care inspectorate

Hamewith Lodge
Care Home Service

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Aberdeen
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Type of inspection: Unannounced
Inspection completed on: 8 August 2016

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300711

HAPPY TO TRANSLATE

About the service

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's 'Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers' and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

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 59 people living in the home.

What people told us

Residents we spoke with told us:

- "Everything is fine. Staff are great. I was helped to settle in. They keep a check on me. I get lots of choices."

- "They keep an eye on me."

- "It's nice here, I am ok."

Additional comments recorded in Care Standards Questionnaires (CSQs) included:

- "The care and support is very good. The environment is very good."

Short Observational Framework for Inspection (SOFI 2) observations were undertaken in communal rooms on both floors over a period of two hours.

We observed the interactions between staff and residents and saw that the majority of conversations were neutral and directive in nature. We did also see some examples of good interaction that demonstrated appropriate use of touch, eye contact and friendly conversation. However, there was also less appropriate interactions that resulted in staff not responding appropriately to residents. Specific examples were shared with the manager so that staff communication skills could be enhanced.

Relatives we spoke with told us:

- "It's ok, staff are very helpful. They are always lively and happy. This helps."

- "The staff are the reason why my relative has settled in so well. Nothing causes me any concern."

- "Activities have gone down, there are no trips out. Staff are great. The manager and deputy are very accessible. Residents' meetings were cancelled without warning which was disappointing."

- "The new staff are great. They are getting to know my relative. Staff try to keep my relative happy. I could say if I had any concerns and they do listen. The manager's door is always open. The staff nurses are excellent."

Additional comments recorded in CSQs included:

- "Not many options to get out and about. Not many options to have snacks and drinks outwith the trolley coming around. New staff or bank staff do not know my relative's preferences. It can sometimes be difficult to find staff to help. There have been instances where my relative has been embarrassed by staff talking about them."

- "Constantly short staffed by day and night. Residents are frequently left in the hobby room with no carers present. Carers spend very little quality time with residents. Issues resolved are never resolved. Manual handling training needs to be improved."

- "I have no complaints about my relative's care. The carers and staff are very caring and nice."

Self assessment

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self assessment process.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We found the performance of the service for this theme to be adequate. We reached this conclusion after we observed interactions between staff and residents and looked at a number of care records. We also spoke with people who used the service and viewed feedback from relatives.

People had some opportunities to make decisions and express choices, wishes and preferences. However, people's choices were not always taken into account. Inconsistencies in practice included:

- People being moved without any explanation.

- Staff communicating with residents whilst walking away for them.

- One person had their mouth cleansed without any prewarning or discussion.

People were, in the main being, supported to maintain their health and wellbeing. Care records showed a system of assessment, planning and evaluation. We saw some examples of an individualised approach with some clear guidance for staff. However, we identified areas for improvement. Examples included:

- Inconsistency in the completion of anticipatory care plans.

- Deficits in level of detail in people's life stories, especially future wishes.

- Protocols for 'as required' medication varied in detail. There was a lack of information about what may cause someone to become distressed and also what may alleviate the symptoms prior to needing the use of medication.

- Adult without Capacity (Section 47) documentation was not always in their files. Treatment plans were not always available.

- There was a lack of consistency in how people's oral care was being maintained.

- Documentation did not demonstrate an enabling approach that would promote people's level of independence.

- Daily entries were often repetitive and provided little information about how people's wellbeing was being maintained.

The requirement issued at the last inspection and recommendation made as a result of a complaint investigation remains in place **(see requirement 1 and recommendation 1)**.

Records viewed confirmed that there had been consultation with other health and social care professionals.

Most medications were seen to be managed in line with good practice guidance.

Staff interaction with residents was seen to be warm, friendly and mostly supportive. In discussion they were able to demonstrate an understanding of individual people's needs.

People had some opportunities to take part in social activities. However, the activity programme needed further development to be more meaningful by taking account of people's specific interests, hobbies and past life experiences. Staff needed to be encouraged to see social activity and engagement as part of people's daily routines and not simply a planned, organised event. There was also a clear need to ensure people were able to access the wider community. The potential lack of stimulation was a concern shared with us by residents and relatives **(see recommendation 2)**.

People's privacy and dignity was sometimes compromised. Examples were:

- Staff duty room doors were open often with no staff in them. This gave open access to information.

- Discussions about residents' care in communal areas.

Presentation of information needed to be reviewed. For example:

- The menu did not take account of people's visual or cognitive impairment.

- The menu boards in dining rooms did not always have the daily meal written on it.

People were protected from harm through staff guidance, training and awareness of local authority adult support and protection (ASP) procedures. Staff spoken with described what would be considered to be abusive and what actions they would take if concerned about anyone.

Requirements

Number of requirements: 1

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.

Revised timescale: 30 November 2016.

Recommendations

Number of recommendations: 2

1. It is recommended that the provider should develop an audit system to address the standard and quality of written and verbal communication in the home and to help drive forward improvement where areas of deficit have been identified.

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

2. It is recommended that a review of the current activity provision is undertaken to ensure residents have opportunities to participate in community life and meaningful activities that reflect their individual preferences.

National Care Standards, Care Homes for Older People - Standard 12: Lifestyle - Social, Cultural and Religious Belief or Faith.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found the performance of the service for this theme to be good. We reached this conclusion after we viewed a number of health and safety records and walked around the home.

People were able use both personal and communal areas. These included bedrooms with en suite facilities, showers/bathrooms, lounges, dining room, and hobby and cinema rooms. The secure garden had been landscaped and seating areas had been provided.

Residents told us that they felt their own space was kept clean and tidy and that they had been encouraged to bring in possessions to personalise their rooms.

People lived in an environment that was maintained and a review of a number of health and safety records showed a system of service maintenance and technical checks.

We discussed the importance of taking account of good practice, specifically around dementia friendly environments, that would benefit all residents with cognitive/visual impairments. This included the use of appropriate signage, provision of appropriate lighting, a review of how information is presented, and types of wall and floor colours/textures.

The recommendation made at the last inspection remains in place **(see recommendation 1)**.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. 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.

Grade: 4 - good

Quality of staffing

Findings from the inspection

We found the performance of the service for this theme to be good. We reached this conclusion after we viewed four staff personnel files and training records.

People were being looked after by a familiar staff team. Recruitment of staff had continued to be a focus area that had resulted in the reduction of agency staff being used. A review of staff files showed good practice guidance had been followed. Consideration should be given to seeking a third written reference when only minimal details had been provided from previous employers.

Staff had the good skills and knowledge to meet residents' needs. A planned programme of training that supported good outcomes for people was in place. Dementia awareness training provided was linked into the dementia Promoting Excellence framework.

We spoke about Scottish Social Services Council (SSSC) registration and spoke of ways to further develop the staff's personal portfolios and continuous personal development record.

Staff supervision was formal with an identified supervisor. A schedule had been developed with all staff having had at least one session since April 2016.

Continued focus was needed to develop the staff team through observation of practice. We talked about the benefits of promoting a reflective approach to learning and development. This was particularly important for clinical practice and consistency in care being provided.

Staff told us that they felt supported. They confirmed that they felt able to express any concerns and was able to make suggestions about how the service could be developed. Training was made available and systems, such as supervision and team meetings, provided them with opportunities to develop their skills and knowledge.

One staff member commented on a returned staff CSQ:

- "This is a very good home which makes it a good place to work."

We discussed the various best practice initiatives, including accessing websites such as the Care Inspectorate's The Hub, Social Services Knowledge Scotland, the Step into Leadership pathway, and 'Living-well through activity in care homes: The tool kit by the College of Occupational Therapists'. We asked the senior staff to share these good practice guides with the team.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

At this inspection we found the performance of the service for this theme to be adequate. We reached this conclusion after we spoke with residents, relatives and staff. We also looked at quality assurance records and took into account findings of all other themes.

Quality assurance was tested through the completion of a number of audits and surveys. These were used to assess the service being provided. Examples included care records, wound care, accidents and incidents, medication, and environmental audits. However, in order to show effective evaluation of the service being provided, these needed to be further developed because they did not consistently show outcomes experienced by people. For example:

- Identified actions did not always have a timescale identified and were therefore not measurable.

- Actions with timescales were not demonstrated as being achieved. This resulted in a lack of evidence of progression.

- Inconsistencies in practice had not been identified through quality assurance processes, such as observation of practice and reflective learning.

- On the days we visited there was a clear lack of direction for staff that resulted in some people not having their care needs met in a timely manner.

- Close observation of two residents could not be robustly demonstrated because staff were unclear who was responsible for it.

- There were periods of time where staff were seen to be standing in communal areas discussing "who was doing what".

- There was confusion over how residents' monies were being managed. This was due to at least two systems being used.

A service development plan would help to identify areas of development required. This would help prioritise resources and focus on the outcomes experienced by people.

As a result of the above findings, the recommendation made at the last inspection remains in place **(see recommendation 1)**.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. 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.

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 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.

Action taken on previous requirement

Please see the main body of this report for more information.

Not met

Requirement 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.

Action taken on previous requirement

A review of the staff skills, experience and knowledge had been undertaken.

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.

Met - outwith timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 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.

Action taken on previous recommendation

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.

As a result of these findings, this recommendation has been achieved.

Recommendation 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.

Action taken on previous recommendation

On walking around the home we saw that there had been additional signage put in place to assist people to orientate themselves around the building. However, the manager confirmed that this remained a 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.

Recommendation 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.

Action taken on previous recommendation

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.

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. We spoke about how this could be further developed and this will remain a focus of future inspection visits.

As a result of these findings, this recommendation has been achieved.

Recommendation 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.

Action taken on previous recommendation

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

- 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.

Recommendation 5

The provider should develop an audit system to address the standard and quality of written and verbal communication in the home and to help drive forward improvement where areas of deficit have been identified.

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

This recommendation was made on 26 April 2016.

Action taken on previous recommendation

Please see the main body of this report for more information.

Complaints

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

At this time a recommendation was issued and this remains in place. Please see the main body of this report for more information.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
27 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
31 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
10 Mar 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

Date	Type	Gradings	
4 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
3 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
3 Oct 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 4 - Good
15 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
5 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
13 Jan 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate

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