

# Hayfield Residential Services

## Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 February 2024

**Service provided by:**  
Hayfield Ltd

**Service provider number:**  
SP2004006901

**Service no:**  
CS2003000848

## About the service

Hayfield Residential Services is registered as a dispersed care home for deaf adults with additional support needs. The provider is Hayfield Ltd.

It provides personal and communication support for a maximum of 23 residents across four addresses in City of Glasgow. All homes in the service are close to local amenities and have good transport links. At the time of this inspection there were 16 people receiving a service and we visited all four properties that make up the dispersed care home.

As well as deafness, people may have other support needs such as a learning disability, dementia, physical or mental health support needs. At present the registered manager and the director share management responsibility for the care home with support from team leaders supervising residential care staff who provide direct support to people.

## About the inspection

This was an unannounced inspection which took place between 13 and 19 February 2024. The inspection was carried out by one inspector 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.

The people who use the service and some of the staff are users of British Sign Language (BSL). We used the services of a BSL interpreter to support us to communicate with people during the inspection.

In making our evaluations of the service we:

- spoke with five people using the service and two relatives
- spoke with four staff and two management
- observed practice and daily life
- reviewed documents
- received feedback from one professional who worked with the service.

## Key messages

- The service provides care that is outcomes focussed and person-centred.
- The support provided enables people to be involved in their communities.
- The service has experienced a challenging time with regards to staff absences. This has had an impact on the management team's capacity to develop the service.
- A strong values base is evident within the service, with the people being supported being involved in reviews, developments and improvements.

## 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?	5 - Very Good
How good is our leadership?	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?

## 5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were supported by a staff team who knew them well, and clearly cared about them. This was evident from interactions we observed and from discussions we had with the staff team and the people supported by them. With the support of a BSL interpreter, people shared positive views of the staff team and of the support they received. People used the word "kind" most often to describe the staff members. This meant that people were supported by a team who they trusted and felt treated them well.

A person-centred ethos was apparent throughout the service including the language used in written policies. Adaptations were made to support people to meaningfully participate in recruitment, staff appraisals and the writing of policies. This meant that people receiving support were treated as experts in their own experience and their opinions valued.

People were very involved with the wider community at Hayfield with many people attending Hayfield's day service, people were also very visible and welcomed members of their local communities. Examples of this included people being invited to a Christmas party with the staff of the local pub and attending without their staff to support. Others regularly attended community leisure facilities, shops and other community venues. This meant that people were connected to others socially and able to participate in community life.

People were involved in the development of the care plans and in their reviews. This meant that they had a say in how their care was delivered including agreed preferences for how and where they take their medications, the food they eat and all elements of their support. Reviews were held regularly which meant that up to date information was used to support people. People had a copy of their care plan adapted into a format that they could understand and actively agree to. This meant that people were involved in decisions about their care and were encouraged to set their own goals for the future.

Where people experienced stress and distress there were clearly written protocols to support them. These gave staff members an agreed support plan to follow to support people when they were showing signs of stress in order to attempt to prevent use of medication. These meant that 'as required' medications used to manage stress and distress behaviours were used infrequently. When these were used, recording was clear about what outcome had been achieved and why these had been administered. Recording of medications was clear and completed appropriately. When appropriate the service engaged with health professionals to ensure that people were given the support they required. This meant that people's health and wellbeing was supported well by the service.

Most of the staff team have worked in the service for a long time, they have received training on a wide range of relevant topics and the team demonstrated their understanding of key pieces of legislation such as their adult protection duties, the Health and Social Care Standards and supporting people with decision making. The staff team understood their role in supporting people to live their lives as independently as possible. The staff supported people when needed and encouraged independence when possible. Conversations with staff also demonstrated that they had a clear understanding of their responsibilities to ensure that people were kept safe while being able to live their lives. There were good risk assessments in place which enabled people to live as independently as possible while being kept safe.

## How good is our leadership?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had some good quality assurance systems in place to ensure that people received a good standard of care. Team leaders had responsibility for regularly quality checks in the individual properties that make up the dispersed care home. Examples of audits carried out included: Staff observations and appraisals, Medication audits, Health and safety audits and, Housekeeping and environment audits. Management check and sign off on these. This meant that the service was able to ensure that people were supported appropriately.

Due to some long-term absences, there had been a period of time without the full management team working within the service. The team had focussed on providing good quality care to people during this time but identified that some areas of development had not been focussed on due to this. This meant that the electronic care planning system had not been fully rolled out. People's care plans were being printed and the staff team were working from these. This ensured that people received care based on up to date information. The electronic system was being used for daily notes and accident and incident reports. When people's needs or agreed outcomes changed this no longer matched the information in the electronic system. Daily recordings of support given could not be mapped to the outcomes on the electronic system. The management team should audit information to ensure that the most recent and up to date information for each person supported by the service is recorded and saved across all locations. Including the electronic system and the printed versions (**see area for improvement 1**). This will allow the service to accurately record how people's support needs have changed and how the service supported people to meet their chosen outcomes.

The other element of the service that had been impacted by the gaps in the management team was the improvement plan for the service. The plan, which had been written with input from people supported by the service and staff, was detailed, however it had not been updated for some time. This meant it did not accurately reflect the services current position, actions taken or the current view of the future (**see area for improvement 2**).

## Areas for improvement

1. The management team should audit all care plan documents including medication preference sheets to ensure that the most up to date version is saved across all locations. This will mean the service can record and reflect on the impact support has on helping people to meet their individual outcomes.

This ensures 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).

2. The provider should review and update the service improvement and development plan. This should reflect changes and progress made since the last review and include future plans and aspirations for the service. This should be developed using information gathered from quality assurance processes and from feedback received from people, families and members of staff.

This ensures 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).

## 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 ensure that the outcome or impact of any “as required” medication administration is recorded appropriately. This will allow for monitoring of its efficacy.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, “I experience high quality care and support because people have the necessary information and resources” (HSCS 4.27) and “I experience high quality care and support based on relevant evidence, guidance and best practice” (HSCS 4.11)

**This area for improvement was made on 12 January 2023.**

#### Action taken since then

Recording had improved since the last inspection. In the files we reviewed as required medication recordings were made appropriately.

Team leaders checked completion as part of their monthly audit and offered support to any staff who required further guidance on how to complete this document.

This area for improvement has been met.

#### Previous area for improvement 2

The service should source training for all support staff in supporting good nutrition and support for eating and drinking. This will help staff to understand the needs of people on special diets or whose health is impacted by their diet or eating and drinking abilities.

This ensures 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).

**This area for improvement was made on 12 January 2023.**

#### Action taken since then

Training for all relevant staff was sourced and delivered by The Food Train on nutrition. We reviewed training records and could see this had been completed, staff that we spoke to told us they had found the training helpful.

This area for improvement has been met.

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

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good



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