Heatherfield Nursing Home
Care Home Service

49 Bathgate Road
Armadale
EH48 2PD

Telephone: 01501 733 066

Type of inspection:
Unannounced

Completed on:
20 January 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379129

About the service

Heatherfield Nursing Home is a care home service, which is registered to provide 24 hour care for up to 60 older people. The provider is Holmes Care Group Scotland Ltd. The service was registered with the Care Inspectorate in 2020.

The home is situated in a residential area on the outskirts of Armadale in West Lothian and is set in pleasant gardens with an open outlook across fields. The service is registered to be provided over two buildings, each divided into smaller group living units which have their own lounge, dining areas, bathroom and small kitchen. Only one building is being used at present.

There is a separate building for laundry and a central kitchen where the majority of food is prepared and cooked. The service employs registered nurses and social care workers to provide care and support to the residents. At the time of inspection, there were 34 people living at Heatherfield Nursing Home.

About the inspection

This was an unannounced inspection which took place on 16 and 17 January 2025. The inspection was carried out by three inspectors 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 15 people using the service and received feedback via our survey from 24 people
- spoke with six relatives and received feedback via our survey from 12 relatives
- spoke with 18 staff and management and received feedback via our survey from 24 staff
- observed practice and daily life
- reviewed documents
- received feedback from three visiting professionals.

Key messages

- People benefitted from warm interactions with staff and were treated with kindness and respect.
- People's healthcare needs were regularly reviewed.
- The management team had clear oversight of all activity within the home.
- Staff worked very well together and understood the needs of people living in Heatherfield.
- There were plans in place to make improvements to the setting.

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 leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - 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 how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with compassion, dignity and respect, and there were warm and meaningful relationships between staff and people living in Heatherfield. People were supported in line with their wishes, preferences and choices, and told us they were treated kindly and had good relationships with staff. People told us, *"I'm very happy here. The staff are first class and they treat me well"* and *"It is wonderful, and I am more than happy"*. A relative said, *"I feel really welcome here when I come in. It's [my relative]'s home and it feels like it"*. This meant that people experienced care and support in a welcoming environment where they felt included.

People's mental health and wellbeing were supported and enhanced by the way in which the service provided meaningful activity. Activity within the home was personalised to each individual and people were gently encouraged to be involved in developing their interests in meaningful ways, whilst respecting personal choice. People were actively engaged in the activities going on within the home and staff within all roles were enthusiastic in ensuring people's lives were enriched by their experiences. A relative told us, *"The staff in Heatherfield really seem to care about the wellbeing of the people who live there"*. This meant that people felt respected and listened to because their wishes and preferences were used to shape how they were supported.

Some people made regular use of the garden space and the service was keen to ensure this was possible for everyone who wished to do so. The activities team were constantly updating their information to ensure that the opportunities available met the wishes of all people living in Heatherfield. Wherever possible, physical activity and independence was being supported appropriately. This meant people's physical and mental health was maximised.

There was a safe and effective medication management system which adhered to good practice guidance and people's medication was regularly reviewed to ensure it met their identified health needs. Care Plans held valuable information about people's needs, wishes, preferences, and what was important to them, and were very respectfully written. This meant that staff had good information to support them to provide personalised care and promote positive outcomes for people.

Management of people's skin integrity was robust and proactive and involved appropriate professionals when required. If people experienced stress and distress they were supported in a warm, reassuring manner.

People's nutritional needs and wishes were well supported and well documented. People told us they enjoyed their meals and were always offered choice. One person said, *"The food is good. If I want something different, they will make it for me"*. People enjoyed their meals in a relaxed setting and friendly, unhurried atmosphere, and people who required assistance with eating and drinking were supported with dignity and respect.

People and their relatives were involved in making decisions about their health and treatment options. Staff had a very good understanding of people's health requirements and were able to quickly identify changes in

their health or presentation. Relatives told us that the service were alert to any changes in people's health and kept them informed.

People's healthcare needs were regularly reviewed and they benefitted from having access to a wide range of healthcare assessments. Staff knew when to involve health professionals and did this without delay. This meant people got the medical support that they needed at the right time.

The service had well-established links to health professionals and visiting professionals told us that the service was both proactive and responsive in attending to people's health needs. One visiting professional commented, *"In my experience, the service users' health has significantly improved since moving into the care home"* and *"The family are always involved with any decisions required"*.

How good is our leadership? 5 - Very Good

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

Quality assurance and audit processes were in place to monitor key areas including falls, nutrition, medication and skin integrity and to direct improvements. This meant that the management team had clear oversight of all activity within the home.

There were detailed, clear action plans, with timescales where areas for improvement had been identified to achieve improved outcomes for people and a service improvement plan was in place.

People could be involved in decisions about the home in ways that were meaningful to them and we saw that where people could not or did not wish to take part in resident meetings, their views were gathered on an individual basis.

Staff felt well supported by the management team, and told us, *"The service provides every carer with the support they need, everyone is treated equally"*.

A new procedure had been implemented to improve communication and recording. Relatives said, *"We are well informed by leaders about things that are happening in the home"* and *"The manager is always happy to discuss how my [relative] is doing and the leadership team are always available to answer any questions"*.

How good is our staff team? 5 - Very Good

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

Relationships between staff and people were warm and compassionate and staff were invested in ensuring people were supported to live as meaningful a life as possible, taking into account their preferences and wishes.

The management team were supportive and visible, and engaged meaningfully with staff, people living in the care home, and their families. There was a collaborative approach to planning and delivering care and support.

Staff were empowered to play a key role in leading care and support, and there were clear lines of responsibility and professional accountability, including clinical and care governance. Staff were enabled to voice their concerns and share ideas. This impacted positively on staff and, in turn, on people who lived in the care home.

There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. The management team were skilled at identifying and delivering the right resources, at the right time to ensure that people experienced high quality care and support, taking account of the complexity of people's needs. This meant that the skill mix, numbers and deployment of staff met the needs of people living in the home.

Staff were clear about their roles and responsibilities, with written information they could refer to, and regular supervision. As a result, they felt well supported and confident in carrying out their role. This meant that people were being cared for by staff who understood, and were sensitive to their needs and wishes.

Staff worked very well together and supported each other by being flexible in response to changing situations. As a result, the use of agency staff was minimal. This meant that people were supported by staff who knew them well.

There were enough staff, so that people could be well supported with their emotional needs as well as their physical needs. This meant that staff members in a variety of roles could be involved in engaging with people and supporting them to get the most out of life.

Relatives told us that staff were always welcoming, kind and caring and treated their relatives with respect. They said, "*All of the staff from domestics, support workers, nurses and admin are all very friendly and helpful. Willing to answer any questions and have a chat regarding my [relative]*" and *"All of the staff are friendly, knowledgeable about my [relative] and helpful"*.

How good is our setting? 4 - Good

We made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement.

The setting was comfortable and homely with lovely views from the windows and the gardens. There was a relaxed atmosphere, with no evidence of intrusive noise or smells, and there was plenty of space for people to move around. People could choose to use private and communal areas and their right to privacy when they wished was respected.

People's bedrooms were tastefully decorated and personalised and we heard that people and their relatives were supported to decorate their own rooms in the way that they wished.

Maintenance and equipment safety checks were all in place and were well organised and documented.

Some areas within the home were in need of refurbishment. In particular some bathroom flooring and kitchen cabinets. There was a refurbishment plan in place which formed part of the service's improvement plan and we were assured that for those areas identified as having a negative impact on infection prevention and control (IPC), remedial action would be taken by mid-April 2025. We have made an area for improvement about this **(see area for improvement 1).**

Areas for improvement

1.

To improve the setting, the provider should ensure their planned programme of refurbishment prioritises those areas which affect IPC in order to bring the setting up to the standard needed to promote and enable people's independence and comfort.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned? 5 - Very Good

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

People's personal plans were written using respectful language and appropriate content which promoted the person's dignity and described the person's needs, wishes and preferences. The plans provided guidance for staff on how best to support people in a way which minimised any stress or distress. This meant that the plans supported people to live as well as possible.

Plans were regularly reviewed and updated with any changes. People, and where relevant, their families or those important to them, said they had been involved in developing their personal plans.

Recording of daily support was comprehensive, person-centred and provided valuable information for staff.

Risk assessments were comprehensive and there was a monthly summary for each person living in Heatherfield which clearly described what was important for staff to know about the person so that they could provide personalised support in accordance with their current needs and wishes.

Audits of personal plans were regularly carried out to ensure all documents were accurate and up to date.

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 ensure positive outcomes for people, the provider should ensure that people and/or their representatives are kept up to date regarding changes to their health and wellbeing.

Conversations should be documented, ensuring all information shared is available to promote good communication and a shared understanding.

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: *'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'*.

This area for improvement was made on 23 July 2024.

Action taken since then

New procedures and guidance had been put in place and we saw evidence of detailed communication and discussions with people and their relatives.

Relatives told us they were being kept up to date with all aspects of their loved one's care and support, including discussions about next steps and responses to any questions or queries.

We heard that communication overall had improved and there had been no recent concerns about communication.

This area for improvement is met.

Previous area for improvement 2

In order to promote positive outcomes for people, the provider should ensure that the review and monitoring of wounds is undertaken in line with their policy and procedure. This should include recording of improvements or deterioration of the wound in progress notes and through photographs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: *'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'*.

This area for improvement was made on 23 July 2024.

Action taken since then

Wound management, including wound and skin assessments, were being carried out in line with a robust policy and procedure. Training had been carried out with staff to ensure the regular review and monitoring of any wounds. Staff were competent in ensuring appropriate actions and documentation of improvements and deterioration of wounds and monthly audits were in place to ensure the process was quality assured. Appropriate professionals were involved where this was needed, such as district nurse and tissue viability nurse.

This area for improvement is met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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 good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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