

Hunterhill Care Home

Care Home Service

Blackford Road
Paisley
PA2 7EN

Telephone: 03003 000 021

Type of inspection:
Unannounced

Completed on:
20 May 2025

Service provided by:
Renfrewshire Council

Service provider number:
SP2003003388

Service no:
CS2006121927

About the service

Hunterhill Care Home is registered to provide support to 60 older people. Some of the people who live in the home have cognitive impairments and/or dementia. The provider of the service is Renfrewshire Council.

The care home is purpose-built to offer accommodation in five separate units over two floors. All bedrooms within the service have access to ensuite facilities. There are shared lounges, dining rooms and adapted bathrooms and shower rooms on each floor. The garden is accessible via the ground floor and is enclosed at the rear of the home. Balconies on the upper floor area offer additional outdoor space.

The service is located in a residential area of Paisley near local amenities including shops and bus routes.

Forty nine people were living in the home during the inspection.

About the inspection

This was an unannounced inspection which took place on 14, 15 and 19 May 2025 between the hours of 09:30 and 19:00. 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, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with:

- 13 people using the service
- 11 staff and management
- two relatives
- three visiting professionals.

We also took into account feedback about the service received via Care Inspectorate surveys from 16 people using the service, 11 staff, 15 relatives and two visiting professionals. We observed practice and daily life and reviewed documents.

Key messages

- People were treated with kindness and compassion.
- The service had good relationships with external health professionals to help meet people's needs.
- People's support with medication was tailored to their individual needs.
- Improvements were needed to support people better with their nutritional needs.
- Operational oversight needed to improve.
- Families and people valued the commitment and support from staff.
- Staff provision and deployment needed to improve to provide people with safe and consistent support.

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

The service had gone through a period of change in the last year due to the closure of another local authority care home. This had resulted in a change of registered manager, staff transfers and people moving into the service from the care home which had closed. We received feedback from family members of people who had moved to the service, who said that their relative had settled in well, had formed friendships and were becoming familiar with staff. This had helped to create a sense of stability and comfort.

The service offered a welcoming and caring environment and we observed people being treated with kindness and compassion. Comments from people living in the service included "I am very happy here" and "I am treated very well, staff take good care of me and make sure all of my needs are met".

People were supported well with their daily medication and this was well documented. This included medication to be taken 'as and when required', known as PRN medication. Protocols used to guide staff on what medication was to be given, when and why, were clearly set out and person-centred. For example, medication to be given to offer pain relief, which detailed the signs and symptoms staff needed to be aware of to recognise where people may be experiencing pain. This ensured that people were supported to remain as pain free as possible. We saw comprehensive plans on how to support people who may experience stress and distress. These outlined what people's usual presentation would look like, how to identify distressed behaviours and included key strategies to reduce people's distress. This had helped to ensure care approaches were tailored to individual needs.

Some people had positive meal time experiences because they were well organised with enough staff to support them while others were not. This meant some people were not supported well with eating and drinking. We have discussed this further in the report under the section "How good is our staff team".

Some people didn't have appropriate meal options, affecting their ability to enjoy or eat their meals. For example, alternative options were not always offered where food choices did not meet peoples' preferences or needs. People who were otherwise happy with their care told us "the only thing I would change is the food" and "Everything is great, apart from the food". Although alternative options were available, some people weren't aware of this and there was not enough forward planning to ensure alternative options were available at mealtimes. Peoples' preferences and choices should be incorporated into meal planning arrangements to ensure people have adequate nutrition and enjoy their meals. People relied on staff to provide drinks and snacks over the day, limiting their independence and restricting access to essential nourishment. **See area for improvement 1**

The service had good relationships with community nursing teams, who shared positive feedback about their experiences of the service, staff and leadership. Comments shared included "staff are happy to engage in person-centred care". A process was in place to make referrals to nursing teams when staff had concerns about people's health and wellbeing. Those sampled were appropriate and detailed to demonstrate responsive care. We saw an example where staff did not highlight concerns effectively during daily handover meetings or via daily monitoring records, which led to a delay in health care for one person during the inspection.

There were gaps in records used to support people with their nutritional needs, such as fluid charts which lacked daily intake targets. This made it difficult to track whether people received adequate hydration over the day. Improvements are needed to communication, record keeping and information sharing between staff to aid decision-making. This will ensure concerns about people's wellbeing are identified and action taken without delay. **See area for improvement 2**

Areas for improvement

1.

To ensure that people are supported well with their nutrition and hydration, the provider should ensure mealtimes are facilitated to support people's choice and enjoyment. Food options should cater for people with specialised diets and preferences including but not limited to, their religious and cultural beliefs, personal lifestyle choice and any known allergies. Independent access to snacks and fluids should be made available.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences" (HSCS 1.37) and "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33).

2. To enhance decision-making used to inform responsive care and support, the provider should ensure that records relating to people's health and wellbeing are clearly tracked and monitored. This includes, but is not limited to; setting daily fluid intake targets for people who require support to remain hydrated. Records of actions required and follow-ups discussed during daily handover meetings should be made and shared with essential staff.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

How good is our leadership?

3 - Adequate

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

Leaders were visible and known by people, their families, staff and visiting health professionals. Comments shared included; "The manager is hands on and always visible in the care home. They are very approachable and professional." and "The management are approachable and willing to help". This demonstrated a level of confidence in the leadership of the service.

A weekly management report provided some oversight of people's health and wellbeing, for example, where people had experienced falls. There was an overview of falls that had occurred in the service which had helped to capture useful trends, including frequency, location, and any injuries sustained. This helped leaders to consider additional risk reduction measures to protect people from harm.

Quality assurance checks and audits related to care planning, training compliance, environment and maintenance, staffing and mealtimes experiences did not always take place in line with the frequency set out by the provider. If quality checks and audits don't happen regularly, problems can go unnoticed, which could have a negative impact on people.

We saw significant gaps in care plan audits and actions required had not always been met to ensure changes to people's care plans were made timeously. A lack of record-keeping and monitoring of staff training compliance, meant we could not be assured that all staff had completed essential training required for their role. Leaders acknowledged that systems needed to improve to have a clearer overview of staff training.

Audits of the environment including, the garden area and fire safety measures did not always identify areas of concern or demonstrate where sufficient remedial action was taken. There is a need going forward for stronger risk assessments where environmental hazards are highlighted, particularly whilst awaiting any repairs and maintenance. This will help to ensure people are protected as far as possible from harm. We have discussed this further in the report under the section "How good is our setting".

We had on-going discussion with leaders throughout the inspection about rota management and staffing arrangements. This was primarily around the deployment of staff, which was static and the improvements needed to staff allocation over the course of the day to ensure people are supported well with their individual needs. We have discussed this further in the report under the section "How good is our staff".

During the inspection we looked at how the service takes learning from any accidents and incidents that have occurred to improve outcomes for people. There was a fragmented system where different staff members handle different reports, and not all accidents/incidents were visible to the manager. With reports being handled separately as they occurred rather than reviewed collectively, there was a missed opportunity to identify recurring patterns and prevent future accidents/incidents. We were concerned about the lack of thorough investigation and learning from some accidents and incidents that had occurred. This included significant events where people had experienced falls, sustaining injuries and other incidents that resulted in harm. Statutory notifications and subsequent investigation updates to the Care Inspectorate and other agencies were not always made in line with legislation. We were not confident that arrangements were in place to fully review, investigate and respond to significant events when things went wrong in the service. This meant people were at potential risk of harm.

We found that while there was evidence of good leadership engagement in the service, aspects of operational oversight and risk management needed to improve to reduce the impact on people and support better outcomes. **See requirement 1**

Requirements

1.
By 30 July 2025, the provider must ensure that people experiencing care live in a service which is well led and managed, by having a consistent focus on improvement and quality assurance processes. To do this, the provider must:
 - a) ensure regular quality assurance systems and checks are conducted to evaluate and monitor service provision, including, but not limited to; care planning, training compliance, environment and maintenance, staff arrangements and mealtimes experiences. Actions identified should link to the wider service improvement plan.

b) carry out robust risk assessments, where any quality assurance checks highlight where people may be at risk of harm. This includes where environmental hazards are identified, and whilst awaiting any necessary repairs and maintenance.

c) ensure that robust arrangements are in place to review, investigate and respond to significant events, including protection incidents when things have gone wrong in the service.

and;

d) ensure notifications are made to the Care Inspectorate within the timescales set out in the guidance "Adult Services: Guidance on records you must keep and notifications you must make, March 2025".

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 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 "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

How good is our staff team?

4 – Good

We evaluated this key question as good where the strengths within the staff team impacted positively on outcomes for people and outweighed areas for improvement.

We observed staff engaging with people with sensitivity, dignity and respect. Families said that they valued the care and commitment of the staff, with many feeling their loved ones are well looked after. Staff told us that they provided a high level of care and compassion, have a good relationship with people and their families, and aimed to ensure everyone experiences person centred care.

There was a clear and consistent message from staff feeling overwhelmed at times with their workload. We found that there was a reliance on senior team members, and informal support arrangements within the service which can create inconsistency in people's care and experiences. Due to recent changes in the service, this had led to an increased reliance on agency and sessional staff to supplement staffing levels. For the most part, people received consistent support from staff who were familiar to them. However, at other times the allocation of agency and sessional staff did not take into account where people's needs were greater in a specific area of the service. For example, where a number of people were living with dementia, required support with moving and assisting and who may experience stress and distress. This meant that at times there was an increased demand on regular staff, who may be more at risk of burn out. We discussed with leaders the potential impact this could have on people. Better oversight and planning is required to ensure the allocation of staff takes into account an assessment of risk.

We looked at how the service carried out regular assessments of people's support and dependency to ensure people's changing needs were recognised and influenced staffing levels. The service had recently implemented a new tool to assess people's level of need. We discussed with leaders ways in which this could be further improved to ensure sufficient time was given around individual tasks/support areas. For example, where some people required the support of two staff with moving and assisting and personal care. Leaders took on board our suggested improvements.

Staff deployment was mainly static across the day. This meant that consideration had not been given where people required a higher level of support over the day, for example in the mornings, at night and at meal times. This resulted in some people not having sufficient support with their planned care and staff focusing on the task elements of people's support, rather than meaningful interactions. There is a need for better rota adjustments to ensure there is adequate staffing during peak care moments in the day. This is to ensure that the right number of staff are available at the right time to provide people with safe and consistent support. **See area for improvement 1**

It was positive to hear how changes to staff arrangements had led to increased community involvement for some people. This included a recent trip on a canal cruise, days out for fish and chips, football memory groups and people had attended church, which supported their religious beliefs. Staff spoke positively about their experiences of supporting people in the community, which clearly enhanced the wellbeing of both people living in the service and staff.

Areas for improvement

1. To ensure people have sufficient support with their planned care and to promote meaningful engagement, the provider should ensure the right number of staff are available at the right time to provide people with safe and consistent support.

This is to ensure care and support is consistent with Health and Social Care Standard "My needs are met by the right number of people." (HSCS 3.15); and "People have time to support and care for me and to speak with me" (HSCS 3.16).

How good is our setting?

4 - Good

We evaluated this key question as good where the setting impacted positively on people's experiences and clearly outweighed areas for improvement.

The service was decorated to a good standard and we saw good use of visual signage throughout the home. This could be improved further by ensuring directional signage is installed to increase wayfinding and reduce the likelihood of some people becoming disorientated. In particular, those living with cognitive impairments and/or dementia. The service was clean and tidy and free from malodours. Cleaning systems were maintained in accordance with the providers infection and prevention control procedures and reduced any potential risks to people.

Leaders regularly checked the building and outdoor areas to spot and fix issues, and ensure the environment was safe and compliant with regulations. Maintenance was up to date for gas, electricity, and equipment like hoists and baths. However, we identified concerns about the outdoor space and fire safety which was not highlighted in leaders checks. A broken fence compromised the safety and security of the enclosed garden, which could put vulnerable people at risk. Fire safety records had gaps, meaning important checks might have been missed. We couldn't see follow-up action after a recent fire service visit. Leaders addressed these concerns immediately during the inspection to reduce risks to people.

We saw some people moving freely throughout the building and accessing the outside space, where they were able to do so without support. This meant that people's independence, freedom of movement and choice were promoted.

People told us about a recent visit from a local school, who held a sports day in the garden area. This was well attended and enjoyed by people, their families and staff. Some people told us that they had been involved in potting flowers to make the accessible balconies more appealing for people to sit and enjoy. Leaders recognised that the enclosed garden needed tidying up to make this a more useable space. Plans were in place to carry out the improvements identified, including raised bedding plants to make these accessible for people and provide meaningful activity.

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?	4 - Good
4.1 People experience high quality facilities	4 - Good

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.