

Henderson House Care Home Service

2 Links Road
Dalgety Bay
KY11 9GW

Telephone: 01383 821 234

Type of inspection:
Unannounced

Completed on:
18 October 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.

The service states its values are:

'To fulfil our vision and mission, we are guided by our core values of integrity, trust, kindness, dignity, compassion, and respect.

- We actively listen and respond to the people we support.
- We support people to achieve their aspirations.
- We seek out, appreciate, and encourage the potential in everyone.
- We strive to be honest, transparent, fair, and ethical in everything we do.
- We learn when things go wrong.
- We encourage staff to have a work life balance.
- We celebrate success and try to make life enjoyable for all.'

This inspection was carried out by three inspectors from the Care Inspectorate.

What people told us

People's views were not formally gathered during our visits to Henderson House care home. Over the course of our visits we spent time observing people's experiences of care and support.

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?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

Our focus in this inspection was to establish if people's health and wellbeing benefited from their care and support throughout the Covid-19 pandemic. We have made four visits to the service during this inspection process and this report should be read in conjunction with the reports dated 13 July and 12 August 2021. On conclusion of this inspection process we awarded an evaluation of 'weak' in this area of inspection.

Our main findings can be found in the 'What the service has done to meet any requirements made at or since the last inspection' and the 'What the service has done to meet any areas for improvement we made at or since the last inspection' sections of this report. The service had met each requirement imposed during the inspection process. However, although we found some improvements had been made with our support, we cannot be fully confident these improvements will be maintained and standards improved. We have therefore made a requirement (1) regarding quality assurance.

Requirements

1. By 31 December 2021: In order for improvements to be sustained, the provider must evidence that regular audits result in consistent good standards of care and support for people living in the home.

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is safe and secure" (HSCS 5.17). And "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organizational codes" (HSCS 3.14).

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

Requirements

Requirement 1

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

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

This requirement was made as a result of an upheld complaint investigation. It was made because we would have expected to see evidence of the described admission process. We did not find this evidence.

During this inspection we found admission protocols and checklists had been developed and staff had been given guidance on how to use these. This requirement was met.

Met - within timescales

Requirement 2

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 practice with action taken to improve practice

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

This requirement was made as a result of an upheld complaint investigation. It was made because examination of support plans, communication shared between teams, daily charts and records used by staff showed that not all available information was used to update relevant support plans and information was not always shared appropriately between staff teams.

On the first day of the inspection we found that some assessments tools, for example wound charts, were not being completed appropriately or transcribed into the care plans to inform staff practice. By the time the inspection was concluded, staff had received coaching sessions on how to fully complete assessment tools. We saw that the completed tools were being used to evaluate people's needs and relevant information was being shared with others, for example relatives and other professionals.

This requirement was met but we have made a requirement (1) about quality assurance processes to ensure the improvements made are being monitored and maintained.

Met - within timescales**Requirement 3**

In order 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 December 2021.

Action taken on previous requirement

This requirement was made as a result of an upheld complaint investigation. It was made because the charts did not show the optimum fluids intake expected 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 practice.

On the first day of inspection, we found improvements were still needed to ensure daily evaluations could be used to inform and influence support plans and direct staff practice. By the time the inspection was concluded, staff had received a coaching session on how to fully complete the recording charts. The charts we examined contained enough information to inform staff of how best to meet the person's needs.

This requirement was met but we have made a requirement (1) about quality assurance processes to ensure the improvements made are being monitored and maintained.

Met - within timescales

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

Although the service had introduced anticipatory care plans, they only contained information about people's choice of environment should they become unwell; for example, if they would prefer to stay in the home or go to hospital. They did not provide information about people's preferences on how they wished to be cared for or important information such as when their next of kin wished to be contacted. We discussed this with management who stated it would be addressed. We will monitor progress at the next inspection.

Previous area for improvement 2

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 7 July 2021.

Action taken since then

It was apparent from our findings on the first day of inspection that the audit systems in place were not effective. Due to staff absence and shortages, the manager would have benefitted from further support from the organisation. This would afford her time to concentrate on quality assurance duties and improve standards. Senior management had recognised this and were putting measures in place to address this. We will monitor progress at the next inspection.

This area for improvement was not met and we have made a requirement (1) regarding quality assurance.

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?	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

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