

Home Farm Care Home Care Home Service

Home Farm Road
Portree
Isle of Skye
IV51 9LX

Telephone: 01478 613232

Type of inspection:
Unannounced

Completed on:
10 January 2025

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. The number of people living in Home Farm was considerably less than the maximum 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.

Interim work had been completed on a secured garden area which was directly off the main lounge on the ground floor.

About the inspection

This was an unannounced follow up inspection which took place between the 6 - 7 January 2025. A feedback meeting took place on 10 January 2025. 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 to some people using the service;
- spoke with a number of staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- The management team need to identify time to meet together to plan for the necessary improvements.
- Day-to-day working within the home needs to be supported by consistent shift leaders, who are skilled and knowledgeable.
- The management team had introduced a more robust set of quality assurance audits.
- Staff were better at detailing people's personal plans. There was scope for more improvements and for staff to review formally people's care and support every six months.
- The service was using a lot of agency staff.
- People had access to a range of activities, and staff should continue to offer more.

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 state 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 had been continued until 20 December 2024 and will continue again until 7 March 2025.

This requirement was made on 20 February 2024.

Action taken on previous requirement

Progress within this requirement was not sufficient. The provider and management team need to make available time for them to come together to plan how they are to meet the necessary improvements.

The provider needs to ensure time is available, to allow the management team to work together and to physically meet to discuss how they implement improvements.

Therefore, this requirement will be continued.

Not met

Requirement 2

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;
- 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 state 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).

This requirement has been extended to 4 April 2025.

This requirement was made on 14 August 2024.

Action taken on previous requirement

The provider and manager had not made enough progress to meet this requirement. Evidence considered demonstrated there was not sufficient and strong leadership present to guide and direct the day-to-day management of the home. This was of particular importance as the care home continued to use high amounts of agency staff.

Staff did not have opportunities to discuss the priorities for the day other than through the handover meeting. Attempts to introduce daily flash meetings had not been put in place, which was a missed opportunity to keep the day running in an organised way.

Staff monitored people's needs better, but we were made aware of a scenario where proper escalation had not taken place and this was being investigated by the manager.

Managers and leaders were completing more of the quality assurance audits to help determine areas of improvement. Continued work needed to continue, to support this across all aspects of the service. More work was needed to further demonstrate that areas for development had been identified and then linking

this to a plan to improve.

Once all of this is in place the management team will be in a better position to evaluate the service accurately.

This requirement will be extended to 4 April 2025.

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

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).

This area for improvement was made on 14 August 2024.

Action taken since then

Staff were completing a review of health-based assessments more regularly. We found evidence though of health-based assessments which had been poorly completed and did not therefore support a robust assessment of the person's needs.

The provider needs to ensure that people completing these health-based assessments are knowledgeable and skilled enough to do so, ensuring that they are completed fully.

This area for improvement has not been met and will be continued for review at the next inspection.

Previous area for improvement 2

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).

This area for improvement was made on 15 February 2024.

Action taken since then

The provider had funded the erection of a fenced area directly outside the main lounge area on the ground floor.

Whilst this area for improvement had been met, we shared our disappointment in the size of the area which was now enclosed. We were told this was an interim step and further plans will need to be considered on how this is expanded in the future.

We will therefore say this area for improvement has been met, but we will review progress on the future works in future inspections.

Previous area for improvement 3

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;
- 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 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);

'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 15 February 2024.

Action taken since then

Activities staff had put in place activity plans for people. They were assessing or evaluating people's experiences of activities in more detail.

At times there were limited times activities staff were available, so sometimes there were a lack of things for people to do. We discussed during the inspection and at feedback the importance for activities to be part of everyone's role.

This area for improvement has been met.

Previous area for improvement 4

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 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;
- 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 state 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 1.15).

This area for improvement was made on 15 February 2024.

Action taken since then

Staff had worked on people's personal plans and we found these were more up to date and evaluated.

Staff needed to be fully able to complete health-based assessments to then use the information from those assessments to update people's personal plans. Therefore, there were areas requiring more improvements.

Staff were not holding twice yearly formal reviews with people, their family and/or their legally appointed guardians. The provider and manager must ensure this is improved at pace.

Therefore this area for improvement has 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.

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.