

Hector House (Glasgow) Ltd Care Home Service

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Unannounced

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Service provided by:
Hector House (Glasgow) Ltd

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Service no:
CS2008173617

About the service

Hector House is a care home service registered to provide care for 16 older people. This large converted semi-detached Victorian villa is located in the south side of Glasgow. It is close to a railway station, bus stops and a range of local facilities including shops and places to eat.

The accommodation is on three levels which can be accessed by stairs or a stair lift. Residents occupy the ground and first floor. There is a staff office and a bedroom that can be used by family for overnight stay should they require to be close to their loved one at end of life. All bedrooms are equipped with a sink and toilet.

There is a living room with large screen television, a separate dining room and a small snug area with a television. To the back of the home, there is a grassed and paved area with seating and a range of potted greenery and plants.

As its aims and objectives, the service states: 'We aim to meet all of your assessed needs in relation to accommodation, meals, activities, support and residential care. The service that you will receive shall be flexible and designed to meet your needs specified in your care plan. We shall employ and ensure at all times sufficient, qualified and suitably trained and experienced staff are available to deliver the service'.

At the time of the inspection, there were 16 people living at the service. All the bedrooms were single occupancy.

What people told us

During the inspection we spoke with five residents. Comments about the service and the staff were very positive and included:

"I like this place far better than the other place I stayed at"

"I like the gardens, I can go for a smoke"

"I like this place and the girls are very good to us".

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 setting?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	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**

People's health and welfare needs were being met to a good standard at this inspection. We spoke to people living in the home and staff. We looked at care plans, health care and risk assessments.

Staff supported residents in an individual way by listening and providing the support they needed. We saw some warm and respectful interactions between staff and residents. Staff acknowledged and included residents in friendly conversations. We felt residents were treated with compassion.

Appropriate measures were in place to maintain social distancing and residents were supported to keep in touch with their family and friends in line with the 'Open for Care' Guidance. We observed a number of relative visits taking place during the day. Visitors were able to take a Covid-19 test in their own home or were supported to take one before entering the home.

Staff engaged with people involved in meaningful activities in a one to one and group basis. Staff were knowledgeable of what people liked to do, their hobbies and interests. We spoke with the manager regarding the updated guidance about providing greater opportunities to engage in activities in the wider community. The manager told us of plans to formalise the activities programme to ensure people could experience more structured individualised meaningful activities quality time.

We observed mealtime experiences for residents at different times of the day. Residents were not rushed in the morning so breakfast was at their pace. People told us the food was good. The cook had good knowledge of people's needs and preferences and choices were offered. Food served was appetising and staff were attentive to people's needs. This meant that individuals enjoyed a pleasant dining experience.

We found the people's support plans were generally person centred and gave good information on how to support people with their daily needs and wishes. Health and wellbeing assessments and daily notes were completed to a good standard. This ensured any changes to people's health and wellbeing was actioned and monitored for improvement.

Covid-19 support plans including anticipatory care plans were detailed and gave good information on how to support individuals socially and at end of life during the pandemic. We could see that people experiencing care and their relatives were actively involved in developing and reviewing their support plans. This meant that people were involved in all decisions about their care and support.

How good is our setting?**2 - Weak**

The service performance was weak in this key question. We inspected the environment, looked at maintenance logs, fire records and spoke with people experiencing care and staff.

People could move around the home and had a choice of lounges and dining areas; upper floor bedrooms were accessed by two stair lifts. Some redecoration of bedrooms had taken place and they were personalised. People enjoyed sitting in the garden and told us that they regarded the service as their home or flat.

The standard of cleanliness throughout the home was good, fresh and free from odours. We found the general environment including soft furnishings, occasional tables, flooring and decoration tired and would benefit from refurbishment and renewal. Some flooring in corridors and bedrooms presented as possible trip hazards. There were outstanding issues from the previous fire risk assessment

regarding properly enclosing and securing electrical cables and automatic door closure systems. Not all bedroom and lounge doors were fitted with automatic door closures. Work to resolve these issues had commenced by the conclusion of the inspection.

The call system was limited with no scope to add any further alert systems to the call points for example pressure mats. This reduced the equipment that could be used to support falls management strategies.

There was no environmental improvement plan. This meant that that refurbishment work was not prioritised, planned or scheduled. To ensure that people experience a high quality environment the provider must develop an environmental improvement plan. (See requirement 1.)

Requirements

1.
By the 28 September 2021 you must develop an environmental improvement plan. To do this you must:

- a) Involve people who experience the service their relatives and interested stakeholders in the development, progress and outcomes of any planned environmental improvements.
- b) Include the outcome of all relevant internal and external audits including fire and health and safety audits.
- c) Identify actions to be taken, by whom and timescales for the completion of any actions.
- d) Measure the progress and quality of the outcomes of actions taken to improve the environment.

This is in order to comply with: Regulation 10.(2)(a),(b), (c), (d) Fitness of premises.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I experience a high quality environment if the organisation provides the premises' (HSCS 5.1) and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS4.7).

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

4 - Good

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

The local health protection team had been in contact with the home and had undertaken Infection Prevention and Control Assurance visits. The care home manager had developed an action plan to address the issues identified. There were no outstanding areas for action regarding Infection prevention and control.

The standard of cleanliness in the home was good and PPE was readily available and used appropriately. Staff practice around hand hygiene and "donning and doffing" PPE was regularly observed and assessed. All staff had been trained in infection prevention and control and had their training refreshed. This meant people could be confident that appropriate measures were in place to reduce the transmission of infection.

The domestic member of staff was knowledgeable in the correct use and storage of cleaning materials. The provider had robust quality assurance procedures to ensure expected standards of practice were maintained.

Enhanced cleaning schedules were in place and staff were aware of infection prevention and control practice. This ensured that frequently touched surfaces such as doors, toilet handles, bed tables, and bed rails were cleaned appropriately to minimise the risk of cross infection.

Laundry procedures were well managed with the space that was available. Staff were aware of cleaning guidance in respect of appropriate temperatures for infected or soiled linen.

There were no outstanding issues following Infection Control assurance visits undertaken by the Health and social care partnership.

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

Staffing arrangements had been maintained throughout the pandemic and were regularly reviewed by management to ensure there were sufficient staff to meet people's needs. The manager was able to maintain staffing numbers without the use of agency staff. This meant that people experiencing care were being supported by staff that they knew.

All staff had completed infection, prevention and control training and the correct use of PPE. Staff told us that they have recently had their training refreshed to ensure their practice was up to date. We saw that staff practice was regularly observed and discussed at supervision and daily handover meetings.

We sampled recruitment files and found that relevant checks were in place for staff starting employment. The manager followed best practice guidance 'Safer Recruitment through Better Recruitment' when recruiting staff. This ensured that people were receiving care by appropriately recruited staff.

Staff were aware of, and participated in, local Covid-19 testing arrangements. They were clear about when they should not be coming to work and if they needed to self-isolate. This ensured that their colleagues and people experiencing care were kept safe. Staff told us that the manager was accessible and supported them during stressful situations.

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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How good is our care and support during the COVID-19 pandemic?	4 - Good
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	4 - Good

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