

Hillview Care Home Care Home Service

36 Singer Road
Dalmuir
Clydebank
G81 4SB

Telephone: 01419 413 456

Type of inspection:
Unannounced

Completed on:
21 March 2024

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361014

About the service

Hillview Care Home is a purpose-built care home in the Dalmuir area of Clydebank. Good public transport provides 15-20 minute links to the main Clydebank shopping centre. The care home is close to local shops and facilities.

The care home is registered to provide support for up to 150 older people, including eight with physical disabilities. Five houses, accommodating 30 people each, provide ensuite bedrooms as well as communal areas and dining rooms. A separate building houses the main kitchen, laundry and administration offices.

The service has extensive communal garden areas and people living on the ground floors of the five houses are usually able to access garden space directly from their bedrooms.

The provider is Advinia Care Homes Limited. The service's aim is to 'focus on respect, dignity and quality of life'.

About the inspection

This was an unannounced inspection which took place on 20, 21 and 22 March 2024. The inspection was carried out by five 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 seven family members
- spoke with ten staff and management
- observed practice and daily life

As part of the inspection process, we asked the service to send out confidential surveys on our behalf to people living at Hillview Care Home, family members and friends, staff and health care professionals. We received responses from 11 residents, five staff members and three health care professionals.

Key messages

- People and families are satisfied with the quality and commitment of staff.
- Allocation of staff does not appear to reflect the needs of the people living there.
- Planned activities, when they happen, are not sufficient to keep people physically and mentally well.
- Some people were not receiving care and support they had been assessed as requiring.
- Care plans required improvement to ensure good outcomes for people.

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?	3 - Adequate
How good is our setting?	3 - Adequate
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.

During our inspection we saw instances of staff supporting people in patient, respectful ways. This include ensuring people were provided with the support they required at mealtimes. People living at Hillview Care Home and their families made positive comments about staff including their friendliness and commitment to providing care.

A number of people were concerned that there were not always enough staff to safely provide support to people. The service uses a method to calculate how many staff are needed. This calculates the number of staff required for the whole service. We think the provider should review how it uses this approach to take account of the needs of people in different units and at different times of the day, for instance, mealtimes.

Some people's bedrooms had been personalised to reflect them as individuals. This included family pictures, ornaments and bedding chosen by the person or their families. Memory boxes, with mementos from work and family life, like photos of work places and social events, were present outside some people's rooms. For people who may be forgetful or confused this can help them identify their own accommodation and find their way around the home.

People in care homes need to be stimulated both physically and mentally. Where this happens people are more likely to retain physical wellbeing and avoid low mood. We were concerned that, in between mealtimes, most residents sat for very long periods of time having nothing to stimulate them. The service had planned activities for all five units. We did not observe these all happening. We saw staff making efforts to engage people in sing-a-longs and there were some planned group activities. The service has to do more to ensure people's physical and mental wellbeing is developed and maintained. We have made a requirement on this. See requirement one.

Health care professionals told us that the service worked well with them to the benefit of people living at Hillview Care Home. They said they staff there knew the people well and were able to alert them to any health concerns.

We were not assured that people's day to day health care needs were always met. For instance, the service's care records showed important gaps in people being supported with continence care; when people required support and monitoring of their eating and drinking, the records were not always clear or accurate. We were not satisfied that everyone who required support with their oral health, including teeth brushing and denture care received this. We say more about this in the section, 'How well is our care and support planned', later in this report.

Following a complaint investigation in January 2024, we made a requirement on how the service must support people to maintain healthy skin integrity, including monitoring and taking appropriate action when required. That requirement has not been met. Please see the section 'What the service has done to meet any requirements made at or since the last inspection' later in this report.

Also in January 2024, we made an area for improvement on infection control and prevention. This has been met but the provider should ensure standards are maintained and are consistent throughout the home.

Particular attention is required to ensuring care equipment like hoists and wheelchairs are cleaned properly and people's rooms, including their ensuite are

Plases see 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

Requirements

1. By 12 August 2024, the provider is required to make proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are line with good practice. The provision of activities must be clearly recorded within the personal plan of the individual resident as well as the activity planner.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: principle 3 - requirement about promoting respect and choice.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The provider's service improvement plan identified areas to improve outcomes for people living at the care home. The plan considered the service as a whole and looked at the five units. We believe the plan could be strengthened by being used to clearly monitor progress on areas by specific units. This would allow the provider to allocate additional resources to any unit requiring support as well as recognising good practice that should be established across the care home.

The service used regular 'flash' meetings to maintain management oversight of important aspects of the home. The meetings were usually held daily and involved senior members from all different sections including maintenance, catering, housekeeping as well as care and nursing. The meetings allowed those attending to highlight developments or concerns. For instance, reminders on available staff training, infection control and details of any new residents. This approach helped ensure all staff were aware of relevant developments or actions required.

A number of checks and audits were in place to reassure managers people were kept safe and being helped to achieve positive outcomes. It was not always clear that these did lead to improvements. For instance, records of wheel chair checks, intended to confirm these were safe and fit for purpose, identified missing parts but records did not show what action was taken and when to replace these.

The manager and senior staff undertook unannounced night time visits to different units. These visits helped managers engage with staff who might not otherwise see them. They also provided managers the opportunity to reassure themselves that care and support was being provided as intended and identify any weaknesses. From the records we reviewed there were clear areas requiring action. For instance, managers noted concerns on the quality of recordings including inaccuracies and gaps. The service has systems in place to ensure such concerns are acted on and resolved.

In April 2022 we made a requirement on how the provider's quality assurance, audits and observations should be improved. During an inspection in August 2023, we concluded that the requirement had not been met and extended the deadline. We will evaluate progress on this at our next inspection.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were parts of the home that required attention to make it homely and attractive for people living there. In some units, we saw torn wallpaper and paintwork needing redone. The provider's service improvement plan noted the where refurbishment was required but dates for completion were not always clear.

In March 2023 and again in January 2024, we made areas for improvements asking the provider to use the Kings Fund assessments and tools. These provide valuable guidance on how care homes can improve their settings to improve the quality of life for people living with dementia and other cognitive challenges. The service has made little progress on this and we repeat the area for improvement and will evaluate progress at future inspections.

In January 2024, we also made a requirement on the general cleanliness of the home. This area for improvement has been met.

Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

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.

Care plans, sometimes called support plans, provide essential information about people being supported and their care and support needs. They should include details of the person's life, work and family histories as well as interests and preferences. This reinforces that they are individuals. The plans should also detail how people's care should be provided to achieve the best possible outcomes for them in terms of their health and wellbeing. Staff should have clear guidance on how best to support individuals.

We saw some care plans that reflected a person-centred approach and made clear what outcomes would be achieved for people. However, this was inconsistent in units and between them.

From the care plans we reviewed it appeared that, on at least some occasions, people were not receiving the care they had been assessed for and what was required to keep them healthy. For instance, we saw instances where people were at risk of skin breaking down but found no plan to deal with this by repositioning people when they are sitting or lying. For people requiring regular support with continence care, records indicated they only got assistance twice in a 24-hour period. Oral care records indicated some people were not being supported for days at a time.

In January 2024, we made a requirement on care plans and related areas directing the provider to improve these. That requirement has not been met and is repeated. At that time, we also made a requirement on the service maintaining people's tissue viability or skin integrity. This requirement has not been met and is

repeated. Please see 'What the service has done to meet any requirements made at or since the last inspection' later in this report.

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

Requirements

Requirement 1

By 10 July 2022, the provider must ensure that the approach to quality assurance, including audits and observations, is reviewed and improved. This must include the development of clear action plans, detailing the areas for attention, staff responsible, timescales for action and outcomes for people.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

The deadline for this requirement had been extended to 1 August 2023. It has been further extended until 22 April 2024. Deadline revised to 12 August 2024

This requirement was made on 1 April 2022.

Action taken on previous requirement

Not assessed at this inspection.

Not assessed at this inspection

Requirement 2

By 15 March 2024, the provider must promote the health, welfare and safety of people experiencing care by ensuring that all personal plans, risk assessments and related recording tools are accurate and contain sufficient detail to inform staff of people's individual social, emotional and physical support needs in all aspects of daily living and that these needs are appropriately met.

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

- a) each person receiving care and support has a detailed personal plan, which reflects a person-centred and outcome focused approach.
- b) personal plans contain accurate and up-to-date information, which directs staff on how to meet people's care and support needs.
- c) personal plans contain accurate and up-to-date risk assessments, which direct staff on current/potential risks and risk management strategies to assist in minimising the risks identified.
- d) records reflect the effectiveness of the implementation of the care and support being received by people, as set out in their personal plans and other recording tools, and this information is used to inform reviews.

e) personal plans are regularly reviewed and updated, with involvement from relatives and advocates.

f) detailed six monthly care reviews are undertaken which reflect people's care needs and preferences.

This is in order to comply with:

Health and Social Care Standard 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.

Regulation 5(3)(a)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 4 January 2024.

Action taken on previous requirement

Some examples of good, accurate care plans and related recordings. Inconsistent standards and practices across and within units. Reviews of care are taking place.

Not met. Deadline extended to 12 August 2024

Not met

Requirement 3

By 15 March 2024 the provider must ensure people are safe and receive care and support that meets their needs.

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

a) people's skin integrity is assessed and monitored and when a risk is identified, an appropriate prevention and management plan is in place which reflects this, and details what measures are put in place to minimise the risks.

b) the treatment plan is followed, ongoing monitoring is undertaken and recorded to allow further assessment and details any amendment to the treatment plan.

c) care staff are trained and knowledgeable in skin care and integrity.

d) where people have developed a moisture lesion, pressure ulcer or wound, staff record and monitor progress and seek external professional support and advice when necessary.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 4 January 2024.

Action taken on previous requirement

Provider has agreed to look at their wound and care prevention policy to improve information on prevention. Audits are taking place but these are not always fully completed and appear to miss important areas. Training for staff in skin integrity is planned.

Not met. Deadline extended to 12 August 2024

Not met

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 all staff recruitment follows the provider's own recruitment policy.

This is in order to comply with: Health and Social Care Standards (HSCS): 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

This area for improvement was made on 13 March 2023.

Action taken since then

We were not able to review relevant documents relating to recruitment. **This area for improvement has not been met.**

Previous area for improvement 2

The provider should ensure staff receive supervision on a regular, scheduled basis.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) 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) and,

Scottish Social Services Council (SSSC) code 2.2 which states: 'as a social service employer you must effectively manage and supervise staff to support effective practice and good conduct and support staff to address deficiencies in their performance'.

This area for improvement was made on 13 March 2023.

Action taken since then

Each of the five units had an overview of staff supervision including scheduled dates. The majority of staff have received supervision in recent months and have planned follow up sessions. **This area for improvement has been met.**

Previous area for improvement 3

The provider should make use of the Kings Fund assessments and tools with view to improving the design of the care home and the environment for people with dementia and other cognitive challenges.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

This area for improvement was made on 13 March 2023.

Action taken since then

There was limited evidence that all five units had begun to use the Kings Fund Assessment assessments and tools to improve outcomes for people. **This area for improvement has not been met.**

Previous area for improvement 4

People should be supported with personal care as per their preference and choice. Specific details should be recorded and made known to support staff.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

This area for improvement was made on 4 January 2024.

Action taken since then

There were some good examples of personal outcomes and preferences in some care plans. However, this was not consistent between the five units or within the individual units. The service requires to ensure a consistent approach across all units. **This area for improvement has not been met.**

Previous area for improvement 5

People should be confident that their prescribed creams are logged on the MAR chart and on a TMAR chart and are applied as directed. Care staff should have clear guidance on what creams are to be applied, the frequency and the reason for use.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 4 January 2024.

Action taken since then

The service has made progress in this area. However, there were some gaps in how support with prescribed creams was recorded and this requires ongoing management oversight. **This area for improvement has been met.**

Previous area for improvement 6

People should be confident they have access to a GP when this is required. The provider should assess the potential outcomes for people, if for any reason they are not registered with a GP who is willing to visit the service. There should be an alternative plan in place if people require to be seen by a GP.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

This area for improvement was made on 4 January 2024.

Action taken since then

The service management has directed relevant staff that there should be no delay in new residents being registered with GPs. The service is also in discussions with local GP practices with a view to improving access to GP services. **This area for improvement has been met.**

Previous area for improvement 7

The provider should make use of the Kings Fund assessments and tools, with a view to improving the design of the care home and the environment for people living with dementia and other cognitive challenges.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

This area for improvement was made on 4 January 2024.

Action taken since then

This area for improvement has not been met and combined with Area for Improvement number three.

Previous area for improvement 8

The provider should be frequently checking and auditing the environment, to ensure it meets a good standard of cleanliness and is maintained to promote a welcoming and homely environment.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18)

This area for improvement was made on 4 January 2024.

Action taken since then

Improvements noted overall but requires a consistent approach. **This area for improvement has been met.**

Previous area for improvement 9

The provider should be ensuring staff are compliant with good infection prevention and control practices and for regular staff observation to be undertaken.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: '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 4 January 2024.

Action taken since then

The service undertook regular audits of infection prevention and control practice and outcomes. These identified areas for actions required to reduce the risk for people, staff and visitors. **This area for improvement has been met.**

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

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

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.