

# Henderson House Care Home Service

2 Links Road  
Dalgety Bay  
KY11 9GW

Telephone: 01383 821 234

**Type of inspection:**  
Unannounced

**Completed on:**  
12 August 2021

**Service provided by:**  
Henderson Care Home Limited

**Service provider number:**  
SP2020013474

**Service no:**  
CS2020378971

## About the service

Henderson House care home is situated in a residential area of Dalgety Bay.

The care home provides accommodation for older people, offering long-term nursing care. Respite care may be provided when there are vacancies arising. It is registered to accommodate a maximum of 60 older people. There is a specialist unit for people with dementia.

The accommodation provides single occupancy bedrooms, all with en-suite facilities. Service users' accommodation is located on the ground and upper floors, which are served by a passenger lift.

There are six lounges in total, consisting of a large lounge with a dining area, which has facilities for the making of simple snacks and a further two smaller lounges on each floor. The kitchen, laundry and staff facilities are located on the lower ground floor.

A secure garden is located at the rear of the property and is accessed from the lower ground floor.

This inspection was carried out by an inspector from the Care Inspectorate.

## What people told us

- I am bored
- Not enough going on, you need to keep active

## What the service has done to meet any requirements we made at or since the last inspection

## Requirements

### Requirement 1

This arose as a result of an upheld complaint:

The provider must ensure person centred support plans are in place which clearly guide and direct staff practice to deliver the care and support to meet the assessed need. The support plan should also reflect guidance and assessment from main carers/families and other professionals as appropriate.

In order to achieve this by the 30 July 2021 the provider must ensure that:

- all trained staff are aware of the admission policy to direct their practice when admitting a new user to the service and should be able to demonstrate their understanding of the policy through practice
- the admission process should be auditable
- there is clear evidence to show that main carers/families and other professionals have been consulted about the assessed needs of the person and support plans are person centred to direct staff practice to meet the assessed need
- there is clear managerial oversight of the admission process

- where there are identified gaps in practice these are supported with an action plan and followed up to ensure practise is improved.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account".

This is in order to comply with:

Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 7 July 2021.**

#### Action taken on previous requirement

The manager is in the process of putting together a proforma file which will be used as template for staff practice for new admissions to the service. This includes checklist's care home information and support plan formats. It was reported due to ongoing staff absence, the delayed start to management support, staff training about the provider's admission policy and procedure has not been delivered.

Following discussion with the provider it was agreed to extend the timescale for completion to 5 October 2021

**Not met**

## Requirement 2

This arose as a result of an upheld complaint:

The provider must ensure residents, relatives and main carers receive information which is updated, accurate and reflective of the care delivered.

The provider by the 30 July 2021 must ensure :

- all staff are aware of the lines of communication used within the service
- all staff can use the lines of communication effectively to share information between staff teams, main carers, families and other professional as appropriate
- there is auditable managerial oversight to identified gaps in practise with action taken to improve practise

This is to ensure care and support is consistent with Health and Social Care Standard 3.11: "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support".

This is in order to comply with:

Regulation 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 7 July 2021.**

#### Action taken on previous requirement

Examination of current support plans, communication shared between teams, daily charts and records used by staff showed that not all available information is used to update relevant support plans and information is not always shared appropriately between staff teams.

For example there had been a change in how one persons care should be delivered, whilst this was entered on the handover sheet and daily logs the support plan had not been updated to reflect these changes. This suggests these changes were seen as a priority by trained staff to be followed up and acted on.

This can mean the reference point used by staff to share information with main carers is not reflective of the actual care and support delivered and wrong information may be shared with other professionals, family members and other staff teams.

Following discussion with the provider it was agreed to extend the timescale for completion to 5 October 2021

**Not met**

## Requirement 3

This arose as a result of an upheld complaint:

In order to for residents to maintain a good diet and fluid intake the service should ensure:

- staff understand the purpose of food and fluid charts and can complete these with accuracy
- food and fluid charts are evaluated daily and information used to influence support plans and ongoing staff practise
- there is ongoing evidence of managerial oversight which identifies gaps in practise and that appropriate action is put in place.

To be completed by: 30 July 2021

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: "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".

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland  
(Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 7 July 2021.**

### Action taken on previous requirement

Food and fluid charts examined, whilst showing an improvement and there was a daily evaluation of the actual intake. These charts did not show the optimum fluids expected intake for the individual person. This can mean individuals do not drink sufficient fluids to keep fully hydrated. There was not sufficient evidence to confirm the daily evaluations were used to inform and influence support plans and direct staff practise. Following discussion with the provider it was agreed to extend the timescale for completion to 5 October 2021

**Not met**

## 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

The manager should ensure there is clear instruction for staff regarding all aspects of people's end of life care. This should include details of when and in what circumstances their designated next of kin wished to be contacted should the need arise.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

**This area for improvement was made on 7 July 2021.**

#### Action taken since then

We did not assess this at this inspection. This will be followed up at the next inspection visit.

#### Previous area for improvement 2

This arose as a result of an upheld complaint:

In order to improve the experience for prospective residents and their families, the service should introduce an information pack about the care home. This should be seen as an interim and temporary measure to bridge the gap until the new brochure is completed and available for release.

This is to ensure care and support is consistent with Health and Social Care Standard 3.11: "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support".

**This area for improvement was made on 7 July 2021.**

#### Action taken since then

This area of improved practise had been made. An information pack is now available for prospective residents and their carers to examine whilst making a choice about where they would like to live.

#### Previous area for improvement 3

This arose as a result of an upheld complaint:

The service should ensure all residents, relatives and carers have access to the provider's complaints policy and are enabled to raised concerns appropriately.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: "I know how, and can be helped, to make a complaint or raise a concern about my care and support".

**This area for improvement was made on 7 July 2021.**

## Action taken since then

This area of improvement has been taken forward. A copy of the providers policy is available at the entrance of the care home. The manager also plans to share the complaint policy as part of the next care home update to relatives.

## Previous area for improvement 4

People should feel safe and be kept free from harm as much as is practicably possible at all times. In order to do this the manager should ensure the recently developed audit tools are implemented, evaluated and effective.

This is to ensure the setting is consistent with the Health and Social Care Standards which state that; 'My environment is safe and secure' – (HCSC 5.17).

**This area for improvement was made on 13 July 2021.**

## Action taken since then

We did not assess this at this inspection. This will be followed up at the next inspection visit.

## 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).

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