

## Dean House Care Home Service

74 Beansburn  
Kilmarnock  
KA3 1RN

Telephone: 01563 536590

Type of inspection: Unannounced  
Inspection completed on: 5 December 2017

**Service provided by:**  
Williamina Welsh & Elaine Wallis, a  
Partnership

**Service provider number:**  
SP2003000149

**Care service number:**  
CS2003000778

## About the service

The Care Inspectorate regulates care services in Scotland. This service was registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

Dean House is registered to provide care to a maximum of 15 older people with physical and/or mental health impairments. The service is owned and managed as a family business by its present owners.

Dean House is a large, detached villa style building with a single storey extension and gardens to the rear. The upper floor of the main building is accessible by stair lift. The service is located in a residential area of Kilmarnock and is well placed for easy access to the local town centre with shops and amenities. There are very good transport links with a bus stop at the front entrance to the building on the main bus route to Kilmarnock.

## What people told us

We sent out questionnaires to be distributed by the service to residents and their relatives and also spoke to residents and relatives during the inspection. All questionnaires returned had very positive responses. There were also positive comments made by the residents and relatives we spoke with about all aspects of the service. There were no negative comments made about the service. Comments included, 'I am very happy with the care, I only have to raise my hand and staff are there to ask me what I need' and 'I have no complaints, staff are lovely and look after me'. A resident told us how safe she felt and another resident told us she enjoyed time in her room and was made comfortable and that staff were very attentive.

## Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We did take account of the service improvement plan which was focused on the environment. We spoke about how any future service development plan should be based on the service own assessment of the areas where improvements were required, such as nutritional care, and how these improvements would be achieved.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	not assessed
Quality of management and leadership	not assessed

## What the service does well

We saw people's human rights were promoted when offered choice in their daily routines and how their care needs were met. Staff demonstrated the principles of the Health and Social Care Standards (HSCS) in their practice and spoke with people in a kind and caring manner demonstrating respect and compassion. It was clear from our observations that staff knew residents very well and knew what was important to them in their lives. Residents appeared content, relaxed and comfortable.

Residents told us that they were safe and well cared for. One resident told us what a positive difference moving into the care home had made to her life. This resident told us, 'I can now walk better and I like to do wee jobs like folding towels and setting my table and I'm not frightened anymore going to bed'.

People were given the opportunity, in different ways, to express their views on the overall quality of the service and influence improvements. This included a residents 'wish tree' and a recent cheese and wine evening, used to encourage feedback from relatives.

There were assessments of individuals' care needs and preferences. This information had been used to compile adequate care plans. There was also an informative 'This is me at a glance' document which provided good direction to staff regarding individuals' preferred routines and care needs and how these should be met. An additional pictorial profile had recently been added to included information about personal histories, families, interests and food preferences.

The previous recommendation about the quality of daily records providing a summary of an individual's day and presentation had been met.

Since the last inspection, the provider had introduced a more person centred approach, managing individuals' medication by storing and administering medication from individuals own rooms. This ensured that medication was managed in accordance with individuals' own routines and not the routines of the care home.

Residents had access to a range of health professionals. This was confirmed in the records we saw.

During the inspection, we saw some residents enjoying short pamper sessions and a music and movement session. The service promoted the Care About Physical Activity initiative (CAPA) and one resident and their relative told us how successful this had been in making positive improvements to the resident's overall wellbeing and mobility. Staff were aware of the importance of maintaining connections with family, friends and the local community.

The service held accurate records of money held on behalf of people living in the care home.

The home was clean and free from odours.

There was a main lounge area, a dining room and two smaller sitting areas. The majority of people living in the care home chose to sit in the main lounge. Although this could make this room look congested at times, it was considered the 'hub of the house' where people enjoyed watching TV and chatting.

The majority of rooms were single, some of which had en suite facilities. There was only one shared room. This had no en suite facilities. Bedrooms were homely, cosy and personalised with individuals' own belongings.

The recommendation made regarding an environment improvement plan had been met. The provider had made a number of improvements to the environment since the last inspection, which included repainting some areas, installing a wet room on the first floor and replacing flooring in several areas of the home.

## What the service could do better

Records showed that some individuals had lost weight over a period of time. We could not evidence that appropriate interventions had been taken timeously to address this issue. Some weight loss was significant and had an impact on outcomes for individuals. We also observed a meal service and saw that there was insufficient

staff available to provide the level of support required by some Individuals with higher care needs (requirement 1).

The service did not have appropriate weighing equipment to meet the needs of those who required their nutritional care to be closely monitored. However, the provider agreed to purchase this equipment immediately.

Some individuals' care needs and frailty had increased over time. There were a number of residents who now required the support of two members of staff to meet their care needs. We saw staff working very hard and trying to respond as quickly as they could to individuals' requests for support. However, there were times during the day when there were only two members of staff on duty which made it difficult to respond as quickly as they would want. We raised this with the providers who immediately increased staffing levels. However, they were concerned that they would be unable to sustain this increase in the long term.

The provider did not formally assess the level of residents' dependency to assist in informing staffing levels. The provider should use a dependency assessment tool at frequent intervals to assist in informing staffing levels (recommendation 1).

Although there had been some improvement in how often care plans and assessments had been updated, there was still further improvements needed in this area. We found there were still instances where they did not reflect the current needs and presentation of service users. Therefore, the previous recommendation was repeated. (recommendation 2).

The previous recommendation relating to evidence of a choice of activity based on individuals' preferences and interests had not been met (recommendation 3).

Some progress had been made to ensure that staff met the learning outcomes outlined in the dementia training linked to the Promoting Excellence Framework at Skilled level. This recommendation is continued until all care staff have completed this training (recommendation 4).

We acknowledge the work carried out by the provider to upgrade the environment and realise that this is an ongoing and longer term project to continue with improvements such as completing the replacement of flooring where needed, and replacing worn and tired furniture and seating.

We had to ask the provider to remove a piece of furniture being stored in a resident's room which belonged to someone else.

Access to the upper floor of the building was by stair lifts and tracking hoist. This placed some limitations on who could be accommodated on the first floor and limited individuals' freedom of movement without staff support.

There were some rooms where radiators were cold or were not radiating much warmth. There were portable heaters in some bedrooms. The provider should get radiators serviced and replaced where needed and seek advice from the Scottish Fire and Rescue Service on the suitability and safe use of portable heaters in this care setting (recommendation 5).

The provider was unable to offer residents the choice of a bath as only showering facilities were available. The provider should consider installing a bath which is suitable for the resident group (recommendation 6).

The provider should use the environmental audit tool 'Is Your Care Home Dementia Friendly (The Kings Fund)' to offer direction on how the environment could be more dementia friendly.

The recommendations regarding the need to increase the domestic and catering staff hours had been met.

## Requirements

### Number of requirements: 1

1. In order to meet individuals' nutritional needs and improve outcomes, the provider should ensure:

- nutritional risk assessments based on current best practice are completed and frequently reviewed
- care plans reflect the action and interventions required, including the frequency of recording weights, maintaining food and fluid diaries, evaluating these records, evidence of food fortification and encouraging snacks.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: by 31 December 2017.

## Recommendations

### Number of recommendations: 6

1. The provider should use a dependency assessment tool at frequent intervals to inform staffing levels.

National Care Standards for care homes for older people - Standard 6: Support arrangements.

2. The provider should ensure that care plans and risk assessments such as MUST, waterlow, falls and mobility are updated on a regular basis to reflect the current needs and presentation of service users.

National Care Standards for care homes for older people - Standard 6: Support arrangements.

3. Records should be improved to evidence individuals have a choice of stimulating activities based on individuals' preferences and interests and this includes the opportunity for outings and access to community resources.

National Care Standards for care homes for older people - Standard 6: Support arrangements.

4. The providers should continue with the programme of dementia training based on the Promoting Excellence Framework to at least Skilled level.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

5. The provider should ensure that:

- radiators throughout the building are in working order

- that advice is sought from the Scottish Fire and Rescue Service on the suitability and safe use of portable heaters in this care setting.

National Care Standards for care homes for older people - Standard 4: Management and staffing arrangements.

6. The provider should consider installing a bath which is suitable for the resident group.

National Care Standards for care homes for older people - Standard 4: Management and staffing arrangements.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings	
15 Feb 2017	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Jun 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
14 May 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
22 May 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
10 Dec 2012	Unannounced	Care and support	5 - Very good
		Environment	4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
3 Nov 2010	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
12 Aug 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
22 Oct 2009	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	6 - Excellent
		Management and leadership	Not assessed
20 Apr 2009	Announced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent
12 Nov 2008	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
19 May 2008		Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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