

# Henderson House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 August 2022

**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 offers long-term nursing and respite care to a maximum of 60 older people. The accommodation provides single occupancy bedrooms, all with en-suite facilities. The home has a large garden area and accommodation is provided over two floors which are served by a passenger lift. There are communal and dining areas on each floor. The kitchen, laundry and staff facilities are located on the lower ground floor.

## About the inspection

This was an unannounced inspection which took place on 02 August 2022 between 10:30 and 19:00. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- followed up on action taken to meet the outstanding requirement
- spoke with twelve people using the service individually and three of their families
- spoke with twelve staff and management
- observed practice and daily life
- observed the environment
- reviewed documents

**Key messages**

- Staff were courteous, friendly, and interactions between staff and residents were warm and caring.
- The management needed to make improvements to medication administration and recording systems.
- The environment was relaxed, clean and with no evidence of intrusive noise or smells.
- The management needed to make improvements to activity care plans to ensure people were being offered activities and social interaction meaningful to them.
- The provider needed to ensure all internal and external areas of the home are of good standard.

**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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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 this key question as adequate. We identified some strengths but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

We spoke with twelve people using the service and three of their relatives; they were happy with the care received. One relative told us "her medical care is great and the G.P. is superb. She has also seen the dentist, optician and the chiropodist comes in every week. She is always clean and well-dressed".

People should be able to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. People had been consulted with during the recent menu planning. We observed a lunchtime service and the food looked good, appetising and well presented. Some meals did sit for a while before being served but could be re-heated in the microwave in the dining area if need be. People told us they got plenty to eat and drink throughout the day.

Examination of medication administration records (MARs) identified medications were always available, however, we found several missing entries on the charts and no reasons given for these omissions. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored. (See requirement 1).

People were able to stay connected to their loved ones through open visiting.

Having regular access to meaningful activities is important for keeping well and having a sense of wellbeing. The management team had recruited a second activity coordinator as only having one meant that there were limited opportunities. People living in the home told us they often got bored and relatives said they wished there was more for their loved ones to do. We concluded that the activities programme needed further development to ensure activities were appropriate for meeting the current needs of people including people living with dementia. Records associated with activities needed further developed to reflect what outcomes had been achieved through participation. (See area for improvement 1).

Systems were in place to safeguard people's finances. However people could not access their own money any time they wanted to (during office hours only). This limited people's opportunities to maintain their independence. (See area for improvement 2).

Staff carrying out housekeeping and cleaning adopted and implemented the Care Home Infection Prevention and Control Manual (CHIPCM). This meant practical and efficient steps were being taken to reduce the risk of cross contamination within the home.

People were safe and protected as there were systems and resources in place to support the safe management of infection prevention and control. Staff adhered to current Covid-19 information and guidance. We observed staff using personal protective equipment (PPE) appropriately and practicing good infection prevention and control. Staff had been trained and were knowledgeable about Covid-19 and infection prevention and control. Clinical waste bins in the car park were not locked and this meant clinical waste could be accessed. This put people's health and safety at risk. We were satisfied that this issue would be addressed.

## Requirements

1. By 25 September the provider must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the provider must:

a) ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

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 is safe and effective.' (HSCS 1.24)

## Areas for improvement

1. In order to improve people's physical and mental wellbeing, the service provider should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home.

This is to ensure care and support is consistent with the 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).

2. In order to promote people's independence and well being, the service provider should ensure systems are in place to enable people to access their money at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

## How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate. We identified some strengths but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

Relatives and people living in the home were highly complimentary about both the manager and staff group in general. People told us they had seen many improvements in the recent months and felt more involved. One relative said "I feel like the home is being lifted up".

Management had a good overview of the service including accidents and incidents, complaints, and people's health care needs including nutrition and wound care. The organisation had an internal quality team which also carried out regular audits, highlighted areas for improvement and developed an action plan for the service to address. However, at the previous inspection we made a requirement regarding the need for effective quality assurance systems to maintain consistently good standards of care. Whilst we found the service had made some improvements in their auditing and quality assurance processes, our findings at this

inspection identified areas that still need to be addressed therefore this requirement remains outstanding and the timescale has been extended to 25 September 2022. (See requirement 1).

An improvement plan was in place which was being regularly updated and evidenced the improvements that have taken place in the home. There was also evidence of people living in the home and their families being involved in the decision making of service delivery.

The management team demonstrated a clear understanding about what was working well and what improvements were needed, to ensure that the needs, outcomes and wishes of people living in the service were the main drivers for change.

## Requirements

1. By 25 September 2022 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 organisational codes' (HSCS 3.14).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. We identified some strengths but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

Many of the staff were experienced and confident. They demonstrated knowledge of the people they were caring for and demonstrated a warmth and kindness in their interactions. Families reported that they felt the staff genuinely cared for their loved ones, 'they are always kind.' Staff and families reported that communication could be improved within the home with them feeling they were not always fully informed of a person's changing needs. This meant that people's care may not always be met fully. (See area for improvement 1).

Staff had access to a range of training both online and on site. Management had a good overview of the training needs of the team. This could be further enhanced with staff receiving regular supervision and appraisals. This would enable the provider to build on the existing skill set of the staff team, developing their strengths and knowledge. People's care needs could be better met because of this. (See area for improvement 2). Staff told us they felt supported and listened to by management. The organisation was holding a regional award ceremony to recognise and celebrate staff's achievements.

The home was fully staffed on the day of inspection and the provider was actively recruiting with new staff being identified. A dependency tool was in place to inform staffing levels, but staff reported that they still felt understaffed at times. Staff reported they had limited time to provide any individualised activities for people and this was observed during the inspection. This meant that people's personalised needs were not

being met, resulting in poorer outcomes for people. An area for improvement has been made under key question 1 in relation to this.

### Areas for improvement

1. Communication systems should be improved across the care home. Staff should be provided with timely, daily updates regarding any person's changing care needs to ensure they have the appropriate knowledge to inform their care delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

2. Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

### How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. We identified some strengths but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

The home was clean and fresh. However, there was not enough signage to help people find their way around without help. This hindered people's independence; especially people living with dementia and cognitive impairment. (See area for improvement 1).

The home benefitted from a large enclosed garden area and although some upgrading had taken place, many improvements were required to make it a pleasant and safe area to be in. For example:

- there was an exposed electric box on the outside of the shed
- the garden furniture was covered in bird excrement
- the shed was unlocked and contained tools which could cause harm, and the window coverings were broken
- the enclosed seating area was dirty, unkempt, and the furniture was rusty
- some paving slabs were uneven which created a falls hazard.

Staff told us that people were not at risk as they didn't often use the garden. We were told that the garden upgrade was included in the development plan, however in the meantime opportunities were being missed to promote people's activity and independence. (See area for improvement 2).

A refurbishment plan was in place and the upper floor had benefitted from new decor, furnishings and flooring. The lower floor required the same attention and the home would benefit from upgrading the deeply scuffed door surrounds and skirting boards. Management told us they had found it extremely difficult to source tradesmen however a painter and decorator had recently been employed. They were hopeful the refurbishment would be completed timeously.

Corridors and circulation areas were clear of hazards and a record of accidents and incidents was maintained. These measures helped to ensure people were safe and comfortable living in the care home. Examination of records, observation and discussion with staff and people who use the service verified that routine maintenance and repairs were carried out promptly. PAT (portable appliance testing) had been carried out to ensure small electrical appliances were safe to use.

## Areas for improvement

1.  
In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11).

2. In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should make appropriate changes to the garden area.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I can use an appropriate mix of private and communal areas. Including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1).

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate. We identified some strengths but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

To make sure that people receive the right care and support they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people. Although, we saw some examples of personalised care planning, this was not consistent. Some care plans were difficult to navigate and identify the necessary information to support staff in providing the appropriate care for the individual. Some risk assessments and care plans were not being reviewed or evaluated as regularly as they should be. We could not be confident that people's care needs were always being met. (See area for improvement 1).



Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. The home had consent forms in place should there be any restrictions of movement placed on them, such as bedrails or movement alarms in their room. However, some of these were not signed by either the person receiving care or an advocate on their behalf. We discussed this with the management who gave their assurance this would be addressed.

### Areas for improvement

1. Care plans should continue to be developed to ensure that they are person-centred and reflect people's wishes and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states 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).

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

### Requirements

#### Requirement 1

By 18 February 2022: 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 organisational codes' (HSCS 3.14).

**This requirement was made on 2 February 2022.**

#### Action taken on previous requirement

At the previous inspection we made a requirement regarding ensuring regular auditing was carried out to maintain consistently good standards of care. Whilst we found the service had made some improvements in their auditing and quality assurance processes, our findings at this inspection identified areas that still need to be addressed therefore this requirement remains outstanding and timescales extended to 25 September 2022.

**Not met**

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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