

Hutton Park Care Home Care Home Service

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Largs
KA30 8PD

Telephone: 01475 673184

Type of inspection:
Unannounced

Completed on:
8 September 2020

Service provided by:
Hutton Park Limited

Service provider number:
SP2003000231

Service no:
CS2008185283

About the service

Hutton Park (the service) is registered to provide a care home service to 37 older people, six of which can be for respite care. The service provider is Hutton Park Care Ltd.

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

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate with support from Health Improvement Scotland.

At the time of our inspection, 25 people were living in the home.

What people told us

People who were unable to communicate verbally were seen to smile and welcome the approach of staff, a good rapport and atmosphere was noted.

Some comments from residents are:

"It's lovely here, staff are lovely."

"All you can really do is sit here."

"The food is great, sometimes too much of it!"

"The staff are great though they are very busy."

"We played bowls yesterday, it was a laugh."

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 good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We assessed the care and support at the home to be of a good standard. Care plans evidenced that referrals were made to external health professionals to support people with various health needs. Health professionals we spoke to were positive and told us communication within the home was good. They also told us guidance they provided regarding care for people was being followed by staff. This assured us that people's health needs were monitored with responsive action being undertaken. Relatives were also kept up to date with any changes to people's health.

There were detailed records in place that recorded food and fluid intake for people, with any concerns around nutritional intake being identified. This ensured people received support when needed in order to keep well. There was a monthly overview audit in place for clinical health monitoring, however this was a month out of date. The service should ensure that these audits are completed without delays to accurately record the current needs of people. **(See area for improvement 1.)**

We noted that some care reviews were recorded very well, with others lacking detail. This meant there was the potential for some people not to have their preferences fulfilled or their goals achieved. The management team told us they are currently updating all reviews for people to ensure these are more meaningful.

End of life care plans were not in place for people living in the home. It is important to ensure people have their views and wishes considered. If people are unable to make their preferences known, their legal representative should be included with care planning and be involved with any care decisions. **(See area for improvement 2.)**

People were encouraged with maintaining contact with relatives and friends, and were supported with outside visits by staff. Records indicated that people had a choice of activity to participate in, however this was dependent on the activity staff being on duty. We observed that people were sitting in the same position for long periods in the morning and were only encouraged to mobilise when it was lunch time. It is important people are kept as physically active as possible to promote good health and to prevent pressure areas forming. The service should ensure people have opportunities every day to spend their time more meaningfully and that all staff have time to undertake this. **(See area for improvement 3.)**

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Overall the environment was clean and smelled fresh. There was good evidence of staff working well together. The housekeeping team were knowledgeable and effective.

There was a good supply of Protective Personal Equipment (PPE) available throughout the home. We suggested adding a symbol to the door for people who were isolating in their rooms. This would make it obvious to staff the residents who were isolating and would also direct them to the required PPE.

A number of resident's rooms had no hand towel dispensers and so performing proper hand hygiene for staff would have been challenging. The deputy manager immediately instructed the purchase of dispensers.

It was clear that the management team had been creative in keeping staff updated, for example signage at every sink which was brightly coloured and simple to follow, targeted at both staff and residents. All staff carried a small laminated card reminding them of the correct order of the wearing and removal PPE.

The majority of furniture and equipment was clean with the exception of one mattress. The management team were quick to respond to its removal. We advised that each month mattresses should be checked by unzipping them and ensuring the audits are completed. The infection control audits were very detailed, however the last audit was completed in July. The service should ensure audits are up to date. **(See area for improvement 1.)**

We noted during our observations that not all residents were being supported with hand washing prior to their meal, with some residents being offered hand wipes. We have discussed with the management team that this should improve in line with good hand hygiene practice. **(See area for improvement 4.)**

We observed staff discreetly supporting people living in the home to social distance in the communal areas. Staff wore the correct PPE at all times.

There was an effective system in place in the laundry room that followed guidance. The walls and flooring would benefit from being repaired to allow for more effective cleaning.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We found the service performance in relation to staffing to be good. This evaluation applied to performance that demonstrated several important strengths which, taken together, clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

There was a consistent and caring staff team who knew people well. We observed positive and caring interaction between the people who live at the home and the staff. People who use services have the right to have their needs met by the right number of staff who have time to support and care for them. We found there to be sufficient staffing resources in place and needs were being met. To help keep people safe and ensure continuity of care, the service had its own bank of staff and agency staff had not been used for some time. The service have a contingency plan in place to address potential shortage.

Staff should be competent, skilled, and able to provide safe care and support. Covid-19 and infection prevention and control training had been provided to staff. An electronic system was in place to monitor staff training, together with a rolling training programme. This ensured staff received the necessary training within required timescales. Staff spoke highly of the management team. Currently staff do not have opportunities to discuss their understanding of the training or possible additional training needs. We suggested that the management team should enable this via meetings or supervision. **(See area for improvement 5.)**

Areas for improvement

1. Quality assurance records should include checking of equipment. All audits should be completed within the recommended timescales to ensure any areas of concern or improvement are identified quickly with associated action being undertaken.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. People should be consulted and supported with end of life care planning and should include their representatives if required.

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

"I am supported to discuss significant changes in my life, including death and dying, and this is handled sensitively." (HSCS 1.17)

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12)

3. In order to ensure that people spend their day doing what they enjoy and want to do, the manager should ensure that all staff are involved in the delivery of meaningful activities when activity staff are not on duty and that there is time to do this.

This ensures 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)

4. Staff should encourage and support people with hand washing and in particular, before meals in order to adhere to good infection control practice.

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

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

5. The management team should ensure that they meet with staff regularly to ensure their learning and development needs are being met and how this could impact on experiences for people in their care.

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

"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)

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

Requirements

Requirement 1

By 29/02/2020 the service provider must ensure the health, safety and wellbeing of service users is supported through putting in place and implementing a robust and transparent quality assurance system. This should include, but is not limited to:

- measurement of quality of operational aspects of the service/work completed through effective audit
- detailed action plans/service improvement plans, which have specific, measurable, achievable, realistic and time-framed actions to holistically address areas for improvement
- measurement of changes implemented to determine effectiveness in achieving outcomes
- involvement of those who live, visit and work in the service.

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

This requirement was made on 8 November 2019.

Action taken on previous requirement

The service have in place detailed audits for the majority of areas we would expect to see. We have addressed this separately under area for improvement 1 in the main report. Going forward, the service should continue to progress with the involvement of those who live, visit and work in the service.

Met - outwith timescales

Requirement 2

By 29/02/2020 the service provider must ensure service users health and social care needs are being appropriately assessed, met and effectively communicated between all relevant staff. This must include, but is not limited to:

- Making needs' assessments with reference to risk, choices and preferences
- The efficacy of all required interventions must be measured through evaluation and review processes
- Putting in place and implementing a system for, clear ongoing daily recording documentation
- Care reviews occurring timeously.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14); "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

This is in order to comply with Regulations 4(1)(a), & (2) and 5(1), & (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 8 November 2019.

Action taken on previous requirement

From the sample of care plans we looked at, we assessed these as being detailed in the majority of areas. Risk assessments were up to date, and daily recording was completed well for people. We have referred to reviews in the main area of our report.

Met - outwith timescales

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

To support better outcomes for service users, linked to choices and preferences, the service provider should enhance the provision of activities/engagement throughout the home. This should include, but is not limited to:

- fair access for all those who live in Hutton Park
- all staff having responsibility for activity/engagement provision
- activities/engagement linked to individuals' preferences, which provide stimulation
- measure how effective activities are for those who live in the home

This is to ensure 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 8 November 2019.

Action taken since then

We saw in records a wide range of activity being offered to residents, however this was mainly dependent on the activity staff being on duty. Staff told us they did not always have time in their working day to do this. We have addressed this in the main report under area for improvement 3.

Although the service has met this area for development we asked that they review the provision of resources that would allow people living in the home to independently engage in activity, by this we mean having items of interest in communal areas such as rummage boxes, puzzles and other meaningful resources.

Previous area for improvement 2

To ensure care and support is safe and effective, the service provider should make sure that where service users have an assessed need, or their condition changes, which warrants input from professionals within the wider healthcare team, appropriate and timeous referrals are made and documented.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I am assessed by a qualified person, who involves other people and professionals are required." (HSCS 1.13)

This area for improvement was made on 8 November 2019.

Action taken since then

We saw in records that people were referred to external health professionals regularly. We also spoke with health professionals supporting the service who provided positive feedback. They told us communication was good and that staff followed guidance given.

This area for improvement has been fully met.

Previous area for improvement 3

To ensure service users receive care and support which is safe and effective, the service provider should enhance the quality of documentation for topical medications. This should include, but is not limited to:

- clear illustration of where to apply
- frequency of application
- evidence of administration

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

This area for improvement was made on 8 November 2019.

Action taken since then

The service had attempted to improve records in this area, with body charts being completed. Some records were well recorded, others had gaps regarding application, however it was not always clear when people should have cream applied. Many creams stated "as required".

We have asked that this continue to be monitored and improved.

Previous area for improvement 4

To enable service users to maintain greater levels of independence within the home, the service provider should enhance the environment to meet the needs of those who live there. This should include, but is not limited to:

- Sufficient tonal contrast throughout the home, allowing key features to be identified
- Sufficient orientation signage to support independent navigation
- Fair access to outside space for all service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11)

This area for improvement was made on 8 November 2019.

Action taken since then

We did not assess this area as this was a Covid-19 focused inspection.

Previous area for improvement 5

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

This is to ensure that staffing is consistent with the Health and Social Care Standards which state: "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 area for improvement was made on 8 November 2019.

Action taken since then

Staff we spoke with confirmed that they had received training, mandatory and additional that were relevant to people's needs. Training records also indicated that all staff had completed training with the exception of one who had just returned from a long period of absence. Observations of practice reflected that staff had adequate training to meet people's needs.

This area for improvement is met.

Previous area for improvement 6

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

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

This area for improvement was made on 8 November 2019.

Action taken since then

We did not assess this area as this was a Covid-19 focused inspection.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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