

Heathfield House Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
25 October 2022

Service provided by:
Heathfield Care and Residential
Homes Limited

Service provider number:
SP2010011376

Service no:
CS2010280151

About the service

Heathfield House Care Home is registered to care for 88 older people. The provider is Heathfield Care and Residential Homes Limited.

There were 73 people using the service at the time of the inspection.

The care home is in Ayr, close to the town centre. The accommodation is divided over two floors into five smaller units: Glenburn and Barony (ground floor); and Wallace, Pennyvennie and Kaimes (first floor).

Bedrooms all have en suite shower facilities. Each floor has a large lounge/dining area, toilets, assisted bathing facilities and a small lounge.

In addition, the first floor has a café/dining room with kitchenette and there is a hairdresser's salon on the ground floor. The ground floor also has a sunroom with access to the garden and the upstairs lounge has an accessible roof garden.

The aims and objectives of the service are:

- to provide a friendly residential setting within a care home environment;
- to provide a quality of life which enables residents to retain their independence, identity and sense of value;
- to provide stimulation and encourage participation in activities and social events;
- to provide physical and emotional support to residents, families and friends;
- to involve relatives and friends in the day-to-day lives of the residents;
- to maintain and develop close links with the community; and
- to deliver the best possible care to all residents at all times.

About the inspection

This was an unannounced inspection which took place on 17 October 2022 between 13:00 and 20:15 hours, on 18 October 2022 between 10:00 and 17:00 hours and on 19 October 2022 between 07:00 and 16:30 hours. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and 14 family members;
- spoke with 20 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

The provider needs to improve the management of risk to ensure that people living in the service are safeguarded.

The records detailing the planning of care and support must be improved to guide staff and ensure that people receive consistent and agreed care.

Quality assurance systems should be improved and used to inform a service improvement plan.

People liked the meals and spoke positively about the quality of food served. However, the dining experience needs to be improved.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We saw that relationships between people living in the home and the staff teams were kind and friendly. People we spoke with told us:

"The staff are nice and friendly."

"The staff are helpful and are good at keeping me and my family up to date with any changes in our relative's care."

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach. Because of a failure of the electronic care planning system in August 2022, we had difficulty gathering up-to-date information about how people's assessed needs were being managed. Documentation that was in place was being held in different places; not all staff were able to show us where documents regarding care and support were.

There was no overview of the current risk for individuals. We were unable to determine the risks for people regarding their nutrition or risk of falling. We had concerns about the potential harmful impact on people's health, welfare and safety needs because changes in an individual's risk status may not be recognised.

Because of the issues we had accessing information, we found it difficult to track the outcomes of healthcare professional visits. We could not evidence if healthcare professionals' advice and directions were being used to inform care for people.

We were concerned that we could not determine how people were being safeguarded, how their care needs were being managed or how staff were being directed to deliver agreed and consistent care.
See requirement 1.

We had concerns regarding the management of people's continence needs. The result of poor continence care could contribute to an increase in skin integrity issues. We noted that there were several people in the service who had skin integrity issues. It was difficult to determine that skin care or continence care was effective as some records were out of date or not fully completed.
See requirement 2.

There were no current systems in place to assure that medication was being managed effectively and safely to support people's health needs. The need to improve quality assurance systems is detailed in key question 2 of this report.

The management of medication prescribed 'as required' should be improved. The development of more detailed protocols to guide staff regarding the management of this medication would ensure greater consistency with its administration.

There was a need to improve the management of topical medication to ensure that people were receiving this medication as directed by the prescriber to support their health needs.
See area for improvement 1.

We were concerned about the approach of some staff. We saw some interactions were task based and could be more person-centred. The approach of some staff did not reflect a person-centred approach or promote the principles of dignity, choice, or respect. This had a negative impact on people's wellbeing and could make them feel vulnerable and unhappy.

Staff approach and engagement could be improved with dementia care training such as the 'Promoting Excellence programme for dementia learning and development.' This would help staff develop the skills and knowledge to deliver responsive and person-centred care. The need for dementia care training will be referenced in a requirement detailed in key question 3 of this report.

We saw that people were served drinks and snacks between meals which helped support their nutrition and hydration needs. People enjoyed the food served at mealtimes and commented positively about the quality of the food. However, there was a need to improve the management of mealtimes. We saw that people were not always supported to eat their meals at their own pace. There was a lack of suitable tables to support who chose to eat their meals in the sitting room. To develop an enjoyable dining experience, and to ensure appropriate support is available, the service need to improve the planning and coordination of mealtimes.

See requirement 3.

The service was following current 'Open with Care' guidance. Relatives told us that staff kept them updated about any changes to visiting guidance. Relatives said that they had been supported to maintain contact with their loved ones during lockdown or when they couldn't visit in person.

The activity worker was working hard to re-establish community involvement, restart outings and resume visits from community groups. This helped people keep in contact with their local community and have opportunities to join in with community events.

People living in care homes should expect the environment of the home to be clean and that measures are in place to protect them from infection. On the first day of the inspection, we noted areas of the home which needed to be cleaned, including equipment used by people living in the home. PPE stations needed to be re-stocked to ensure that staff had access to PPE at the point of need. The management team took action to resolve these issues during the inspection. Some families we spoke with commented that the bedrooms of their loved ones could be cleaner. There was a lack of regular monitoring of the cleanliness of the home, of the equipment used by people and to assure that standards of infection prevention and control measures (IPC) were effective. This had contributed to poor maintenance of acceptable standards of cleanliness and IPC practice.

The need to improve standards through effective assessment and monitoring of service provision will be detailed in key question 2 of this report.

Staff practice regarding the use of PPE and maintaining effective hand hygiene needed to be improved. There was an inconsistent approach to supporting people to wash their hands, particularly before eating. We had concerns that poor IPC practice would negatively impact on the health, safety and welfare of people living in the home.

This issue will be detailed in a requirement regarding the need for training detailed in key question 3 of this report.

Requirements

1. By 19 December 2022, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met.

To do this, the provider must, at a minimum:

- a) ensure risk assessments for nutrition, skin care and falls risk are carried out for all residents and kept up to date;
- b) ensure outcomes of risk assessments are used to inform plans of care to manage risks effectively;
- c) ensure where there are indications of poor care provision, action is taken promptly to address this, and a record is maintained of all improvements made;
- d) ensure personal plans and care records are accurate, sufficiently detailed and reflect the care planned and provided;
- e) ensure personal plans fully reflect that advice from healthcare professionals has been followed; and
- f) ensure evaluations are outcome focussed and reflective of how effective the planned care had been in promoting positive choices.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

2. By 19 December 2022, the provider must ensure that the continence needs and wound care for people living in the service are effectively managed and met.

To do this, the provider must, at a minimum:

- a) ensure a comprehensive overview of wound care is developed and kept up to date;
- b) ensure wound care documentation clearly records progress with wound healing;
- c) ensure people's continence management plans meet their needs;
- d) ensure the monitoring and recording of how often people's continence aids are changed daily throughout the day; and
- e) ensure staff receive training regarding skin and continence care.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

3. By 19 December 2022, the provider must improve the management of mealtimes to effectively support people's nutrition and hydration needs.

To do this, the provider must, at a minimum:

- a) ensure staff are effectively led and deployed to support service users to eat and drink; and
- b) ensure tables of the appropriate height and size are available for people who choose to eat in the sitting room.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

Areas for improvement

1. The provider should ensure that medication is administered safely and as directed by the prescriber.

To do this the provider should:

- a) ensure that medication prescribed 'as required' is administered in a safe and consistent manner by developing clear protocols to guide staff; and
- b) ensure that topical medication is stored and managed in line with current guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Care services should use effective quality assurance systems to evaluate quality and performance. This helps to ensure that the quality of service provision meets acceptable standards and that a culture of continuous improvement is embedded in the home.

The quality assurance system used by the service is linked into the electronic care management system, which failed in August 2022. This meant that the service had no access to their usual audits tools for assessing and monitoring service provision. There had been no arrangements to implement alternative audit tools. This has resulted in service provision failures and the poor outcomes for people we identified during the inspection.

There has been little consultation with people using the service about improving the home. People and their families should be supported to give regular feedback on their experiences within the home and be involved in the development and improvement of the service.

The provider needs to re-establish a planned approach to the assessment and monitoring service performance to drive improvements.

See requirement 1.

Requirements

1. By 12 March 2023, the provider must demonstrate that people living in the home are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service;
- b) ensure that action plans to address issues identified are fully developed following audit;
- c) review actions taken to ensure that they effectively improve outcomes for people living in the home; and
- d) use feedback from people living in the home and their families to inform service development.

This is to comply with Regulation 4(1)(d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People should have confidence that they are supported by staff who are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

We saw that staff were working hard but it was evident that there was a need to develop their skills and knowledge over a range of care and clinical subjects.

There was a calendar of training scheduled to be delivered which included core training, such as moving and

assisting and fire safety.

We did not have access to the training plan as it was held on the electronic care management system that failed in August 2022. There was a need to develop a training plan based on the learning and development needs of all staff and informed by the outcome of this inspection. This should include, but not be restricted to, Adult Support and Protection, IPC and Dementia care training.

To be assured of good outcomes for people, there should be systems in place to continuously assess and monitor staff practice. This should include a mentoring programme and effective one-to-one supervision sessions for all staff. The lack of implementation of such systems to support staff has resulted in poor practice that went unchallenged. This directly impacted on the well-being of people living in the home. See requirement 1 and area for improvement 1.

We saw that staff were working hard but appeared to be working under pressure to ensure that people were receiving the right care at the right time. People living in the service told us that they have to wait for staff to give them assistance and feel that because there are not enough staff, personal care can be delayed. Family members commented that the lack of staff impacted on care and a lack of attention regarding maintaining good standards for people's personal appearance.

People should be confident that their needs are met by the right number of staff to support them. During the inspection, there were several indicators that staffing was not adequate to meet the needs of people living in the home.

The service uses a dependency tool to inform the number of care hours necessary to meet the needs of people living in the home. However, it is based on personal support needs, such as eating and drinking, washing and bathing, dressing, skin care and continence support. Dependency tools should have a wider scope of indicators other than the direct care and support needs of people. This would ensure that decisions about staff levels and skill mix of staff teams are based on evidence about the full range of service provision. The service should refer to Care Inspectorate guidance for providers on the assessment of staffing levels.

See requirement 2.

Requirements

1. By 13 February 2023, the provider must ensure that staff have access to training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people being supported.

To do this, the provider must, at a minimum:

- a) conduct a training needs analysis identifying the training and development needs of all staff;
- b) implement a detailed training plan that identifies priorities for clinical care, safeguarding people and core training;
- c) ensure that the training plan records are complete, and includes all training courses completed by staff;
- d) ensure all staff, including ancillary staff, have undertaken adult support and protection training;
- e) commence Promoting Excellence Framework for dementia care training for all staff; and
- f) regularly monitor staff competence through direct observation of their practice.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/

210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

2. By 13 February 2023, to ensure the assessed needs of people are being effectively managed, the provider must develop and implement an assessment process to inform staffing numbers and skill mix. The scope of the assessment tool must be extended to include aspects of support wider than direct care, as detailed in Care Inspectorate Guidance for Providers on the Assessment of Staffing, March 2021.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To support the learning and development needs of staff and improve their knowledge and skills, the provider should improve the supervision process.

Records of supervision discussions should include details of staff learning, and their development needs.

Action plans following discussions should be used to drive improvement and support staff to develop their skills and knowledge.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People living in care homes should expect the environment to be safe, clean and well-maintained.

The maintenance team were working hard to ensure that people were protected. There was a schedule of health and safety checks being carried out for the environment of the home and the equipment being used.

There was a pleasant garden area at the rear of the service and access to a balcony upstairs to ensure that

people were able to enjoy being outdoors.

There was no evidence that regular environmental audits were being carried out to monitor the quality of facilities in the home. We noted that there were some easy chairs and carpets that were stained and needed cleaned or replaced. The conservatory area and quiet sitting rooms needed some attention and were not being used to their full potential. We saw that people used the large sitting rooms, which at times became busy and noisy. This could impact on the mood of people or cause distress.

There was a strong smell of urine in the home. This was a result of equipment that needed cleaned or replaced, continence aids not being disposed of correctly and the lack of enough housekeeping staff to ensure acceptable standards were being maintained.

There was review needed of the arrangements to dispose of dirty water from mop buckets for housekeeping staff working upstairs. Current arrangements could increase the risk of cross infection and impact on the health of people living, working and visiting the home.

There was a need for a full environmental audit to be carried out and the outcomes inform a development plan to drive service improvement.

See requirement 1.

We observed upstairs that the sitting room was busy most of the day. At points during the day the doors to corridors were locked which caused some people distress as they could not move freely through the area. We also became aware that bedroom doors were being locked. Staff told us this was to prevent people going into rooms that were not theirs. However, this also restricted access for people who wanted to go into their own rooms. The provider must find solutions to allow people to be able to move freely about the home they live in.

See requirement 2.

Requirements

1. By 13 February 2023, the provider must ensure that people experience a safe, clean and well-maintained environment.

To do this, the provider must, at a minimum:

- a) ensure there are sufficient housekeeping staff to maintain acceptable standards of cleanliness in the home;
- b) ensure there are appropriate arrangements regarding domestic service room facilities in place to support infection prevention and control measures;
- c) ensure quality assurance processes are in place to ensure that the environment is consistently clean and well maintained and any concerns are promptly identified with effective action taken to make the necessary improvements; and
- d) ensure the outcomes of environmental audits are used to inform a development plan to improve the environment of the home.

This is to comply with Regulation 4(1) (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience and environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. By 19 December 2022, the provider must take measures to promote people's human rights by ensuring that people are able to move freely in the home.

This is to comply with Regulation 3 (Principles) and 4(1) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My human rights are protected and promoted, and I experience no discrimination' (HSCS 1.2).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Reflecting people's choices and wishes into personal plans will direct staff to support people in a responsive and person-centred way.

Because of the lack of personal plans, we were unable to determine how the choices and wishes of individuals influenced their plan of care.

The service needs to ensure people are consulted when personal plans are developed.
See area for improvement 1.

Areas for improvement

1. The provider should ensure that personal plans are developed in consultation with the individual and their representative to reflect a responsive, person-centred approach, taking account of individuals choices and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

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 ensure that people get the medication they need, the provider must put in place an effective medicines management system. This includes:

a) Ensuring that information relating to people's medication which is available to staff is current and regularly reviewed.

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

'If I need help with medication, I am able to have as much control as is possible' (HSCS 1.2).

This area for improvement was made on 28 June 2021.

Action taken since then

This area for improvement has not been implemented and will continue.

Previous area for improvement 2

In order to ensure people's continence management plans meet their needs, the service should ensure they monitor and record how often people's continence aids are changed daily throughout the day. They should ensure they communicate, and agree with family, a system for ensuring people's continence needs are met prior to any outings.

This is to ensure care and support is consistent with Health and Social Care Standard 1.4: If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.

This area for improvement was made on 4 August 2022.

Action taken since then

We had concerns that people's continence needs were not being managed effectively. The substance of this area for improvement is included in a requirement regarding continence care.

This is detailed in key question 1 of this report.

Previous area for improvement 3

Where the care home manager is made aware of ongoing concerns raised by relatives to staff, attempts to explore and address the concerns raised should be made, in order to resolve issues and offer reassurances to the complainant. The manager must ensure all complaints are investigated in line with company procedures. All responses must offer a clear record of what was investigated, how it was investigated, if upheld or not and the action the service has taken in response.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 4 August 2022.

Action taken since then

There was evidence that the management team were responding to complaints and were conducting investigations. Feedback regarding the outcome of investigations was shared with complainants.

Acknowledgement from the home for any shortfalls in their part.

This area for improvement has been implemented.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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