

Hayfield Care at Home Services Housing Support Service

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Glasgow
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Type of inspection:
Unannounced

Completed on:
12 January 2026

Service provided by:
Hayfield Ltd

Service provider number:
SP2004006901

Service no:
CS2010273746

About the service

Hayfield Care at Home Services is a combined housing support and care at home service for deaf adults with additional difficulties, including mental health issues, learning disabilities and physical disabilities. Most people using the service live within the same modern apartment block. The provider is Hayfield Ltd.

Support offered to people reflects their particular needs and choices, and can be flexible. There is always a staff member available. All of the supported individuals' flats have been specially adapted to provide visual alarms and communication.

The service was supporting 13 people at the time of the inspection.

About the inspection

This was an unannounced inspection which took place between 06 and 08 January 2026. Between 09:30 and 17:00 hours. 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.

The people who use the service and some of the staff are users of British Sign Language (BSL). We used the services of a BSL interpreter to support us to communicate with people during the inspection.

In making our evaluations of the service we:

- spoke with six people using the service and received feedback from one family member
- spoke with four staff and three management
- observed practice and daily life
- reviewed documents
- received survey responses from three people using the service and seven members of staff.

Key messages

- The service provided care that was outcomes focussed and person-centred.
- The support provided enabled people to be involved in their communities.
- Staff worked well together to provide support to people when they needed it
- A strong values base was evident within the service, with people being involved in reviews, developments and improvements
- The management team were responsive to suggestions for improvements

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?	5 - Very Good
How good is our staff team?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced positive outcomes from the support provided at Hayfield. People we spoke with told us they were happy with their support, which was personalised and tailored to meet their individual needs. The service demonstrated a clear commitment to providing support that enabled people to live their lives in ways that were meaningful to them.

People received effective support to maintain relationships with family and to participate in activities of their choosing. This included staff supporting people to take holidays. This helped people maintain family connections and enjoy life experiences that were important to them.

People's health and wellbeing were well supported. One person was receiving appropriate support to achieve weight loss, and people were supported to attend health appointments as required. Staff ensured people were assisted to make and attend appointments and that any communication needs were met. Staff supported people with their communication needs. This helped ensure people were able to understand and be involved in decisions about their health.

People were supported with everyday living tasks such as shopping and cooking, with support provided at a level that promoted independence wherever possible. People were also well connected with the wider community, and staff supported people to engage in local activities and opportunities that were important to them.

Support was provided on a one-to-one basis and in group settings, depending on people's needs and the activities they were involved in. This flexible approach ensured people received the right level of support at the right time.

When speaking with people through a British Sign Language interpreter, one person told us they felt sad about having missed some visits. We were unable to confirm whether this had occurred as there was no system in place to monitor whether planned visits had taken place. This was discussed with management; however, we did not consider it necessary to make this a formal area for improvement at this time.

Medication was managed well and there were regular audits which ensured that any errors or omissions could be identified. Staff were signing medication administration records regardless of their role in people's medication. It is important that these records are accurate and that it is clear what role staff have played in people's medication. We have made an area for improvement to ensure medication recording processes are clear and in line with guidance (see area for Improvement one).

Most of the staff team had worked in the service for a long time and demonstrated a good understanding of the people they supported. Staff had received training in a wide range of relevant topics and showed a clear understanding of key legislation, including adult protection responsibilities, the Health and Social Care Standards, and supporting people with decision making.

Staff understood their role in promoting independence while ensuring people were kept safe. Conversations with staff demonstrated a clear awareness of balancing positive risk taking with safety. There were good

quality risk assessments in place, which supported people to live as independently as possible while managing risks appropriately.

Overall, people benefited from consistent, knowledgeable staff who understood their responsibilities and worked in ways that promoted wellbeing, safety and independence.

Areas for improvement

1. The service should ensure that best practice with regards to recording and giving medication is followed. This should include, but is not limited to, ensuring that the difference between prompting, assisting and administering is understood and that recording reflects what level of support was given.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were available at all times within the service, which provided people with reassurance and consistent support. This was particularly important for some people who required ongoing communication support from staff. The availability of staff helped ensure people's needs were met promptly and effectively.

Staff worked well together and demonstrated a flexible approach to supporting people. This included working across services when required to ensure people were supported when they needed. This collaborative approach helped ensure people experienced minimal disruption and received the support they needed.

We observed kind, compassionate and friendly interactions between people and staff. People were supported by a stable staff team who knew their needs, preferences and wishes well. Staff treated people with dignity and respect, and the positive, trusting relationships observed contributed to very good outcomes for people.

There were systems in place to monitor and ensure staff completed mandatory training on an annual basis. This provided assurance that staff were compliant with key requirements such as health and safety responsibilities. Additional training was organised in a responsive way and was focused on the needs of people using the service. Staff told us that if they requested training on specific topics, for example when a person received a new health diagnosis, this was arranged.

Staff who required it had received training in British Sign Language (BSL), ensuring they were equipped to communicate effectively with people. This supported inclusion and helped people to express their views and make informed choices about their lives.

We identified that some tightening of processes would be beneficial, particularly in relation to monitoring staff training and supervision. While systems were in place, strengthening oversight would ensure the

registered manager had a clear and consistent overview of staff development activity. This was not impacting on outcomes for people but was discussed during the inspection and the management team agreed to develop this.

People could be confident that staff were recruited safely and in line with national guidance. Appropriate pre-employment checks were completed, including references and professional registrations where required. People were involved in recruitment and in giving feedback on staff as part of their supervision. This meant that people who were supported by the service had a say about who supported them.

Staff expressed satisfaction in their roles and reported feeling well supported by senior staff and management. Staff received regular supervision, with a clear focus on wellbeing. This contributed to positive staff morale and benefited people, as they were supported by a consistent core staff team who knew them well and understood their preferences.

There was effective communication across the staff team, with regular opportunities to discuss practice and consider how outcomes for people could continue to improve. Team meetings were well attended and held consistently, ensuring important information was shared in a timely way.

This strong team approach supported a positive working culture and contributed positively to the quality of care and support experienced by people using the service.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefited from very good, detailed care plans. There was clear evidence that people were actively involved in the development of their care plans and in review meetings. This was particularly evident through the detailed minutes of review meetings, which demonstrated people's views, preferences and agreed outcomes.

People were involved in decisions about how their care was delivered. This included agreed preferences around how and where they took their medication, the food they ate, and all other aspects of their support. Reviews were held regularly, ensuring that people's support was based on up-to-date information and reflected any changes in their needs or circumstances.

People had access to a copy of their care plan that had been adapted into a format they could understand and meaningfully agree to. This supported people to have choice and control and encouraged them to set their own goals for the future.

We found that while reviews were detailed and person-centred, improvements could be made to ensure that information discussed and agreed at reviews was consistently and promptly reflected within people's care plans. This would strengthen the narrative within care plans and provide clearer rationale for specific aspects of support, for example where monitoring such as weights is required. Although this was noted as a particular issue within the care home setting, applying consistent practice across services would further improve care planning.

We discussed with management that better use could be made of the electronic care planning system in use within the service. Some training from the company who developed the system was due to take place. We

found that there could be better use of the electronic care management system (PCS) to record people's planned daily activities. Improving this would provide clearer evidence of how people's planned support is delivered and reviewed. We also identified that there was no clear system in place to evidence when staff had attended people's properties and at what times. This meant there was limited oversight of visit attendance. The electronic system or a simple visitor book could be used to provide this evidence.

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

1. The management team should audit all care plan documents including medication preference sheets to ensure that the most up to date version is saved across all locations. This will mean the service can record and reflect on the impact support has on helping people to meet their individual outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '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' (HSCS 1.15)

This area for improvement was made on 19 February 2024.

Action taken since then

This had been completed as part of the move over to electronic care planning. Staff in all parts of the service had access to the system and were therefore able to view the most up to date care plan information. It is important the service continues to ensure that auditing is done on care plans to ensure that they are up to date. Where changes to people's care needs are identified during review meetings; this information should always be reflected in their care plans. We found that this was not always being up dated, however, there was sufficient progress on this area for improvement.

This has been met

Previous area for improvement 2

2. The provider should review and update the service improvement and development plan. This should reflect changes and progress made since the last review and include future plans and aspirations for the service. This should be developed using information gathered from quality assurance processes and from feedback received from people, families and members of staff.

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).

This area for improvement was made on 19 February 2024.

Action taken since then

The service improvement plan had been updated and it was clear that people and staff had been involved in identifying actions. This plan was detailed and included regular updates from those responsible for the actions. Progress had stalled in some areas due to staff absences however the plan remained current. We discussed during the inspection that a more robust approach to self-assessment and improvement planning would be of benefit to the service. There had been sufficient progress on this area for improvement.

This has 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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