

Hayfield Residential Services Care Home Service

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Type of inspection:

Unannounced

Completed on:

11 June 2019

Service provided by:

Hayfield Residential Services

Service provider number:

SP2005007544

Service no:

CS2003000848

About the service

Hayfield Residential Services registered with the Care Inspectorate on 1 April 2011 as a care home for adults with physical and sensory impairment. It provides support and communication up to a maximum of 23 residents across four addresses in the east end and centre of Glasgow. At the time of this inspection there were 20 people receiving a service and we visited two of the houses in the Gorbals and Tollcross areas of the city.

Hayfield Support Services with deaf people operates this service.

As well as deafness, residents may have other support needs such as a learning disability or a mental health problem.

The registered manager is responsible for managing the service with support from two team leaders supervising residential care staff who provide direct support to people.

The stated aims and objectives of the service include providing an environment in which each individual deaf person can progress, either toward developing skills and confidence for independent living or toward a significant enhancement in their quality of life.

What people told us

From our observations of people at home and in the company of staff, as well as conducting face to face interviews, we concluded that residents were very happy with the service they received. Comments included,

"I go out with my befriender at weekends,...I go shopping, swimming, I like the cinema."

"I asked staff to help me cook, they have done that.. staff look after us well...whatever residents ask for they help."

"I feel safe and happy."

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very 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

People experienced compassionate care and support. Staff were warm friendly and had built up trusting relationships with residents. Engagement was assisted by a stable team of staff with whom residents had known for many years. Preferred preferences, routines, needs and wishes were actively supported. We could see that staff were person centred in their approaches. For example, where appropriate, they devised and followed individualised behaviour management plans, which led to positive outcomes for the person.

When people are fully involved in decisions regarding their care plan and the running of the service they receive, this helps ensure that they feel valued and receive appropriate support. Residents told us that they felt listened to and respected. People were recognised as experts in their own experiences, needs and wishes and fully involved in decisionmaking as evidenced through care records, day to day discussions and regular review meetings. Various forums and opportunities were made available to gather people's views. Planning for current holiday destinations was an example of how their suggestions shaped service action plans. We noted that staff were very able signers and included everyone in their conversations. Staff showed an insight into people's choices and circumstances.

People were actively encouraged to maintain relationships within and outwith the care setting and stay connected with family, friends and the local community. Risk taking was assessed and planned for and an enabling culture was evident to ensure people got the most out of life. An innovative example of this was the use of a GPS tracker system to enable one resident to remain independent, but stay safe, while out in the community. Another person was preparing to travel longer distances to visit family in the community.

Consequently, such examples indicated to us that people's right to make choices and take informed personal risk was fully embedded within the culture of the service.

It is important that any deterioration in wellbeing is acted upon as this ensures people are protected from harm. Staff could tell us how they protected people from harm and had a clear sense of their responsibilities in this area. Staff described an open culture with ready access to members of the management team when concerns arose. We could see that managers knew their responsibilities around reporting to relevant agencies and following up on adult protection concerns.

Health promotion was a key strength of the service. Regular medical appointments were evident as was the follow through with identified treatment plans. Multi disciplinary decision making and regular reviews were a key aspect of service delivery. We did note that the needs of people were changing as they grew older. We identified that residents would benefit from a wider programme of staff training, in the light of the ageing population. For instance, the programme should include further dementia training to a skilled level, linked to the 'Promoting Excellence' standards, and training such as fall prevention, continence care and good nutrition. We previously made a recommendation about this matter and have reiterated it as an area for improvement in this report (See Area for Improvement 1).

Two of the houses lacked an alarm alert system for people to use in an emergency for summoning assistance. A recent incident occurred when staff were not aware that an individual needed assistance following a fall.

The incident suggested to us that if an alarm alert facility had been in place a better outcome would have resulted for the person. This area for improvement is particularly relevant given the ageing population in the resident group (See Area for Improvement 2).

Areas for improvement

1. In order that people are cared for by staff who receive training relevant to people's needs, the training programme should be further developed to better reflect the experiences of older people, for instance, regarding falls prevention, continence care, good nutrition and dementia training to a skilled practice level (See Scottish Social Services Council Promoting Excellence in Dementia).

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).

2. In order that people's health and wellbeing are protected by their environment, the provider should ensure that all premises which make up the care home registration are equipped with a suitable call alert system for people to use whenever they need to call for staff assistance.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, "I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment (HSCS 1.22).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

Different methods were used to ensure that people could lead and direct the development and review of their care and support. The use of digital technology and graphic facilitation reflected the service's innovative approaches to ensuring the person was fully involved in the care planning process. Individual protocols were developed using graphics, easy read language and pictures to make them accessible to the individual, for instance promoting safety in the community and independence.

Reviews of care and support were dynamic and outcome focused, informing all aspects of the person's care and support. They reflected an asset based approach that focused on people's strengths, wishes and not just their areas of need or deficits. On the other hand, whilst support plans were informative, they were not in step with the review process as they were more focused on needs and issues rather than what mattered to the person. i.e., personal outcomes and how to work towards these outcomes. We were pleased to note that the organisation was actively working on introducing improved support plans to address this issue and we will assess progress at the next inspection.

Support plans and reviews were up to date and reflected current needs and wishes. However, in some cases, we did note a delay in acquiring the most up to date copy of review records which meant that care records were not always complete. The manager was aware of this issue and assured us that changes in administrative support would address the problem.

We also noted that duplicate copies of paperwork or historical information were often kept in care plan folders. It would be better if this information was archived to improve accessibility and ensure staff consistently followed the most up to date guidance.

Overall, families and other relevant agencies were involved in reviewing the person's care, but the person was always at the heart of discussions and decision-making. As staff and managers were proficient signers, they were able to understand the communication which was often personal to the individual. Strong leadership and skilled staff ensured that personal plans were led by the person and delivered care and support in a way that was right for the person.

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

In order to promote people's safety from harm, quality assurance systems should include better analysis of incidents and accidents reporting, indicating actions taken and lessons learnt.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "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 6 August 2018.

Action taken since then

We could see that analysis of incidents and key events did take place for discussion at review meetings, but the manager acknowledged that current data systems did not assist the easy collation of this information. The manager advised that the provider continued to seek a new electronic database which will address this problem.

Previous area for improvement 2

In order to ensure people receive their medicine in a safe and planned manner,

- Staff should pay closer attention to signing administration records after the person is witnessed taking their medicine, not before.
- Staff should take into consideration the daily routine of the resident and the benefits for medication to be available for administration out with set times.
- 'As required' medication protocols should be put in place for all medicines which needed one.
- Managers should introduce a medication audit for team leaders to evidence their monthly checks.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "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 6 August 2018.

Action taken since then

This recommendation was now met.

Previous area for improvement 3

In order that people are cared for by staff who receive training relevant to each residents' needs, the training programme should be further developed to better reflect the experiences of older people, for instance, regarding falls prevention, continence care and good nutrition.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "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 6 August 2018.

Action taken since then

This recommendation was not met and we make further comment about this in the report.

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
1.1 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 benefits from their care and support	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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