

Hillview Court Care Home Service

Whiteyetts
Sauchie
Alloa
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Telephone: 01259 721 898

Type of inspection:
Unannounced

Completed on:
9 November 2022

Service provided by:
Caring Homes Healthcare Group
Limited

Service provider number:
SP2013012090

Service no:
CS2013318120

About the service

Hillview Court is a care home that accommodates adults including older people. The provider is Caring Homes Healthcare Group Limited which operates a number of homes throughout the UK. This service registered with the Care Inspectorate on 30 August 2013.

The home is situated in the village of Sauchie, Clackmannanshire, and is near to local amenities.

Hillview Court is a single-storey building which is purpose-built and divided into seven units providing for different care needs. Two units work with people living with dementia, one with frail older people, three with people with learning disabilities and one with people with an acquired brain injury.

Each unit has a lounge/dining area with the bedrooms located nearby. All rooms are single en-suite and there are assisted bath/shower areas in each unit. There is also a pleasant communal café area and each unit has access to an enclosed garden area.

About the inspection

This was an unannounced inspection which took place on 8 November 09:30 to 18:00 and 9 November 09:30 to 17:15. The inspection was carried out by two 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 nine people using the service and eight of their families.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documents.
- spoke with visiting professionals.

Key messages

- The staff team knew residents well and were warm and kind.
- The home was embracing 'Open with Care' guidance to support visiting.
- Care planning and assessment of peoples care needs needed to improve.
- Mealtime experience needed to improve.
- Management and leadership team within the units needs to improve.

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?	3 - Adequate
How good is our leadership?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed the weaknesses.

Most staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of genuine care and warmth. There were lots of friendly interactions between staff and residents. One person told us "staff in here are very nice", whilst another said "staff are lovely." One of the relatives we spoke with told us "the staff can't do enough for you."

We observed mealtime, people had a choice of food and drink. We found people had access to plenty of snacks and drinks throughout the day and where people were identified as requiring help with eating and drinking, staff provided support in a kind and caring manner. However, staff appeared task orientated and missed opportunities for meaningful interactions. The dining experience needed to improve, whilst we saw in some areas tables being nicely set with table covers, napkins, this was dependent in which unit people lived in. In some units tables were not set, napkins were not available to everyone and people were not supported to wash their hands before meals. (See Area for Improvement 1).

Overall, people benefited from regular access to relevant professionals to support their health and wellbeing. Staff had links with local health professionals and liaised with them when any concerns were identified.

An area for improvement was made at the previous inspection around care planning. We found Improvement was still needed to ensure that personal plans were up-to-date and accurately reflected the care and support that each person should have, including stress and distress. We found some plans to be inaccurate and did not reflect people's current health and care needs. Support plans should set out and provide guidance for staff about how to care for and support people to ensure safe and effective care. We have superseded this with a requirement. (See Requirement 1).

People were very well supported to maintain contact with their family and friends, as the home were working in line with Scottish Government's 'Open with Care' guidance. One person told us "My family member visits everyday and we have lunch together."

A dedicated wellbeing co-ordinator was in post and had been for many years. We found they were very keen and enthusiastic and that most activities were based on groups. People told us that there were some group activities during the week, but that they would like more. A second wellbeing co-ordinator was about to start which would mean an increase on what could be offered to people. The home used their facebook page to capture what went on throughout the week and relatives told us they liked this.

We found that infection prevention and control procedures helped to protect people from infection. The general environment was clean, tidy and free from any offensive odours. People could be assured that housekeeping staff were knowledgeable in their job roles. We observed staff to use Personal Protective Equipment (PPE) correctly and management carried out checks on this. Infection prevention and control training needed to be given a focus for new staff.

Requirements

1.

By 9 March 2023, the provider must ensure that people are supported with all aspects of life and that assessments are holistic and related to the individual's needs and the personal outcomes they seek. To do this the provider must, at a minimum, ensure:

- a) Each service user has a personal plan in place to guide staff on how to care and support them and guide staff on how to manage their current care and support.
- b) Risk assessments are completed and are used to inform each service users' personal plan.
- c) People identified as experience stress and distress should have a clear plan to guide staff to support people.
- d) Care plan evaluations are meaningful and ensure that information is current.

This is to comply with Regulation 5 (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:

1.15 '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.'

Areas for improvement

1. To support and create a positive dining experience for people, the provider should ensure that staff are aware of the importance of mealtimes for people's daily routine, it promotes social interaction, builds a sense of community and increases nutritional intake.

This should include, but is not limited to:

- a) A review of the experience in each individual units for people. Looking at environment, table presentation and service.
- b) Plan to identify and action any areas for improvement.
- c) Staff have knowledge and awareness of the importance of mealtime experience.

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

1.35 "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible."

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

The manager had only been in post for a year, but was committed to ensuring people were well cared for. Staff told us that the management team were supportive and approachable.

People could be assured that there were systems in place to monitor standards of care within the care home. This included, management overview of key areas including falls, nutrition and skin integrity. We saw service improvement plans in place and senior management support to drive improvement, however we were concerned of the lack of leadership within the units.

It was not always clear of what improvements had been carried out within the units. Improvement was needed by the management team to demonstrate the unit leaders had the skills, capacity and systems in place to not only complete the provider's quality assurance system which identified risks, but to use the information to sustain and drive improvement. (See Area for Improvement 1).

Areas for improvement

1. To ensure the service remains responsive to changes and develops a culture of continuous improvement, the provider should:
 - a) Review the current leadership within the individual units and assess the knowledge, skills and expectations of the leaders.
 - b) Identify any training required for unit leaders to help assist them to be competent to fulfil their role.
 - c) The manager to have oversight and regular meetings with unit leaders to ensure actions have been taken to drive improvement.

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

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

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

The service should explore a variety of communication tools to gather the views of people and enable them to make decisions.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8) and 'I receive and understand information and advice in a format or language that is right for me.' (HSCS 2.9)

This area for improvement was made on 29 July 2019.

Action taken since then

This area for improvement was not fully evaluated by inspectors during this inspection.

Therefore this area for improvement has not been met and has been repeated.

Previous area for improvement 2

Staff should be provided with any equipment, training or resources necessary to enable them to carry out their duties.

This is to ensure that care and support 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) and 'I experience high quality care and support because people have the necessary information and resources.' HSCS 4.27)

This area for improvement was made on 29 July 2019.

Action taken since then

This area for improvement was not fully evaluated by inspectors during this inspection.

Therefore this area for improvement has not been met and has been repeated.

Previous area for improvement 3

The service should ensure that the care needs of people are reviewed, recorded and updated regularly and when people's needs change. Risk assessments and other care planning should also be up-to-date.

This is to ensure that people receive care that reflects their needs, and that any changes are monitored and responded to effectively. This is to ensure that care and support is consistent with the Health and Social Care Standards that state 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12 'My future care and support needs are anticipated as part of my assessment.' HSCS 1.14)

This area for improvement was made on 29 July 2019.

Action taken since then

Please see information under key question 1.

This area for improvement is superseded by a requirement now.

Previous area for improvement 4

The service should ensure that there are plans in place to support people's mental wellbeing, in particular, for people who display emotional distress in order to guide staff and respond to people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards that state 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This area for improvement was made on 29 July 2019.

Action taken since then

Please see information under key question 1.

This area for improvement is superseded by a requirement now

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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