

# Home Farm Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 February 2024

**Service provided by:**  
NHS Highland

**Service provider number:**  
SP2012011802

**Service no:**  
CS2021000126

## About the service

Home Farm Care Home is registered to provide a care service to a maximum of 35 older people. The provider is NHS Highland.

Home Farm Care Home is a purpose built two-storey home located in Portree on the Isle of Skye. All bedrooms are single occupancy with en-suite toilet and wash hand basin. There are communal living and dining spaces on both floors with a lift that supports people to move freely throughout the home. There are shared bath and shower facilities on both floors.

## About the inspection

This was an unannounced inspection which took place between 13 February and 20 February 2024.

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 six people using the service and eight of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- There were positive and warm relationships between staff and people living in Home Farm.
- Staff should make the most of opportunities to engage with people and support them with meaningful activities and exercise.
- People's health and wellbeing benefited from the care and support provided.
- Relatives spoke positively about the care their loved ones received.
- There was limited evidence of effective quality assurance to drive improvement.
- Staffing levels remain fragile and were supported by agency staff.
- Staff training, supervision and appraisal required improvement.
- Improvements to the environment at Home Farm were still in progress and should be informed by dementia friendly best practice guidance.
- Care plans did not always reflect people's current care and support needs.

## 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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

Staff treated people with compassion, dignity and respect and we saw consistently positive relationships between staff and people who live at Home Farm. Staff always took time to talk with people who said:

"We have a blether with the staff"

"I cannot fault this place

"They are all very respectful".

We observed care and support which was given with genuine compassion and respect. Relatives agreed that there was a pleasant atmosphere in the home. People appeared comfortable and happy. Families told us:

"The staff look after my loved one so well"

"I am always made to feel welcome"

"We are kept informed about any changes in my (relative's) health or following an incident".

This was very evident in the large dining area downstairs where people congregated after mealtimes, including some group activities led by the 'wellbeing' team. Those who actively participated in the group sessions, clearly enjoyed, and benefited from these activities, which were warm and encouraging. However, we were concerned that for people who did not want to participate in group activities, there was limited access to one-to-one support, for example in their rooms. Furthermore, activities were not taking place in a planned way and there appeared to have been limited consultation with people/their representatives about how people would like to spend their time. The team were addressing this. An additional part-time wellbeing lead had been appointed to the care team.

A detailed activity programme was to be developed, based on people's interests. This would provide opportunities to spend quality time with people or build physical activity and movement into their daily lives, which should include one to one support for individuals who preferred to remain in their rooms. We encouraged the service to re-establish regular religious in-house services which were held prior to the Covid-19 pandemic. We have made an area for improvement to provide a focus for this work. (See area for improvement 1).

People's mealtimes provided an opportunity to be sociable in a relaxed atmosphere. The dining room downstairs benefited from high quality furnishings. Flowers and attractive décor provided a pleasant dining experience for people, however some people remained upstairs for their meals, in a smaller lounge area which did not provide the same dining experience. People's dietary preferences were respected and understood by staff because these had been documented clearly. Staff were attentive and made effort to encourage people to eat. Food was of a good quality, home cooked, fresh, and hot with a choice. The exception to this was where people required a special diet such as pureed food, in which case it was pre-prepared. Home baking and hot drinks were available in between mealtimes. Mealtime experience audits would be helpful to identify if there were any suggestions about improving mealtimes for people. (See section 2 'Quality assurance is led well').

To support people's health and wellbeing, staff sought guidance from external healthcare professionals, such as general practitioners and dietitian. Staff routinely contacted the surgery for phone advice, prescriptions or visits as required in addition to a weekly 'ward round'. Their advice was acted upon, and details of their input documented. This provided confidence that everyone involved in people's care knew their wishes and choices, especially at end of life or an unexpected event. Feedback from external healthcare professionals about Home Farm was positive and said communication about any changes in people's health was good.

To identify people's risks such as risk of skin damage or falls, the service completed health and risk assessments. However, some of the assessments were out of date because they had not been reviewed or updated regularly. Mobility risk assessments and subsequent care plans did not always reflect an individual's current health and care needs. We discussed the need to ensure health assessments and any screening tools used were based on good practice guidance. This should include information to guide staff about people's specific care and support needs. For example, how often someone should be re-positioned to prevent skin damage. See also section 5 below 'Assessment and personal planning reflects people's outcomes and wishes and area for improvement').

To further meet people's health and medical needs, everyone should benefit from a medication system which adheres to good practice guidance. Records confirmed that people were receiving their oral medication as prescribed and intended. The service undertook a medication audit every two months. However, the outcomes of these audits were not always followed up or re-audited promptly to ensure improvement. We also identified that record keeping of 'as required medications could improve (See area for improvement 2).

### Areas for improvement

1. People living in Home Farm are able to get the most out of life. To achieve this, the provider should ensure, but not limited to;

- a) people are supported to develop their interests and what matters to them through the development of individual activity plans;
- b) these are regularly evaluated to ensure individuals are achieving their wishes and choices; and
- c) to achieve the above, there is effective leadership and planning to make the most of opportunities to engage all people in meaningful activities and exercise as part of their day to day lives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2. To ensure that staff ensure people's medical needs are met, the provider should ensure as a minimum but not limited to:

- a) regular and responsive quality assurance systems are maintained to ensure there is a safe, well managed medication system in place; and
- b) record keeping, including effective evaluation of 'as required' medications are completed accurately at all times.

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

## 3 - Adequate

We evaluated this key question as adequate because strengths just outweighed weaknesses. The strengths had a positive impact on people's experience but there were key areas of performance which needed to be sustained and further improved.

Relatives spoke positively about changes and improvements in how the care home was being run. However, there were areas which required improvement.

For example, there was limited evidence of effective quality assurance. There was an audit timetable for the year. We reviewed available completed audits which included medication, care planning and infection control. However, there was insufficient evidence that outcomes of the audits had been undertaken often enough or had been followed up. Kitchen, mealtime, and nutrition audits had not been completed. Furthermore, we would expect to see a record of the outcomes of audits captured in an improvement plan, to monitor those appropriate actions had been taken. (See requirement 1).

It is important that people feel listened to and feel confident about giving their views of their experience of living in Home Farm. We discussed the need to provide the opportunity for feedback from people in receipt of care or their families. For example, the views of people who experienced care in Home Farm and/or their relatives could be sought through surveys. The results would provide valuable insight into how people felt about their care. (See requirement 1).

To improve the quality of care and support of people living in Home Farm, it is important that the service can learn from adverse incidents. Whilst there was a record of incidents, such as where a person had fallen, a review of what had happened should always be undertaken and recorded. In turn this should be used to inform people's care plans to enable staff to prevent further incidents and help people feel safe in the future. (See section 5 'Assessment and personal planning reflects people's outcomes and wishes,' and area for improvement).

Effective leadership also includes the need for regular supervision and appraisal opportunities for staff. This provides time for staff to reflect on their practice and discuss future training and development needs. As a result, staff feel well supported and confident in carrying out their role. Staff supervision had happened for some individuals, however annual appraisals were outstanding. Audit of staff practice had only been undertaken in relation to infection prevention and control. We have included this within a new requirement. (See requirement 1).

In conclusion, there were some systems in place to monitor and improve aspects of service delivery, as outlined above. However, to enable the manager to effectively provide quality assurance and drive improvement, the provider needs to create leadership capacity and support to achieve this. We have made a requirement to provide a focus on this. (See requirement 1).

## Requirements

1. By 20 June 2024, the provider must ensure people are provided with the right care and support which is well led and managed. To do this, the provider must, as a minimum but not limited to, ensure:

a) there is sufficient management and leadership capacity to lead effective continuous improvement, to include;

- a structured system of staff practice observations, supervision and appraisal;
- an effective and responsive audit timetable is put in place;
- oversight of accidents and incidents, ensuring the care inspectorate are informed timeously of any notifiable events;

b) ensure people who live in Home Farm and their families/representatives are given the opportunity to have their views heard and taken into account;

c) the outcomes of all the above are used to inform self-evaluation processes and a service improvement plan which is used to monitor progress.

This is 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 is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

## How good is our setting?

### 4 - Good

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

There were a number of environmental improvements required as part of the care home's conditions of registration in 2021. For example, improvements to the toilet and bathing facilities. Satisfactory progress had been made in these areas. However, some of these required works were still ongoing. These will be followed up at future inspections.

Housekeeping staffing levels were sufficient. This meant the environment was clean whilst maintaining a pleasant atmosphere. Cleaning schedules were in place and staff knew how they would manage potentially infected areas in line with best practice. The management of people's laundry was of a very good standard. People's clothes and belongings were respected and well looked after.

People living in Home Farm benefited from a comfortable setting. Individuals could choose to use indoor private and communal areas and had the right to privacy when they wanted. The environment offered pleasant, well-furnished accommodation. People who spent time in their rooms felt warm and comfortable. Bedrooms had been individually decorated to their choice. However, the colour schemes used in the corridors as part of recent environmental improvements were bland and 'clinical' and were not appropriate for people living with dementia. To enhance people's day to day experiences, we would expect good practice guidance such as the 'King's Fund' audit tool to be used to make sure the environment is dementia friendly.

(See area for improvement 1).

People living in Home Farm told us they enjoyed going outside and spending time in the garden. However, safe access to outside space was a concern. The garden areas were not suitable for people with dementia or limited mobility to safely access independently. It was untidy with limited safe pathways to enjoy fresh air and exercise. We have made an area for improvement in relation to ensuring there is an accessible outside space, for walks and fresh air. (See area for improvement 1).

To ensure people benefit from living in a safe and well-maintained environment it is vital that repairs and maintenance are up to date. Despite redecoration within the past two years, wear and tear was evident. For example, woodwork and walls were chipped and damaged in places. De-cluttering of a number of storage areas was needed. This would enable effective cleaning and ensure easy access to and effective maintenance of care equipment, such as a hoist. These improvements would ensure people could be confident that their environment was maintained well, and equipment was clean and safe to use. (See area for improvement 2).

Fire safety and water temperature checks were undertaken regularly. However, there were some outstanding improvements needed to comply with fire safety regulations, due to delays in January this year. The manager of the care home was asked to follow this up for immediate attention with NHS Highland's estates department.

## Areas for improvement

1. To ensure people live in a safe and well-maintained setting, both indoors and outside, the provider should ensure as a minimum but not limited to:

- a) the internal and external environment is reviewed to take account of good practice guidance such as the 'King's Fund' tool for people living with dementia;
- b) this assessment is used to inform any planned environmental improvements to include independent access to a safe outdoor space;
- c) there is attention to standards such as homely touches in the corridors and living spaces to include a review of the information displayed, to ensure it is relevant to people's lives; and
- d) people living in Home Farm are involved in decisions about the improvements in ways which are meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support (HSCS 5.1); and 'If I live in a care home, I can use a private garden (HSCS 5.25).

2. To ensure people living in Home Farm live in a clean and homely environment, the service should ensure but not limited to;

- a) a programme of de-cluttering is undertaken in the laundry, staff changing room, sluices and storage areas to enable effective cleaning of these areas; and
- b) there are clear planned arrangements for regular monitoring and maintenance of the premises and care equipment to ensure people are safe.

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



states that: 'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells (HSCS 5.20); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.(HSCS 5.24).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good. This meant there were important strengths, however some improvements were required to ensure support planning consistently informed all aspects of the care and support people experience.

Health and risk-based assessments were completed when people moved into Home Farm. The results of these assessments informed their care plans. For example, setting out how staff were to safely support individuals' eating and drinking, skin care needs or keep people safe. The majority of these assessments, such as skin damage risk assessments, were up to date and were reviewed monthly. However, when there had been a change in a person's health, such as their level of mobility, care plans were not always up to date which meant they did not describe their current risks or care and support needs in enough detail.

Care plans reflected people's wishes and choices and promoted independence. For example, promoting a degree of financial independence. There was also evidence of regular oversight of people's nutritional intake and weight. Referrals to the dietician had been made for advice where a person had lost weight. These actions provided assurance that their nutritional health was being monitored even though this was not always reflected in people's care plans.

It was positive that no one living in Home Farm had skin damage. To achieve this, staff provided appropriate support, such as regular re-positioning when people were unable to do this independently. However, the documentation used for guiding staff to the frequency of re-positioning and skin checks required improvement. It was not of a sufficient standard to evidence the pressure area care that people were receiving. (See area for improvement 1).

It is a legal requirement to ensure people's care plans are formally reviewed at least once every six months. A sufficient number of people living in Home Farm had had a review undertaken in the previous six months, although a proportion of these were outstanding. The management team needed to develop a plan to ensure everyone has had a review and that people's relatives or legal representatives were fully involved. This will ensure people benefit from an opportunity to inform their personal plans to take account of their wishes, choices and to help people to live well, right to the end of their life. This is particularly necessary where people are not able to fully express their wishes. (See area for improvement 1).

In conclusion, we concluded there was a sufficiently detailed approach to care planning, however, some improvements were needed. These will be followed up at the next inspection. (See area for improvement 1).

## Areas for improvement

1. To ensure that people get the care and support that is right for them and staff are fully informed about people's care and support needs, the service should as a minimum, ensure;
  - a) people's support plans and are always up to date, in particular where a person's care needs or risk level changes, such as a change in their health or equipment to be used;
  - b) people's support plans contain sufficient information to guide staff about people's specific care needs, especially where this involves a specific prescribed treatment;

c) regular audit is undertaken to ensure standards in care planning and documentation are maintained; and  
d) have an effective system for ensuring people's twice-yearly reviews of their personal plans are undertaken.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.16).

## 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 ensure that people are free to participate in group and one to one activities of their choosing, which reflect their personal choice, wishes and preferences.

This is in order 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) and "I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22).

**This area for improvement was made on 1 July 2021.**

#### Action taken since then

Some progress has been made in this area as reported in Section 1 'How well do we support people's wellbeing'?

The area for improvement has been re written to reflect the findings of this inspection.

#### Previous area for improvement 2

The provider should ensure that people are recognised as experts in their own experiences, need and wishes. People, along with their relatives and representatives when appropriate, should be offered regular meaningful opportunities to discuss their care and care plan to make sure plans reflect people's health, safety and wellbeing needs and are implemented in a way that supports people to achieve good outcomes that matter to them.

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

"I experience care and support where all people are respected and valued." (HSCS 4.3); and "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 1 July 2021.**

#### Action taken since then

Progress has been made in this area as reported in Section 5 'How well is our care and support planned'?

This area of improvement has been met.

### Previous area for improvement 3

The provider should implement a structured system of supervision and appraisal. These meetings should provide staff with an opportunity to directly reflect on practice, raise potential concerns, discuss changes in guidance and identify learning opportunities as relevant.

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 and are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14).

**This area for improvement was made on 1 July 2021.**

#### Action taken since then

We saw limited evidence that supervision and appraisals were taking place. This is reported in Section 2, 'How good is our leadership'? and requirement 1.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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