant atmosphere and that improvements had been made to improve people's dining experience. The service had monitored the dining room experience and looked at ways to improve this for people. Improvements were continuing and this included re-decorating and replacing tablecloths and crockery. Staff commented on the difference the choice of music made to the ambience in the dining room which should also be taken account of for people's experiences. People who have their meals in their room or in the small dining room upstairs should receive appropriate support and their dining experience should also be monitored to ensure their experience is good.

#### Previous area for improvement 3

It is important that people receive the right treatment at the right time. Staff need to ensure that:

- a) people receive any treatment as it has been prescribed for them.
- b) monitor the person's medication, effectiveness and the condition for which it has been prescribed.
- c) contact the relevant health professional if there are changes or concerns about the medication.
- d) accurate administration records are maintained and care plans are updated when changes are made.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)**

**This area for improvement was made on 12 April 2019.**

### Action taken since then

Staff administration and recording practices to ensure people received their prescribed creams and ointments were poor. This meant we could not be confident that people has received the treatment they had been prescribed. There was poor evaluation of the effectiveness of people's medication that was prescribed on a when required basis, for example as part of their pain management. This could lead to a delay in the relevant health professional being contacted to review people's treatment and make changes to benefit the person's wellbeing.

This remains an area for improvement. We will look at the progress the service has made at the next inspection to see how well people are supported with their medication and that this is being one in a way that is safe, effective and as planned.

### Previous area for improvement 4

The management should make suitable arrangements to ensure there are sufficient staff throughout the home at all times and that they are suitable deployed to ensure people receive the right care at the right time from the right number of people. People's needs at different times of the day, the layout of the building and the fluctuating levels of ancillary and support staff throughout the week should be taken account of when making these arrangements.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standard which states that: 'My needs are met by the right number of people.' (HSCS 3.15)**

**This area for improvement was made on 12 April 2019.**

### Action taken since then

A requirement was made in relation to staffing on 6 November 2019 as a result of an upheld complaint. Please refer to the previous section of this report, 'What the service has done to meet any requirements made at or since the last inspection.'

### Previous area for improvement 5

The provider should enhance the quality of the environment in ways that promote people's independence, enables access to all parts of the premises they can use and supports people choices of where they spend their time.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

**This area for improvement was made on 12 April 2019.**

### Action taken since then

An audit of the environment using the Kings Fund Tool had very recently been carried out to assess how well the current environment supports good outcomes for people living with dementia. The audit had identified several areas where improvements could be made. At the time of the inspection this had not progressed any further however the manager told us they planned to develop an action plan from the findings of the audit to address the areas highlighted to make the improvements and enhance the environment.



We will look at the progress the service has made at the next inspection to see how well the setting promotes and enables people's independence.

### Previous area for improvement 6

This area for improvement was made as a result of an upheld complaint.

People who experience care should have their care provided as per their individual plan of care. If there are any changes to be made to a person's plan of care, the service should ensure that there is a full reassessment and review of their needs undertaken prior to these changes being implemented. Any reassessment and review should involve all relevant people such as the person's Power of Attorney, relevant representatives, advocacy and professional persons.

**This is to ensure care and support is consistent with Health and Social Care Standard which states: '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 17 December 2019.**

#### Action taken since then

A requirement was made at the last inspection which relates to people's planned care. Please refer to the previous section of this report, 'What the service has done to meet any requirements made at or since the last inspection.'

## Complaints

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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.