

Hamewith Lodge Care Home Service

1 Marchburn Drive
Aberdeen
AB16 7NL

Telephone: 01224 692 600

Type of inspection:
Unannounced

Completed on:
1 October 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300711

About the service

Hamewith Lodge is owned and managed by HC-One Limited. Hamewith Lodge provides a care home service for up to 60 people. As part of the registration the home may accommodate up to 18 younger adults.

The service occupies a purpose-built building on two floors in a residential area on the northern edge of Aberdeen. The service is close to local amenities and transport links. The accommodation consists of a variety of communal sitting rooms and dining areas. The home is divided into six smaller units. The home has well maintained landscaped grounds.

This service has been registered with the Care Inspectorate since 31 October 2011.

What people told us

During the course of our inspection, we spoke with relatives over the telephone to gain their views about the service.

The people who stayed at Hamewith Lodge and their families and representatives we spoke with told us they were in general, happy with the quality of the service and the support they received at the home. Some people had difficulty using verbal communication to give their views therefore we spent time observing how they interacted with staff. We observed kind and caring interactions and the residents appeared confident in their interactions around the home. People in general appeared contented. However, most people were resigned to the fact that they needed to wait for staff to attend to their needs.

Comments we received included:

"The staff are good and I have no concerns to report."

"I have had no difficulties visiting my friend."

"My only comment is that I would like there to be more to do for my mother."

"The staff are great."

"I have only been in a few times but I am happy with the care [my relative] receives."

"When I get up, depends on what staff on. I like to get washed early but today I am still waiting (1040hrs)."

"I am waiting for A (activities coordinator), then my day can start."

"Sometimes there are new faces (staff)."

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?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated the service as adequate at supporting people's wellbeing, there were some strengths but these just outweigh weaknesses.

During the inspection we observed warm and caring interactions between staff and people using the service. We noted that most of these interactions were done in the passing, staff were unhurried and took the time to check people were comfortable.

Relatives spoke kindly of the staff. People kept in contact with their families by phone or using technology. The service had yet to fully implement the updated visiting guidance. This meant that visiting had been restrictive, with families only being able to visit the service through a booking system.

People's wishes and choices were constrained at times, depending on the staffing arrangements in place. People were resigned to having to wait for staff to attend to their needs or to address concerns that effected their care. This included having to wait until the correct staff were present before lunch could be served. People were also having to wait until late morning before being assisted to get up out of bed and a vital repair for a wheelchair had not been revisited. This meant that people's abilities, choices and wishes were being restricted. See 7.3: Staffing arrangements are responsive to the changing needs of people experiencing care.

Staff did not fully explore the opportunities for people to remain as independent as possible and to ensure that people's dignity was fully respected. This was the case where appropriate toileting and bathing equipment was not readily available for a specific person. This resulted in the person being unable to shower or being unable to use the toilet and therefore become dependent on continence aids.

Finding your way around the home could be challenging for some people. Some areas within the units were well signposted, for example the toilets while others such as the dining rooms and lounges were not. Several clocks were broken or at the wrong time and one person had a calendar in their room from 2020. One of the lounges that exited on to the garden and smoking area, used by staff and people within the home was used as a corridor. This meant people could not use this area for its intended purpose. Staff need to be mindful that some people require assistance to remain oriented to their surroundings.

People spoke highly of the activities and events planned. Many people really enjoyed taking part in these events. One person said that their day starts when the activities coordinators arrive. However, at times these staff have to undertake other roles which restricts the activities on offer, such as driving the minibus to hospital appointments for collecting items from other homes. These were missed opportunities for people who may wish to accompany them. There was not a specific activities program in place for the younger people who stay in the home. As a result, most spend their time outside smoking. We spoke to both the activities team and the management team about how their social needs could be met. (see requirement 1)

Care and support plans contained some important and relevant information, however there was information that was out of date and not reflective of people's current needs. This meant that the most up to date information regarding how to provide appropriate care and support was not available to inform and direct staff. As a consequence there was an increased risk that people's care and support may be compromised as information was not readily available. Improvements need to be made with regard to support plans, which should include people's individual preferences, choices and promoting dignity and respect. (see area for improvement 1)

When we sampled people's health records in relation to wound management and pressure prevention, we found that they were not appropriately maintained and lacked clear notes of any actions taken. In some cases, the treatment prescribed varied from that advised by the tissue viability. There was a concern around the stock management of dressings and the overall quality assurance around identifying those people at risk of developing pressure ulcers. (see requirement 2)

The medication stocks and records were found to have some significant inaccuracies. The recorded quantity did not always match what was in stock. Recording must be improved to ensure that people are being supported to take their medication safely and they are not being placed at risk of experiencing poor health outcomes. (see area for improvement 2)

Requirements

1. By 19 November 2021 you must ensure the proper provision for all service users to get the most out of life. In order to do this the provider must ensure that:

- a) Undertake an assessment of service users social needs
- b) Implement a meaningful activities specific to service users likes and wishes
- c) Support joint working with external partners to facilitate social interactions
- d) Ensure any appropriate equipment used to support enablement is fully functioning
- e) Implement the Open with Care guidance in relation to activities and outings away from the care home

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) and

"My care and support meets my needs and is right for me" (HSCS 1.19) and

"I am empowered and enabled to be as independent and as in control of my life as I want to be and can be" (HSCS 2.2) and

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a)

2. By 19 November 2021 you must ensure that proper provision for the health, welfare and safety of people using the service. In order to do this the provider must ensure that:

- a) ensure that the assessment and treatment of wounds is in accordance with other healthcare professional's advice
- b) ensure that clinical decisions are fully recorded in the wound treatment plan
- c) ensure that other healthcare professionals are consulted when needs change and changes to the treatment plan are under consideration

This is in order to ensure that 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

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a)

Areas for improvement

1. In order for service users to experience care and support which is consistent, safe, and meets needs, the provider must ensure personal plans are written in a personalised, outcome focused manner.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"My personal 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. In order to improve the provision for the health, welfare and safety of residents, the management team should ensure that effective medication management systems are in place and being adhered to by all staff involved in the administration of medications.

This is in order to ensure that care and support is consistent with the 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 practice and follow their professional and organisational codes" (HSCS 3.14) and

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19)

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

3 - Adequate

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

In order to minimise the risks, it is important to make sure there is strict application of infection control procedures. The performance of the service in relation to infection control practices to support a safe environment, particularly during Covid-19, was adequate.

The service had made considerable improvements in the way good practice was being followed in the laundry. The correct temperatures were being used to ensure laundry was appropriately disinfected and there was a clear system in place to keep clean linen separate from dirty linen. As a result, the risk of contamination was reduced.

The service had enhanced their cleaning processes in line with current best practice. However some areas remained cluttered and untidy, such as the treatment room, dressing cupboards and the staff room. This made these areas difficult to clean properly and therefore there was an increased risk of spreading infection.

Staff were becoming complacent when undertaking some of the processes and practices to ensure infection control principles were fully maintained. For example, staff were not undertaking hand hygiene as carefully as they should. Personal protective equipment (PPE) was not always disposed of in the correct waste bin

and staff were not recording when equipment, such as hoists and commodes were last cleaned. As a result, there was an increased risk of possible cross infection. (see requirement 1)

There was a lack of monitoring and role modelling surrounding infection prevention and control practices. The service had a wide ranging quality assurance process in place in relation to infection prevention and control, which included a resident of the day checklist. This was used as a prompt for staff regarding the cleaning and maintenance within people's bedrooms. However, these processes were not being used effectively to ensure that environmental concerns and practices were identified and addressed to reduce the risk of harm to people.

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

Staffing arrangements, in relation to the changing needs of people experiencing care, were adequate. Where there were some strengths, it is important the provider builds on these strengths, to increase the likelihood of people having positive experiences and outcomes.

The service were actively recruiting for staff, in the meantime agency staff were being used in an effort to provide greater consistency for people. Although for the majority of time there were sufficient numbers of staff, due to some staff being unfamiliar with peoples support needs and wishes, this had resulted in people experiences being compromised. We acknowledged the widespread difficulties in recruiting staff in the care sector, however the management team need to review how staff are deployed within the home. This should include giving more consideration to new and agency staff working closely with permanent staff. People's wishes and choices should also be prioritised over the routine tasks or roles. As a consequence people may not feel that their only option is to wait for staff to attend the their needs.

The management team were aiming to increase the number of staff with specialised training in infection prevention and control, the IPC leads. This would mean that staff were supported to improve and maintain good practice.

The organisation's quality assurance processes had failed to identify or promptly address concerns in relation to people's quality of life and their experiences. A senior management team were working closely with the manager to support improvements. This included developing an action plan that identified priorities and supported a shared vision as to how issues are effectively identified and concerns are addressed promptly. This would contribute to there being a focus on sustaining improvement for people using the service. (see requirement 2)

Requirements

1. By 19 November 2021 you must ensure that infection protection procedures are followed, and practice is sustained in line with Health Protection Scotland COVID-19 Information and Guidance for Care Home Settings. In order to do this the provider must ensure that:

- a) A full Infection Prevention and Control audit is undertaken and address any practice concerns promptly
- b) All staff are aware of and have ready access to current national infection prevention and control guidance and COVID-19 Information and Guidance for Care Homes.
- c) All areas of the home are visibly clean, free from non-essential items and equipment to help make cleaning effective, well maintained and in a good state of repair and routinely cleaned in accordance with the specified cleaning schedules
- d) Staff practices are monitored and staff assessed as being competent.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and
 "I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life" (HSCS 2.24) and
 "My environment is safe and secure." (HSCS 5.17)and

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d)

2. By 19 November 2021 you must ensure that the quality assurance systems and processes in relation to Infection prevention and control and care practices must be further enhanced, ensuring senior management clearly identify areas for improvement and action is taken prompt to address indications of poor care provision and to ensure improvements are sustained. In order to do this the provider must ensure that:

- a) Ensure that there appropriate clinical leadership on a daily basis.
- b) Senior management to have an oversight of the quality assurance processes and systems including monitoring of staff understanding and practice, medication, care planning, wound management and infection prevention and control.
- c) Address training and development needs of staff

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d) and Regulation 15

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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