

Care service inspection report

Follow-up inspection

Hamewith Lodge Care Home Service

1 Marchburn Drive
Aberdeen

Service provided by: HC-One Limited

Service provider number: SP2011011682

Care service number: CS2011300711

Inspection Visit Type: Unannounced

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1 About the service we inspected

Hamewith Lodge provides a care home service for up to 60 older people. As part of the registration, the home may accommodate up to 13 adults with a physical disability. The service occupies a purpose-built building on two floors in a residential area on the northern edge of Aberdeen. At the time of the inspection visits there were 57 people living in the home.

This service registered with the Care Inspectorate on 31 October 2011.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

2 How we inspected this service

Two inspectors undertook two unannounced visits to the home on 14 January 2016 between 11:20am and 4:30pm and 19 January 2016 between 10:40am and 3:40pm. A further visit was made on 27 January 2016 when verbal feedback was given to the regional manager and manager.

We took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- six residents
- four relatives
- the regional manager
- the learning and development officer
- the manager
- staff members
- one health professional.

We looked at:

- residents' care documentation
- staff training records
- quality assurance records
- accident and incident records
- Certificate of Registration
- Staffing Schedule.

We also observed staff practice and a general tour of the home was carried out as part of the inspection visit.

3 Taking the views of people using the service into account

In order to seek the views of residents we spoke with people during the inspection visits. Residents we spoke with said:

- "Sometimes I like the food. Staff help me usually."
- "I am ok. Things are ok."
- "We are fine. I am looked up."
- "Staff help me. Sometimes I have to wait."
- "Some staff are better than others."

4 Taking carers' views into account

In order to seek the views of relatives we spoke with people during the inspection visits. Relatives we spoke with said:

- "I am happy with the care, I have no real concerns. I would be able to tell staff if I was not happy about anything. They have been prompt to respond. I have a good relationship with the staff that look after my relative. Staff are visible and there has been consistency in the agency staff used. Staffing levels are sometimes worse on weekends and I think that has sometimes impacted on residents."

- "I have no real concerns or complaints. I have been involved in my relative's reviews and involved in the care planning. They have not always been quick to contact me after my relative has fallen but I do think communication has improved. I am not always sure the menu choices are provided. The cleanliness in the home is really good. I have been asked to give feedback by completing questionnaires."
- "Registered nurses are not always hands on with the care staff."
- "I can make suggestions for changes but does not always happens."
- "I have some concerns when agency staff are on duty. The girls [care staff] work hard and do their best but staffing difficulties had made it very hard for them to meet the needs all the time despite their best efforts."
- "The standards are usually good but there is sometimes a difficulty with communication and follow-up."

Those relatives we spoke with all commented positively about the standard of support given by the regular nurses and the care staff.

5 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. The provider is to ensure that in order for people's health, safety and wellbeing to be maintained, a robust and comprehensive assessment of need, appropriate risk assessment and plan of care clearly sets out guidance for staff on how to meet those needs. Planned care needs to take into account and reflect best practice.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: by the end of 30 November 2015.

This requirement was made on 29 September 2015

People's needs were being supported through access to members of the healthcare team. Examples of this were the dietician, speech and language therapist, GP, nurse practitioner, and tissue viability nurse.

On review of care documentation we saw the following:

- Completion of recognised assessment, risk assessments and the development of plans of care.
- There was an individual, person-centred approach taken with plans of care giving detail of people's specific needs, likes/dislikes and preferences.
- There was a process of evaluation demonstrated that included six-monthly reviews of care needs.

Areas for continued development included:

- We saw an example where the plan of care lacked specific detail on how to manage a person's behaviours. There was also a lack of detail about the use of medication that had been prescribed for use 'when required', also known as pro re nata (PRN). This was particularly important to not only achieve a consistent approach but also because there was the potential to impact on other people.
- We saw an example where the plan of care had not been evaluated during a period of illness. Entries made within the daily notes reflected additional support needs, such as monitoring of food and fluid intake and closer observation. These instructions had not been reflected in the plan of care or monthly evaluations. It was unclear whether these instructions had been followed.
- We saw an example where there were vague comments, such as "distract them" and "encourage to participate in activities." These lacked specific detail that would be

required to inform staff of how to achieve positive outcomes in a consistent, measured way.

- We saw that information was not being archived. This resulted in care folders containing information that in some instances was years old. The volume of paperwork not only had the potential to impact on information getting lost but also the consistency in the care being delivered.
- We saw an example of a plan of care that set out palliative care needs. However, this lacked some detail in respect of key elements of symptom control. We also saw that a large number of care plans had not been reviewed and discontinued as no longer appropriate. This had the potential to impact on the delivery of consistent care based on good practice.
- We saw examples where assessments were made and monitoring charts completed but there was little evidence of using the assessment and observations to develop a plan towards achieving outcomes.
- There was no evidence of prescribed health protocols in support plans. This made it difficult to demonstrate whether advice and guidance from health professionals was being followed.
- We were aware of an example where supplementary documentation used to demonstrate the frequency of when a person was being moved had not been completed. This made it difficult to demonstrate an appropriate level of care intervention to promote an individual's wellbeing.

Staff spoken with were able to demonstrate an understanding of people's needs. However, the deficits identified above had the potential to impact on consistency in how care was being delivered.

As a consequence of the above findings we could not be confident that people's health, safety and wellbeing would be supported through robust, clear and concise assessment of need and plans of care.

As a result of these findings, this requirement remains unmet.

Not Met

2. The provider/manager is to ensure a review is undertaken of the number and skill mix of staff on duty and in response to the Staffing Schedule, issued as a condition of registration in 2011, dependency levels of residents accommodated and daily routines to ensure appropriate numbers of staff are on duty at all times of the day.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 15(a) - Staffing.

Timescale: immediately on receipt of this report.

This requirement was made on 29 September 2015

The focus on recruitment of staff had continued to be a priority area. However, there remained a deficit in the number of registered nurses employed which had resulted in the significant use of agency staff.

In an attempt to ensure consistency in the care being delivered agency staff were being block booked for a period of up to three months. We were informed by the manager that an information folder had been devised for agency staff to set out key information about the service and expectations of the roles and responsibilities when overseeing care being delivered.

Despite this, feedback from relatives spoken with during our visit indicated that often the accuracy of information given and the response to areas of concern often depended on who they spoke with. Their experience of communicating with agency staff often resulted in them being told "we are not employed here, so do not know." Please see the relevant section, Taking carers' views into account, of this report for more information.

A review of the staff rota for the months of September 2015 to November 2015 demonstrated a failure to meet specific requirements of the Staffing Schedule, issued on 31 October 2011, which is a condition of registration. In response, an application to vary conditions of registration had been submitted to the Care Inspectorate that was specific to the review of staff on duty. This process will continue to be determined outside of the inspection activity.

As a result of these findings, this requirement remains unmet.

Not Met

6 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. It is recommended that there is greater focus on exploring ways of seeking people's views about the service they receive. This is particularly important for those who have difficulties in expressing themselves verbally.

National Care Standards, Care Homes for Older People – Standard 11: Expressing Your Views.

This recommendation was made on 29 September 2015

People were being encouraged to participate in the development of the service through daily communication, completion of questionnaires and planned meetings.

Examples of this included residents' and relatives' meetings being held at regular intervals. Minutes of meetings were being kept but those viewed lacked detail about actions taken in response to comments and suggestions made.

Methods used to seek feedback from those residents who experienced difficulties in communicating were not clearly demonstrated.

When considering this recommendation we also took into account the feedback provided by people we spoke with during our visits.

There was a lack of evidence to support a planned, timely response to feedback being sought. This made it difficult to demonstrate how outcomes for people were being achieved.

As a result of these findings, this recommendation remains in place.

2. It is recommended that there is clear signage throughout the home to aid residents' orientation and promote their independence and ability to move around the home.

National Care Standards, Care Homes for Older People – Standard 4: Your Environment.

This recommendation was made on 29 September 2015

On walking around the home we saw that there had been additional signage put in place to assist people in orientating themselves around the building. However, the manager confirmed that this remained work in progress. Additional resources were in the process of being sourced but had yet to be received.

As a result of these findings, this recommendation remains in place.

3. It is recommended that the training programme available to staff is reviewed and extended to take into account specific needs of residents who are accommodated.

National Care Standards, Care Homes for Older People – Standard 5: Management and Staffing Arrangements.

This recommendation was made on 29 September 2015

The development of the staff knowledge and skills continued to be a focus area.

There continued to be a blended approach taken to learning through the online provision of courses along with some formal classroom-based learning.

Three senior care staff had completed the nursing assistant training programme. This had focused on the extension of their role and responsibilities to include the undertaking of clinical tasks, such as medication administration, venepuncture and simple dressings.

The induction process had been reviewed. The new format was presented in a workbook that placed a greater emphasis on reflective practice and learning 'through doing' approach. This had yet to be fully implemented so the outcome on staff practice could not be demonstrated at the time of our visits.

A learning and development officer had spent periods of time working alongside the staff team. This had resulted in an element of observed practice with additional support given to those staff who needed it. This process was informal and as a result there lacked evidence to support how this had resulted in the development of staff skills and knowledge. We spoke about how this could be further developed.

Staff spoken with expressed a need for training sessions to have a more practical approach taken. They felt a greater focus on key areas of how they were supporting residents would be beneficial. An example given was dementia care provision.

There was a lack of clear analysis of the skills and knowledge of agency staff being used. This was required to ensure an appropriate skill mix of staff was on duty at all times.

We also took into account the findings of Requirement 2 when considering this recommendation.

As a result of these findings, this recommendation remains in place.

4. It is recommended that there is consistency in practice when internal quality assurance systems are implemented. For example to include:

- timescales for completion of actions identified
- details of who was responsible for completion of actions
- outcome for residents.

The above would enhance the systems already in place.

National Care Standards, Care Homes for Older People – Standard 5: Management and Staffing Arrangements.

This recommendation was made on 29 September 2015

Quality assurance processes continued to be completed both internally and externally. However, we saw deficits in the process, for example:

- Care plan audits had not been continued.
- The 'resident of the day' review had not been fully implemented and this had resulted in inconsistency and lack of staff understanding of its purpose.
- There was a clear lack of learning demonstrated following key events/incidents and accidents. This would be important to inform the continued development of the staff team and service being delivered.
- On review of documentation there continued to be a lack of demonstration of how actions taken had resulted in improved outcomes for people.

The service would benefit from a development plan that clearly set out key aims and objectives. The setting of measurable actions would result in a more focused, targeted approach being taken to the development of the service/

As a result of these findings, this recommendation remains in place.

7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

9 Additional Information

Since the last full inspection undertaken in August 2015 there had been a change of manager. A deputy manager position had been advertised but had not been filled.

There continued to be significant changes to the staff team as a result of the ongoing recruitment of staff. The significant use of agency staff had continued. There had been attempts made to ensure a greater consistency in how care was being delivered through the block booking of staff.

A new activity co-ordinator had commenced employment in early January 2016. It was anticipated that progress would be made in the provision of a meaningful programme of activities that supported residents' social and recreational choices and preferences.

Staff spoken with confirmed that they felt supported and that they were able to raise concerns if they had any. All spoke about a team approach being taken to the improvement and development of the service. They all commented on accessibility and a hands on approach of the manager.

We had opportunity to speak with a health professional. They indicated that they felt staff they had communicated with demonstrated a good understanding of people's needs. They confirmed that when reviewing residents, staff asked appropriate questions and that when following up recommendations advised resident care had been put into place. They said that at every occasion they had been met at the door by a staff member who always asked for formal identification. They indicated that they could see a difference when the agency staff were on but this had improved as the home was booking regular staff. They believed this to be one of the better homes for having a presence on the floor and following up from their notes.

At the time of our inspection visits, the provider was working with Aberdeen City Council on an improvement plan and had agreed to an embargo on placements being made in the home.

10 Inspection and grading history

Date	Type	Gradings
31 Aug 2015	Unannounced	Care and support
		3 - Adequate
		Environment
		4 - Good
		Staffing
		4 - Good
		Management and Leadership
		4 - Good

10 Mar 2015	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>
4 Dec 2014	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>
3 Mar 2014	Unannounced	<div>Care and support 3 - Adequate</div> <div>Environment 3 - Adequate</div> <div>Staffing 3 - Adequate</div> <div>Management and Leadership 3 - Adequate</div>
3 Oct 2013	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 5 - Very Good</div> <div>Staffing 5 - Very Good</div> <div>Management and Leadership 4 - Good</div>
15 Jan 2013	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>
5 Sep 2012	Unannounced	<div>Care and support 3 - Adequate</div> <div>Environment 3 - Adequate</div> <div>Staffing 3 - Adequate</div> <div>Management and Leadership 3 - Adequate</div>
13 Jan 2012	Unannounced	<div>Care and support 3 - Adequate</div> <div>Environment Not Assessed</div> <div>Staffing 3 - Adequate</div> <div>Management and Leadership 3 - Adequate</div>

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