

Netherha' House Care Home Service

Netherha' Road
Buckpool
Buckie
AB56 1EP

Telephone: 01542 831055

Type of inspection:

Unannounced

Completed on:

20 March 2019

Service provided by:

Parklands Limited

Service provider number:

SP2003001893

Service no:

CS2003008822

About the service

Netherha' House care home is purpose-built and is situated in the coastal village of Buckie, Moray. The provider is the Parklands group. The service registered with the Care Inspectorate in April 2011. It is registered to provide care for up to 33 people.

The two-storey home is purpose-built. There are ten bedrooms with en-suite facilities. People have access to bathrooms, showers and toilets on both floors.

The lounge and dining room are furnished and decorated to a very good standard. The conservatory offers people views over the gardens. Access to the gardens is through the day care centre.

A section of the service's mission statement is:

'Our guiding belief is one of respect in all that we do. Working together as part of a team, we will provide individual personalised care, promoting independence and choice in a relaxed and friendly atmosphere.'

What people told us

We spoke with five people who used the service during the inspection. Comments from these discussions were very positive. People told us that they were happy living in Netherha' and that they were well looked after by the staff. One person stated that she enjoyed chatting with the staff and they always made time to make sure she was ok.

We received positive comments about the quality of the food and people confirmed that there was always a choice on the menu.

We spoke privately with three relatives. Comments from these discussions were very positive. Relatives/carers told us that they thought the care provided to their family member was of a very high standard. They told us that they were always made to feel welcome when they visited the home. One relative/carer told us that their family member's health and wellbeing had improved a lot since they had come to live in the home. People we spoke with confirmed that the communication between them and the home was very good and that they were always kept informed of any changes to their family member's health.

Other comments from people who used the service and their relatives/carers are included in the body of this report.

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?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed

How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We found that for this key question there were some important strengths, with some areas for improvement.

People who used the service told us that the staff were kind and caring towards them. In the observations we carried out during the inspection we could see that staff interacted positively with people. There was lots of laughing and staff made time to sit and chat with people. It was obvious that the staff knew people and their needs very well. Relatives/carers told us:- 'I can't speak highly enough of the staff. They are friendly and pleasant towards both me and my family member. We are always offered a cup of tea and staff always make a point of having a chat with us when we visit.'

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and out.

The service had been working hard to make improvements to the programme of activities. There was evidence to support that activities were age appropriate and planned around people's interests. Each person had a risk enablement plan which identified any risks and control measures needed in relation to the activities they wished to take part in. These plans were reviewed and updated monthly. People were encouraged to attend activities outwith the home. There were many photographs of people enjoying trips out, celebrations and various entertainment.

People who use the service should be able to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

We were told by people who use the service and their relatives/carers that the meals were very good and that there was always a choice. The dining room was set out nicely. Each table had place settings, flowers and condiments on.

Where people need help with eating and drinking, this should be carried out in a dignified way and their personal preferences respected.

We carried out an observation at lunch time and although generally we found that the whole experience was relaxed and homely, we did find that there were some people who would have benefitted from a staff member sitting at their table, to give encouragement and support to them and to ensure their nutrition needs were adequately met. We did see different members of staff sitting for a few minutes to help people. However, they would get up and go off to do something else and the people they were supporting either stopped eating, or fell asleep. This was discussed at the inspection feedback and the manager and provider took our findings on board and agreed to look at how outcomes for these people could be improved. **(See area for improvement 1)**

People who used the service had access to their own GP's and where necessary, had input from other health professionals such as dieticians, physiotherapists and dentists.

We looked at the medication system and found that although generally this was of a satisfactory standard, there were some areas where improvements were needed, to ensure that people continued to receive their medication in a safe and effective way. **(See area for improvement 2)**

Areas for improvement

1. The provider and manager should look at how they can better support people with their nutrition and hydration needs at meal times. Where people need encouragement, prompting or support, staff should be able to provide this in a person centred way. This will ensure that people enjoy their meal time experience and their nutrition and hydration needs continue to be met.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

2. a) Where people received 'as required' medications there should be a system in place to evaluate medication at each administration. This will ensure that people's medication remains effective.

b) The manager should ensure that where people require an 'as required' medication protocol to be put in place that these are completed correctly. This will ensure that staff have the appropriate guidance they need to assess when and how often to give the medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

We found that for this key question there were important strengths with some areas for improvement.

People's care plans should be right for them because they set out how their needs will be met, as well as their wishes and choices.

We looked at a sample of four care plans. We could see that people had health assessments developed for all aspects of their health needs. These included nutrition, continence, tissue viability and mobility. These were reviewed and updated on a regular basis.

People's care plans had been developed taking into account these health assessments. There was some guidance for staff on how to manage any risks and the levels of care to be provided to meet people's needs.

Information in the four care plans we looked at was of a varied standard. Some contained some nice person centred information in relation to people's health and wellbeing needs and some were very limited in detail. Information about people's preferences and wishes in relation to personal care were missing in some of the care plans. In two of the care plans we looked at there was very limited information as to whether the person preferred a bath or a shower, what toiletries they liked to use, or any levels of support required. We, therefore, felt that staff would have difficulty providing the appropriate level of care to people who were living with dementia, or had communication difficulties.

In relation to tissue viability, the health assessments were very good. However, where a person had been assessed as high risk of developing a pressure ulcer, the information in their care plan, in relation to the prevention and management of any skin breakdown was sometimes limited. We would suggest that there should be information in these care plans in relation to any pressure relieving equipment required, creams to be applied, frequency of positional changes, current condition of the person's skin and links to any associated care records. This would help ensure that people's care and support needs continued to be met. **(See area for improvement 1)**

People who use the service should be fully involved in developing and reviewing their personal plan, which should always be available to them.

We could see that people's care plans were being evaluated and reviewed on a regular basis. People who used the service and their relatives/carers were involved in this process and confirmed that they felt listened to. We could see that where there were changes to people's care, their care plans had been updated to reflect these changes. This would ensure that people's needs as agreed in their care plan are fully met and their wishes and choices continue to be respected.

Areas for improvement

1. People who use the service should have a care plan in place that covers all aspects of their health and wellbeing needs. These should be developed using an outcome focussed approach and contain person centred details in relation to people's preferences and wishes and levels of support required from staff.

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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