

# Howard House Nursing & Residential Home Care Home Service

13 Howard Street  
Kilmarnock  
KA1 2BP

Telephone: 01563 532499

**Type of inspection:**  
Unannounced

**Completed on:**  
11 November 2020

**Service provided by:**  
Gate Healthcare Limited

**Service provider number:**  
SP2003001705

**Service no:**  
CS2003010268

## About the service

Howard House is registered to provide care for 41 older people, including four places for adults. The provider is Gate Healthcare Ltd.

Howard House is a three story building located in Kilmarnock close to the town centre. Accommodation includes 34 standard single rooms and six larger bedrooms. Most had en suite toilet and shower facilities, but some only had toilet and wash basin. Each floor has bathing facilities. However, the top floor bathroom was not accessible and upgrades were also planned to the remaining two bathrooms. The ground floor has a large lounge with views to the street and an open plan lounge/dining area.

Some bedrooms on the ground floor have patio doors with access to the outdoors and the spacious conservatory has access to a small, pleasant courtyard garden.

The home states they want "to provide a quality service in a homely and caring environment where residents can enjoy the best quality of life".

A change of company ownership took place earlier in the year. A refurbishment plan was in progress which aims to upgrade the layout and facilities.

The service employs nurses, but also uses district nurses when necessary.

At the time of the inspection there were 28 people living in the service.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate and an inspector from Healthcare Improvement Scotland.

## What people told us

We spoke with three residents during the inspection and one relative by telephone. They were satisfied with the service and felt the care received was good. They felt informed and had no concerns. They praised staff and felt they were doing a great job in difficult circumstances of the pandemic.

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

#### 7.1 - People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Our focus in this inspection was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We found some strengths and these outweighed the weaknesses to ensure people's physical and mental wellbeing was supported.

People's health needs were assessed and staff reviewed this regularly to help keep people safe and well. Visits by health and social care professionals were happening by phone and some were face to face. Some visits were still to be re-established. For example, hospital visit may have been postponed visits and dentists visits had not yet resumed.

People were checked for temperature rises in order to monitor for symptoms of COVID-19 and we saw weekly sample testing of staff and residents was in place. The home had experienced an outbreak and staff were well aware of the signs and symptoms to look for.

The staff team phoned people's families regularly and some information had been sent by letter. A newsletter was sent out in May and it would be beneficial for this to be repeated to bring people up to date and explain new visiting protocols.

Care plans had some level of detail about people's preferences to guide staff on how best to provide individual care and support. This wasn't easy to see as the paperwork was in transition and work to complete this was in progress. There wasn't enough information about support for staying in touch, hand washing or any difficulties with social distancing. Plans and practice needed more focus to guide staff and ensure people were supported appropriately. Visits by relatives had been suspended during the recent outbreak. This meant people needed even more support to feel connected. (See area for improvement 1)

The activities on offer to people had reduced as a result of COVID-19, but staff tried hard to do some activities both individually and in small groups. This helped people to have a meaningful day. However, we could not be sure there was enough support for people to move, exercise and go outside. (See area for improvement 2)

Staff supported people who needed help to eat and drink. We saw drinks and snacks were available to people in communal areas and within their own rooms throughout our visit. This helped ensure people's nutrition and hydration needs were met.

Medication practices were checked regularly using audits. We noted the medication was administered from trolleys stored tightly together in a small room. This increased the foot fall throughout the home. An alternative was available as large medication cabinets were fitted in bedrooms. We asked the manager to re-consider using these where possible.

We found anticipatory care plans were inconsistent and could not be confident they had been discussed with the right people. This is important to record people's wishes in the event of a sudden deterioration in their health. (See area for improvement 3)

## 7.2 - Infection control practices support a safe environment for both people experiencing care and staff

Our focus in this inspection was to establish if the setting was safe and well maintained in relation to COVID-19. We found strengths in this area of inspection.

We observed positive practice and compliance of staff wearing Personal Protective Equipment (PPE). Posters were on display to remind staff of the correct procedure for putting it on and taking it off.

Staff helped to keep people safe by using good hand hygiene practices and this was audited to check practice.

The environment was clean and mostly clutter free. However, some equipment needed to be relocated to prevent cross contamination. For example, PPE stations in the corridors and equipment on open shelving moved away from sinks and toilets. This helps keep people safe. (See area for improvement 4)

Cleaning schedules were in place and monitored. However, there were various types of cleaning products in use due to recent changes. This needed to be made clearer for staff so they can be used consistently and safely. The use of mops in toilet/bathroom areas was clarified during the inspection and this needs to be reinforced with staff so they clean areas appropriately. (See area for improvement 5)

Staff completed appropriate training and practices were checked. We found staff were knowledgeable and guidance was being followed.

Overall, the premises is an older building and as such there were issues which the provider recognised needed upgrading to provide better standards for the future. A refurbishment plan using a risk based approach was under development and this should refer to 'Building Better Care Homes for Adults' guidance.

## 7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care

Our focus in this inspection was to establish if the staff team was sufficient with the right knowledge and skills to support people in relation to COVID-19. The strengths had a positive impact on people's experiences and outcomes. However, there had been recent challenges during the outbreak and staffing was yet to settle fully.

We found a consistent and caring staff team who were well known to people. This meant there were positive and trusting relationships. We saw people were mostly responded to quickly and there was a calm atmosphere.

We saw staff were working as two teams. This meant people benefit from smaller groups which can support better outcomes as people experience stronger attachments and continuity of care. However, changes meant staff could be moved from one team to another. The manager was working to solve this.

Staff spoke positively about the support of management and felt they were provided with enough information and had experience to care for people in the event of any further cases of COVID-19. We saw training had been provided. However, keeping staff vigilant could be developed further with more peer driven audits to maintain and develop good practice. This would assist in assessment of the effectiveness of training. (See area for improvement 6)

Staff were aware of the procedures and guidance for keeping people safe, including social distancing. They felt well supported by each other and their manager.

Management were confident there were enough staff to meet the needs of the people living there, and this included a contingency plan should any staff not be able to work. However, this could be checked and evaluated in more detail. For example, to highlight more clearly the need for extra time to be spend on activity support and other aspects which need support specific to the pandemic. (See area for improvement 7)

## Areas for improvement

1. The service provider should review care plans and specific support provided to ensure people are safe with aspects relating to the pandemic. There should be reference to support if needed for hand washing, social distancing and keeping in touch/visiting.

This is to ensure care and support is consistent with 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)

2. The service provider should support all individuals with activities which benefit their well-being. In particular this should include support to move, change position and go outside if able.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

3. The service provider should ensure decisions about care and in particular anticipatory care plans have been discussed and agreed with the right people. This helps ensure people's rights and preferences are respected.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

4. The service provider should re-organise PPE stations so equipment can be accessed more easily and kept protected from cross infection. Items stored inappropriately such as on open shelving with risk of splash contamination should be re-located and ground floor dirty utility facilities improved to include a hand wash sink.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

5. The service provider should ensure the use of cleaning products and equipment for cleaning is made clearer to staff so this is carried out safely and consistently.

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

6. The service provider should consider how best practice guidance and training specifically around infection control and coronavirus is delivered and recorded.

This should include competency assessments and quality assurance checks to support the service manager to review and evaluate staff knowledge and understanding and how this relates to their practice.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

7. The service provider should routinely complete, review and evaluate all areas highlighted within the homes quality assurance procedures.

With particular attention to:

- dependency levels and staff rotas,
- Infection control procedures and
- risk assessments, including visitors to the home and staff routine checks.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

## 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

Supplementary charts should be reflective of planned care evidencing the additional measures in place to support responsive and effective healthcare.

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 are safe and effective'. (HSCS 1.24)

**This area for improvement was made on 5 August 2019.**

#### Action taken since then

Progress on monitoring records such as supplementary charts had been affected by the change of ownership of provider and the challenges of a COVID-19 outbreak within the home. This meant new paperwork was being introduced and current records were not always being kept up to date as they should be. The manager was aware of this and attention was drawn to those relating to food and fluids. This is an area for further improvement and will be checked at the next inspection.

This area for improvement is: not met.

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate



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