

Home Farm Care Home Care Home Service

Home Farm Road
Portree
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Type of inspection:
Unannounced

Completed on:
13 July 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. When we visited, there were 22 people living in the home.

Home Farm Care Home is a purpose-built two-storey care home situated in Portree on the Isle of Skye. All 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 dining room on the first floor. There are shared bath and shower facilities on both floors. There is an enclosed garden within the grounds which can be accessed directly from the ground floor lounge.

An inspection took place in May 2020 in response to concerns about the provider's preparation for and management of a COVID-19 outbreak. As a result of the serious concerns identified, the Care Inspectorate made an application to the sheriff at Inverness Sheriff Court seeking cancellation of the care service's registration under Section 65 of the Public Services Reform (Scotland) Act 2010. The application was based on the Care Inspectorate's belief that in the absence of an order there was a serious risk to the life, health or wellbeing of persons cared for by the service.

How we inspected the service

This report was written following an unannounced follow up inspection on 7 and 8 July 2020. Feedback was provided to the management team, provider and NHS Highland on 13 July.

At this inspection, we focused on the requirements and areas for improvement that we made at the last inspection in May 2020. During the inspection, we gathered evidence from various sources.

We:

- spoke to supported people, families, staff and professionals
- looked at a sample of people's support plans and associated recordings
- reviewed the meaningful activities being provided
- looked at safer recruitment, including staff induction
- looked at staff supervision
- looked at the service training plan and training records
- looked at quality assurance tools, systems and action plans
- looked at the environment and infection control
- looked at the administration of medication.

Between the last inspection in May and this follow up inspection, we undertook a number of monitoring visits. Feedback was given to the provider and NHS Highland after each visit. The monitoring visits showed that improvements were being made across the service in all of the requirement areas identified in the previous inspection. We saw that the temporary management team took appropriate action in response to any concerns raised during these monitoring visits.

Taking the views of people using the service into account

During the inspection visit, we spoke with one person using the service who told us that they were able to make their own decisions and were given choices about when they ate and what activities they did. They

told us that they had regular contact with their family. They said; "I'm very happy. There is always something to do."

A SOFI observation was completed during the follow up inspection. This is a tool to capture the experience of people who use services but may not be able to express this for themselves. During the SOFI observation we saw staff recognising the reality of the person they were supporting, creating a relaxed atmosphere and providing comfort and security where needed.

Taking carers' views into account

We spoke to a number of families during the inspection by phone and families also emailed us with their views. Families told us that window visits were going well and that people look well and cared for. Families have also appreciated being able to see and speak to people using web calls such as FaceTime.

Families spoke positively of staff who before, during and after the outbreak had been kind and helpful.

A number of families felt that communication was an issue, especially before the outbreak. They spoke of having to raise concerns and there being a poor response from the manager. Most families felt that communication had improved recently and that they were being kept up to date with how their family member was keeping.

The majority of families were very concerned for the future of Home Farm; in particular, the future staffing and management arrangements. Families wanted clear communication about future plans.

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

Previous requirements

Requirement 1

By 30 June 2020, the provider must ensure that service users receive care and support that meets their health, safety and wellbeing needs.

In order to achieve this the provider must ensure that:

- a) service users' needs are assessed and their care is planned by skilled professionals;
- b) service users, other relevant people and professionals are fully involved in the care planning process;
- c) service users receive care and support from trained, competent and skilled staff who are familiar with their needs and have time to provide the right care in a warm and compassionate manner;
- d) staff are led well and work together to consistently provide high quality care;
- e) staff respond to signs of deterioration in service users' health and wellbeing, that they are unhappy or at risk of harm and use the care planning process to improve service users' experiences and outcomes; and

f) the quality of service users' care and support is evaluated and action taken to make any necessary improvements. This process must take account of service users' views, experiences and outcomes, the views of staff and relatives involved in their care and support and their written care records.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19);

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'My care and support is provided and planned in a safe way.' (HSCS 4.14)

This is also in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 18 May 2020.

Action taken on previous requirement

We saw that staff were warm and caring, and that people were listened to and respected. We saw that staff took time to explain to people what was happening; for instance when being supported to take part in an activity or to move to another room. We also saw a lot of fun and laughter and people were clearly very comfortable with the staff who were supporting them.

We have seen good team work, led by the three temporary senior HC-One managers and have had positive feedback from families and other professionals about the current management team. Staff have told us that they currently feel better supported and that daily handovers, briefings and flash meetings have really improved communication.

We saw that all care plans had recently been updated and the majority contained sufficient information to support people safely. We saw that some care plans still needed to include more detail to help people maintain healthy skin and prevent skin breakdown.

We saw that people's needs have been assessed by HC-One nurses and NHS nurses. Appropriate referrals had been made to other specialists such as physiotherapists, podiatrists and dieticians. We saw that care plans and the care being provided had been updated to reflect input from other professionals and that people's health had benefitted from this advice.

Whilst we saw that care plans had been updated, there was minimal evidence that people being supported or families had been meaningfully involved in developing or updating the plans. Family comments were brief and often it was the same statement in each section of the plan. The service needs to identify how it will meaningfully engage with people they support and families and involve them in care planning.

We found care plans to be clinical and task focused. While this had been the priority as people were assessed and care plans were made safe and brought up to date, plans going forward need to be more person-centred and outcome focused. The care plans we looked at contained minimal or no personal history, no likes and dislikes and no wellbeing or activities plan. Some of the care plans that we looked at did not contain sufficient information on how to support someone to maintain healthy skin. Skin integrity care plans need to be reviewed and updated to contain more detailed information.

The timescale for meeting this requirement has been extended to 17 August 2020.

Not met**Requirement 2**

By 7 June 2020, you must ensure the service is well led and managed. In particular, you must have a sufficient number of skilled staff in leadership and management roles to ensure:

- a) staff are effectively led on each and every shift to meet service users' health, safety and wellbeing needs;
- b) issues that may pose a risk to service users are identified and appropriate action is taken to ensure the service is planned and delivered in a manner that meets service users' health, safety and wellbeing needs; and
- c) all aspects of care are delivered with compassion, dignity and respect.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23);
'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4);
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and
'My care and support is provided and planned in a safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

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

This requirement was made on 7 May 2020.

Action taken on previous requirement

We observed that staff were compassionate and treated people with dignity and respect. We saw lots of lovely genuine moments between staff and people. It was obvious that staff knew the people they were caring for. For example, we found one person experienced less stress and distress because staff understood the triggers to this unwanted behaviour which supported them to feel calm and relaxed.

We saw that a temporary management team had been established that provided overall leadership and management. This team, supported by registered nurses, led the delivery of quality nursing care, and generally promoted the health, safety and wellbeing of people through the appropriate use of health and risk assessments.

We observed that health and risk assessments for areas that posed a risk to people's health and wellbeing had generally been completed and reviewed. For example, one person who had been assessed as at a high risk of falls had documented falls prevention strategies that reduced their risk of harm. These strategies had proven effective as the person had not experienced a recent fall.

Staff told us, and we observed, that handovers between shifts were detailed and provided sufficient information to enable them to meet people's health and care needs.

External health practitioners were contacted for advice and support as relevant and we saw good examples of where this has benefitted people's overall health and wellbeing.

People should benefit from a culture of continuous improvement. The existing management and leadership team is temporary. The provider must now put in place an action plan that demonstrates they are doing everything they can now to help sustain improved outcomes in the future.

Met - within timescales

Requirement 3

By 30 June 2020, service users must receive consistent high quality care and support from the right number of suitably qualified and competent staff. In order to achieve this, the provider must use an effective rostering system to ensure sufficient nursing, care and ancillary staff are working in the service at all times; and appropriate cover is provided for staff training, vacant posts, staff absence and to allow staff to take adequate rest periods.

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

'My needs are met by the right number of people' (HSCS 3.15);
 'I experience consistency and continuity' (HSCS 4.17); and
 'My care and support is provided and planned in a safe way.' (HSCS 4.14)

This is also 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 requirement was made on 18 May 2020.

Action taken on previous requirement

We observed during our inspection that the home had sufficient numbers of staff to meet people's health and care needs. The management team told us that rosters were developed with the support of NHS Highland and nurse agencies who provided suitably qualified staff to ensure staffing numbers were sufficient to meet people's overall health and care needs whilst active recruitment to vacant posts was ongoing.

The recruitment process ensured that new staff had the skills, experience and knowledge required to meet people's health and care needs. Records demonstrated that staff did not commence employment until all pre-employment health checks and induction requirements were completed.

Training records demonstrated that staff received sufficient training to enable them to meet people's health and care needs, which included how to recognise and respond to risks to improve people's safety and protect their wellbeing.

We saw evidence that staff were supported with their learning through the use of individual supervision sessions which had recently recommenced. This enabled staff to discuss specific challenges and potential areas for improvement in meeting people's health and care needs.

We saw that staff worked well together and that they took time to meaningfully engage with people, which contributed towards improved relationships with people and their relatives.

A recent survey indicated that staff were generally happy with recent changes. Staff reported that increased staffing numbers enabled them to meet people's health and care needs and provided additional time to talk to people, their families and communicate more readily as a team.

Staff were encouraged to attend regular meetings which were all about learning, sharing and looking at ways of improving the outcomes for people living in the home.

We saw no evidence of future planning to ensure the successful recruitment and retention of staff. There are a number of vacancies within the service and the service continues to use their own staff, agency workers and NHS Highland staff to cover these posts. A recruitment and retention plan must be part of the provider's action plan to support sustained good outcomes in the future.

Met - within timescales

Requirement 4

By 7 June 2020, you must ensure that service users experience a safe and well looked after environment. In particular, the service must be staffed, resourced and led in a manner that will ensure that:

- (a) the premises, furnishings and equipment are clean, tidy and well maintained;
- (b) effective arrangements are in place to prevent and control the spread of infection; and
- (c) robust quality assurances are in place to ensure the environment is safe and well looked after, and any concerns are promptly identified with effective action taken to make the necessary improvements.

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

'My environment is safe and secure' (HSCS 5.17); and
'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

This requirement was made on 18 May 2020.

Action taken on previous requirement

We saw that the environment was generally clean and tidy, including soft furnishings. The frequency of cleaning of commonly touched surfaces such as light switches, door handles and keypads was in line with national guidance.

The environment was poorly maintained with areas needing repaired throughout the home; including chipped paint in bathrooms, window ledges, doors and handrails.

We saw that cleaning checklists were well completed, although not always dated. Housekeeping staff told us they had enough resources to carry out their work but they were unaware of which cleaning solutions they needed to use during an outbreak or when a supported person's room was being isolated.

We saw that most equipment was clean, well maintained and ready for use. Cleaning certificates had been introduced for all reusable equipment but these were not always being consistently used.

There were no assurance systems, such as spot checks in place, to provide managers with oversight that cleaning of the environment and reusable equipment was completed as expected.

There was an infection control audit programme in place. We saw results of the most recent infection prevention and control audit (June 2020) and the action plan that was ongoing. Managers and staff told us audit results are fed back at regular flash meetings. Infection control lead staff have recently been introduced for day and night shift.

We saw evidence that most staff had completed infection prevention and control training. Staff told us they attended education sessions on how to put on and take off personal protective equipment (PPE). We saw evidence that all operational staff had recently been "re-inducted" to Home Farm since their COVID-19 outbreak.

Staff uniforms have been temporarily replaced by scrubs and these were being laundered on site. Staff were not wearing scrubs outside of the home in accordance with national guidance.

We saw that personal protective equipment (PPE) was readily available. When we observed and spoke with some staff, they were unclear when to end a PPE session, often entering more than one person's room without changing their PPE, which increases the risk of cross contamination.

Staff had good access to hand washing facilities and alcohol-based hand rub. Staff did not always carry out hand hygiene according to the national guidance and also often failed to perform hand hygiene when removing each element of PPE. We saw that many staff were wearing wrist wear which can hinder effective hand hygiene. HC-One and Public Health confirmed to us that they are working together to address any issues with PPE and hand hygiene.

The timescale for meeting this requirement has been extended to 17 August 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

This area for improvement has been covered under requirement 1.

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 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

We saw that people were offered choices of what to eat and drink and that their preferences were taken into account. Drinks and snacks were offered frequently throughout the day. People could choose where they had their meals, either socially distanced in the dining room or in their own rooms.

We saw that people had good levels of support to enjoy their food and drink and that this was provided in a relaxed and unhurried environment.

We saw that some care plans did not include any information about people's preferences and wishes about what they liked and disliked to eat.

This area for improvement has been met.

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; and
- 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

We saw that improvements in the administration of medication had been made. We saw good links to other health professionals and people's health needs were well-managed. Health assessments were completed and these were linked to people's care plans. Safe systems for managing medication were in place. This meant that

people could be confident that their medication was being administered safely and their wellbeing promoted.

This area for improvement has been met.

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 suitably 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 Standards which state 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

This area for improvement has been covered under requirement 3.

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's 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

This area for improvement has been covered under requirement 4.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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