

Hillview Care Home Care Home Service

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Dalmuir
Clydebank
G81 4SB

Telephone: 0141 941 3456

Type of inspection:

Unannounced

Completed on:

5 March 2019

Service provided by:

Advinia Care Homes Limited

Service provider number:

SP2017013002

Service no:

CS2017361014

About the service we inspected

Hillview Care Home is a service for older people with 150 places. It is located in the Dalmuir area of Glasgow with good access to public transport links and local shops. Parking was available on site. The service was operated by Advinia Care Homes Limited. It was registered with the Care Inspectorate on 19 December 2017.

Hillview is a large, purpose-built care home designed on a core and cluster setting. The home consists of a main administration and services building with five individual houses or units, each with 30 bedrooms.

The accommodation in each house included 30 single rooms with en-suite toilets, lounges, a dining room, quiet room and a small kitchen. There were communal bath and shower rooms in each house. Designated smoking rooms for people who wish to smoke are available. There was access to garden areas through patio doors. Some, but not all, gardens were secure.

Advinia Care Homes Limited describes the Hillview service as having a "focus on respect, dignity and quality of life."

How we inspected the service

This report was compiled following an unannounced visit over two days, by four inspectors on 4th March 2019. We gave feedback to the management team on the 5th March 2019. The main focus of the visit was to review progress around five key 'areas for improvement' identified at a recent inspection. We looked at the service's action plan, the improvement plan, care plans and other relevant documents.

During the inspection, we spoke to several people living in the home and their families to find out their views about the care and support provided. We spent time observing how staff supported and interacted with the people.

Directly observing care is an important way to help us judge whether a service complies with the regulations and meets the outcomes for people. The Short Observational Framework for Inspection (SOFI) helped us to gather information on the experience of people including those who were unable to tell us their views.

We spoke with the homes clinical support managers, nurses, senior care staff, care staff and activities workers. There was also an opportunity to speak with a visiting healthcare professional.

Taking the views of people using the service into account

We received mixed view from people living in Hillview. However we were told the staff were generally friendly and kind. Comments included:

'I like it here, it's very nice'

'my room is comfortable, it's nicely done'

'the staff are friendly, lovely people'

'staff are very kind'

'I like the food here, it's nice, there's plenty to eat'

'there is choice - if I don't like something then they always get you something else'

'they always come round and make sure you're happy, and get you cups of tea and a biscuit'.

Some people said that there was not enough to keep them occupied during the day. One resident said; 'I would say sometimes we get bored. There are things on sometimes, but then you spend the day sitting around. That's the only thing'.

Taking carers' views into account

We received generally positive views from visiting family members, comments included:

'activities have improved'

'the care is 100%'

'I feel my relative is safe'

'we see staff now always use the resident's preferred name and that's so much better'

'unsure some of the activities being planned are suitable for the residents'.

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

Previous requirements

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 provider should support staff to develop and promote a responsive person centred approach to care. Staff should be supported to move away from the current task focussed approach to one that better supports the individual choices and needs of people living in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state-

"My care and support meets my needs and is right for me" (HSCS 1.19)

"I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me." (HSCS 3.13)

This area for improvement was made on 14 November 2018.

Action taken since then

Staff spoke positively about the benefits of morning meetings and hubs introduced to coach staff in key areas of practice change. They demonstrated they knew the residents well and were respectful with approaches which

did not rush the residents. Staff displayed an increasing awareness of how they recorded and captured outcomes in daily, monthly evaluations and care records.

We saw improvement in that staff were aware of the importance to meet people's individual preferences, needs and wishes. They were committed to person-centred values and there was a desire by staff to practice in a person-centred manner. However, variable staffing and dependency levels did not always support the staff to become less task focussed. Staff were careful to include people and offer choice when tasks were being undertaken. We saw meaningful exchanges.

Increased awareness of the Health and Social Care Standards through more regular supervision and observed practice may help embed the principles and underpin the desired changes in practice.

There was potential for the service to become truly person-centred with some units further forward than others. Whilst there was some evidence of progress in a short space of time. We recognised this was going to require more time. The needs and population within each unit was a factor for consideration.

Generally we saw good team values with a culture of cohesive support that will require to be nurtured. However in some units staff teams appeared less cohesive and felt less supported due to variable staffing levels. It was clear the swift response to correct unforeseen staff shortages during the inspection was not always possible. The service was aware of the importance of delivering on people's needs and preferences as well as the need to monitor safer staffing in response to changing dependency levels.

This area for improvement had been implemented. We will monitor progress at the next inspection.

Previous area for improvement 2

The provider should evaluate how staff apply all training to their practice. Particular focus should be given to how dementia training promotes positive outcomes for people with a diagnosis of dementia.

This is to ensure 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)

This area for improvement was made on 14 November 2018.

Action taken since then

Staff we spoke to had some opportunities to achieve formal qualifications and were suitably registered with the Scottish Social Services Council (SSSC). The provider had an electronic eLearning platform known as HIPPO. This system supported staff to access eight mandatory modules on an annual basis. This included for example moving and assisting theory, food hygiene, cross infection and health and safety. Compliance around training had improved with the in house training reported at 83%.

The clinical support manager held sessions on Tuesday evenings to coach and support staff with eLearning. A few staff had just recently completed an in-depth 'train the trainer' course on 'Living with Dementia'. This was delivered by West Dunbartonshire Council and the trainers in the service were now developing a plan to roll out this training across all five units in the service. Staff told us they had not undertaken any recent updates on dementia training this new programme. Access to this training and expertise may help support staff to deliver increased choice and positive outcomes in the future. We also discussed the role of 'practitioners' as defined by the Scottish Social Services Council (SSSC) for example in relation to staff undertaking additional roles such as

keyworker or a dementia ambassador. These roles can help increase staff confidence and highlight good practice.

We encouraged the service to embed regular staff supervision, practice observations and appraisal. Currently observed practice occurred only during induction and probation. The service told us they were developing a programme of individual one to one appointments with staff to meet their supervision policy.

There had been a renewed focus and improvement in staffs online training compliance. Supervision approaches had been updated to emphasise effective and safe practice. We recommended the dementia training was evaluated to ensure it impacted positively on outcomes for people living in Hillview.

This area for improvement had been implemented. We will monitor progress at the next inspection.

Previous area for improvement 3

The service should improve how it supports people to take part in meaningful activities on a regular basis, particularly people who need help to communicate, make choices and to participate. The range and availability of meaningful activities offered in the home should take account of residents abilities, preferences and choices.

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." (HSCS 1.25)

This area for improvement was made on 14 November 2018.

Action taken since then

The service had aspirations to have three activity staff working fulltime and one part time. Generally activities staff were still only available Monday through to Thursday. There were plans to try to extend coverage to weekends and some evenings. The weekly activities plan was agreed at the Monday morning meeting and circulated to the units. Generally activities staff spent some time in three units each morning and the remaining two units in the afternoon. We concluded this area was still under development.

We observed well delivered and positive interactions in the group activities we saw. People taking part did appear to enjoy the activities. Whilst people may have been unable to share their views, there was a fun atmosphere, conversations were natural and flowing with laughter observed. Other activities included bingo and the jigsaw club which were very popular in Ravenswood. One external entertainer per month was booked for each of the five units. Individual birthdays were celebrated in each unit.

Staff were engaged in and supported fund raising events for each units activities fund. Activities staff felt access to a central activities budget would assist the planning of, the delivery of and outcomes for people in Hillview. It would be good to see the residents more involved in shaping the activities programme.

This area for improvement had been implemented. We will monitor progress at the next inspection.

Previous area for improvement 4

Personal plans should be further developed in consultation with the individual and their representative to reflect choices and preferences of the person.

Care plan evaluations should be outcome focussed, that is, reflective of how effective the planned care had been in promoting positive choices, experiences and quality of life for each individual. Specific attention should be

given to the participation of people living in the service, (or their representatives), in the development of anticipatory care plans.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state-

"My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15)

"I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

"I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me." (HSCS 3.13)

This area for improvement was made on 14 November 2018.

Action taken since then

The new style Advinia care and support plans had been rolled out across the service. Up to 70% of residents had a care and support plan in the new format. Training on the new style of care plans was offered by the company's Quality team. Frequent service based reflection hubs had been scheduled to track and review progress. Whilst we acknowledged the plans lent themselves to a more 'person first' approach overall we saw they remained a 'large document' with no index and we found them difficult to navigate.

Plans included a summary of people's favourite things, past and present and why it was meaningful. Good practice tools addressed key areas such as oral care, mobility, food and nutrition. We noted appropriate referrals to allied health professionals including for example the NHS Falls team and dieticians. Daily communication notes varied with some entries remaining task focussed and others evidenced descriptions of tasks and events of the day along with references to individuals mood and feelings. There was evidence of improved communication around residents legal status, for example the recording of power of attorney and adults with incapacity information. Where appropriate end of life care was captured in individual care plans. Work had continued to improve and share information when there was for example, a hospital admission.

One family spoke warmly about how responsive staff had been when they wished their relative to access spiritual support. Others spoke positively and supported the use of and need for key safe boxes for some bedrooms in some units. They felt involved in these solutions and accepted it was part of looking after individuals with complex and changing needs.

This area for improvement had been implemented. We will monitor progress at the next inspection.

Previous area for improvement 5

The records of care review meetings should reflect an outcome focussed approach. This should include details about how effective the care and support has been and how positive choices for each individual will be promoted and planned for future care.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state-

"My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15)

"I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

"I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me". (HSCS 3.13)

This area for improvement was made on 14 November 2018.

Action taken since then

The service advised they had still to progress this area in respect of outcome focussed reviews. We did see examples of completed interaction sheets with pictures. These were being used in the evaluation of and the impact of delivered care. We suggested staff were given encouragement and permission to also capture times where planned care was not effective. It would be good to see people more involved in reviewing their care.

We agreed the service required more time to implement improvements and we would monitor progress in this area at the next inspection.

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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