

Home Farm Care Home Care Home Service

Home Farm Road
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Type of inspection:
Unannounced

Completed on:
14 August 2024

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2021000126

About the service

Home Farm Care Home is a care home situated in a residential area of Portree. It is close to the amenities of the town centre and the service has access to an adapted minibus. The service provides nursing and residential care for up to 35 older people and there were 21 people living at the service at the time of the inspection.

Accommodation is arranged over two floors. There are lounges on both of these floors, with a large dining room on the ground floor. There is lift access to the first floor of the care home.

The garden was awaiting some work to be done, which would improve the accessibility and safety of the grounds around the care home.

About the inspection

This was an unannounced inspection which took place on 6 - 8 August 2024 between the hours of 07:15 and 19:55. 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.

In making our evaluations of the service we:

- spoke with six people using the service and six of their family representatives;
- spoke with ten staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with one visiting professional.

Key messages

- Quality of management and leadership needed to improve.
- People were well cared for, and were treated with kindness, compassion and respect.
- Staff working in the service would benefit from understanding their roles and responsibilities better.
- Food and activities needed to be organised better.
- We assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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

4 - Good

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

People benefited from a culture where staff were kind, warm and compassionate. Our observations of staff highlighted some of the positive ways they were interacting with people living in the care home.

People told us:

- 'The staff here are alright, to be honest they're quite kind'.
- 'I've only been here for a wee while, but it's alright here, I am well looked after'.
- 'Oh, there is always something on the go, just depends on if I want to join in'.
- 'The food here is really good, sometimes I am getting too much food, and could do with missing a meal'.

Family members thought highly of the service, the staff and how they were kept up to date.

- 'There are some staff who keep me really well informed'.
- 'I'd be lost without the place, since he's been there, I couldn't fault the place'.
- 'Staff are amazing and keep me well informed'.
- 'I have no issues with the staff - the staff have been brilliant. Any problems they call me straight away'.
- '(my relative) tells us that she is very happy. She enjoys the staff company. She says the staff are always very good to her'.

Staff completed health-based assessments about people. We told the management that staff need to review and update these more frequently. Nursing staff were available to support this area for improvement (see area for improvement 1).

Staff were managing people's medication more safely. An interim management team had self-evaluated medication and had made improvements, which had worked positively. Additionally, they had put in place a variety of checks and safeguards to keep reviewing how it is being given to people.

Staff offered people something to drink and eat regularly. People spoke highly of the meals and snacks they were being offered.

Kitchen staff need support from management to implement menus, which have been assessed nutritionally, because it was not best practice to be working on a day-to-day basis. The interim management team had acted on this improvement immediately when they became aware of this. We will revisit this at future inspections.

Staff at times needed to be mindful of how their voices carried, particularly with staff-to-staff interactions, as we found these loud at times.

People could take part in activities organised by wellbeing staff. Wellbeing staff missed opportunities to run activities because they were not being organised or focussed at times. There were enough wellbeing staff available to do activities in groups and on an individual basis whilst we were inspecting. We were not confident the wellbeing staff were working well together, to help support people to keep active and involved. A previous area for improvement will continue around activities.

Areas for improvement

1.
To promote people's ability to benefit from high quality care and support based on relevant evidence, guidance and best practice, the provider should:

a) improve how they record and monitor people's needs on their health-based assessments available in the service.

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).

How good is our leadership?

3 - Adequate

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

Staff had not been using appropriate ways to evaluate people's experiences of their care and support.

Leaders had not been effectively managing and directing the various teams within the service. For instance, shift leaders, kitchen staff, activities staff, and the management team had not been able to work together to move forward necessary improvements.

The leadership team had not had opportunities to work together on a shared improvement plan. We found some issues had been around for some time and had not been addressed by senior leaders, up until most recently. Staff teams were not routinely meeting to discuss their job roles.

An interim management team had stepped in to support the service due to some absence. We could see that self-evaluation and identification of improvements had picked up pace from this engagement.

This meant the service was not operating in a coordinated way at times. This had the potential for a poor performance or outcomes if it was not addressed.

The interim management team had used self-evaluation to identify the areas for improvement, and they had updated the service improvement plan to reflect these. They introduced the quality assurance audits to help inform improvements. Staff across the service did not understand fully their roles and responsibilities. We found evidence that some staff did not appear to understand the processes to quality assure or evaluate the service. Because of this we have made a requirement here (see requirement 1). This additional requirement will support an existing requirement which has not been met, and will be continued.

The interim management team would continue to support the managers of the home to make the necessary improvements. A focus on staff skills, understanding, roles and responsibilities would be supported to improve.

Areas for improvement

1. By 14 December 2024, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement.

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

- a) that staff are led, directed and supported by suitably qualified, and skilled leaders on each shift, ensuring that roles and responsibilities are clear;
- b) that the care service users receive is effectively monitored to ensure that it meets their needs;
- c) that managers and leaders carrying out quality assurance processes have the appropriate skills, knowledge, and understanding;
- d) that, where improvements are identified, these are taken forward as a matter of urgency to address potential impacts on people's experiences; and
- e) that robust follow up actions are taken to minimise risks of harm to people living in the care home.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 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 use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

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

Leaders assessed people's dependencies regularly. Management could gain more feedback and from others to help support the assessments. They used these assessments to influence staffing levels. This meant there were appropriate staffing levels in the service when we inspected. People had more than their basic care needs met because of this. Staff were warm, kind, compassionate and had time to chat to people in a respectful way. People enjoyed the opportunities to talk to staff.

Staffing on duty was appropriately matched in terms of skills and experience, which ensured people's care they received was responsive to their needs.

The service was using large amounts of agency staff, but they had mitigated the risks of inconsistency by trying to use regular agency staff.

Management need to ensure that roles and responsibilities were clear, and that staff were clear on their role and responsibilities. They additionally needed to make sure staff were following their role and responsibilities, to ensure that day-to-day running of the care home was effective. Management need to ensure that staff are effectively deployed and fulfil their role and responsibilities. We have added in the improvements required into a requirement under key question 2.

The interim management team had begun improvements around the right information being available and this being up to date for staff. For example, one page guidance relating to a person's care and support was now available in the person's bedroom.

Staff relationships were positive, which benefited people living there. Management could support better team working and enable more opportunities for staff to discuss their job roles, for example by holding more team meetings.

How good is our setting?

3 - Adequate

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

The care home was clean and tidy. We found most areas to be free from odours, with the exception of the lounges on the ground and first floor. The interim manager addressed this, and it did improve. Housekeeping staff had schedules they followed to ensure a clean environment.

The provider had continued to take steps to improve the inside of the care home. The interim manager had begun working through the requirement we had made at our last inspection. They had assessed the environment using a specialist tool, to promote a dementia friendly environment. Improvements were identified and added to the service improvement plan. This meant the inside environment was improved.

The interim manager had plans to create more space for people living there, for instance with the introduction of an additional quiet sitting area on the first floor.

Initially people's dining room experience needed to improve. Staff were loud in their peer-to-peer communication and the set up of the dining room was not the most appropriate. The management team acted on the dining room following our feedback and this appeared more social, and quieter.

The improvements to the outside of the care home had not progressed despite this being part of an area for improvement. The interim manager described the steps they had taken to escalate the necessary actions, and plans were coming together for these improvements. However, this had meant the garden space was not safe, nor appropriately kept tidy for people to use (see area for improvement 1).

Areas for improvement

1. To improve people's ability to access and use a safe and private garden, the provider should escalate at pace their plans to improve the rear garden.

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

'If I live in a care home, I can use a private garden' (HSCS 5.25).

How well is our care and support planned?

3 - Adequate

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

People's personal plans had contained a lot of information. Some of the information was historical and got in the way of knowing what was current. Staff did not always keep personal plans up to date, and at times there was little evidence of the person being involved. We found staff had not completed regular reviews of the health-based assessments and care plans, which meant plans were not in date.

Staff did not always understand the expectations of them when they were someone's keyworker. This led to some of the information being out of date.

People's formal six-monthly reviews had not happened regularly, but there was a plan in place to address this now.

The interim management had identified improvements were required here, and this work had begun at pace. We found person plans that were on the newer format were much clearer and concise. The interim management team had introduced the one-page reference document to help guide staff with someone's support and relevant information was available in the person's bedroom, which meant it was accessible to staff.

People's legal arrangements were located within people's care plans, which meant staff were aware of who they would need to contact. Relatives who were acting in a legal guardian capacity feedback they were routinely kept up to date with changes that affected their loved one.

Improvements were necessary and these had been identified as part of self-evaluation.

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

Requirements

Requirement 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).

This requirement has been continued until 20 December 2024.

This requirement was made on 20 February 2024.

Action taken on previous requirement

There had been limited progress made against this requirement up until recently and what progress had been made was early in its introduction. With this in mind, we have continued this requirement until 20 December 2024, whereby we will be able to assess again.

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

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).

This area for improvement was made on 20 February 2024.

Action taken since then

Limited progress had been made in this area for improvement. Therefore this area for improvement will continue and be reviewed at the next inspection.

This area for improvement had not been met.

Previous area for improvement 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).

This area for improvement was made on 20 February 2024.

Action taken since then

Recent actions had been taken to improve how medication was being offered. This had meant things had improved and medication was being managed safely.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 20 February 2024.

Action taken since then

The provider had taken the actions necessary here to fully assess the environment. Some work had progressed well and other elements will be captured under a new area for improvement under key question 4.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 20 February 2024.

Action taken since then

The home was not cluttered, and largely was clean, tidy and free from odours. Regular maintenance had taken place and care equipment was safe.

This area for improvement has been met.

Previous area for improvement 5

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).

This area for improvement was made on 20 February 2024.

Action taken since then

Limited progress had been made against this area for improvement until recent weeks. Therefore, this area for improvement will continue and be considered at the next inspection.

This area for improvement had not 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.

Detailed evaluations

How well do we support people's wellbeing?	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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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