

Hamewith Lodge Care Home Service

1 Marchburn Drive
Aberdeen
AB16 7NL

Telephone: 01224 692 600

Type of inspection:
Unannounced

Completed on:
17 November 2022

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.

About the inspection

This was a follow up inspection to assess the progress the service was making since the last inspection on 11 August 2022. An unannounced inspection took place on 3 October 2022 between 08:00 and 11:30 with a further unannounced visit on 5 October 2022 between 12:00 and 15:30. A subsequent unannounced visit took place on 15 November 2022 between 9:00 and 14:00. One inspector carried out the inspection.

To prepare for this 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:

- spoke with eight people using the service
- contacted and spoke to two relatives or guardians of people who stay at Hamewith Lodge
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were welcoming, warm and working hard to try and meet people's needs.
- The service have met all requirements and two of the three areas for improvements made at the last inspection.
- There was increased oversight meaning people's needs were being addressed promptly or managed effectively.
- The quality assurance process was being used more effectively to identify aspects of the service which required improvement.
- The care planning systems could be further developed to ensure people's changing needs are clearly reflected.

How well do we support people's wellbeing?

Four requirements were made since the previous inspection. The service had put an action plan in place to manage the improvements needed. The service met all these requirements. These were in relation to people's nutritional and hydration needs, the quality assurance systems and processes, recruitment processes and care and support planning. **(See 'What the service has done to meet any requirements we made at or since the last inspection'.)**

Three areas for improvement were made since the previous inspection. The service has met two of them. The other, in relation to staff development and support will be restated. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and area for improvement 1.)**

During our visit on 3 October 2022, there was a lack of safe compassionate care in relation to people who were having to isolate but also where their healthcare needs had changed. Staff had failed to identify or respond promptly and appropriately to the changing needs of those they supported. Tools such as food and fluid charts, repositioning charts, welfare checking and monitoring systems for people who were not independently mobile, were not always being updated. There was a lack of oversight and assurance that essential care was provided to people. As a result of the concerns identified we issued the service with a letter of serious concern, detailing a key area where we required to see urgent improvements by Wednesday 5 October 2022. **(See 'What the service has done to meet any requirements we made at or since the last inspection'.)** We returned to the service on 5 October 2022 and noted that significant improvements had been made, however, further work should be undertaken to ensure safe compassionate care becomes embedded into culture and practices are sustained.

Areas for improvement

1. To support staff, the provider should ensure development and regular one-to-one meetings take place, to ensure staff remain competent, skilled and are supported to undertake their role.

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

'I have confidence in people because they are trained, competent and skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

Requirements

Requirement 1

By 12 noon on 5 October 2022 the provider must ensure that people who are in isolation receive safe and compassionate care that meets their needs. This must include robust clinical oversight and care that identifies and responds to any deterioration or significant change in their condition. Where necessary, people's food and fluid intake is monitored.

This is in order to comply with Regulation 4(1)(a) and Regulation 4(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 3 October 2022.

Action taken on previous requirement

During our visit on 3 October 2022, there was a lack of safe compassionate care in relation to people who were having to isolate but also where their healthcare needs had changed. Staff had failed to identify or respond promptly and appropriately to the changing needs of those they supported. Tools such as food and fluid charts, repositioning charts, welfare checking and monitoring systems for people who were not independently mobile, were not always being updated. There was a lack of oversight and assurance that essential care was provided to people. As a result of the concerns identified we issued the service with a letter of serious concern, detailing a key area where we required to see urgent improvements by Wednesday 5 October 2022. We returned to the service on 5 October 2022 and noted that significant improvements had been made.

This requirement was met, however, further work should be undertaken to ensure safe compassionate care becomes embedded into culture and practices are sustained.

Met - within timescales

Requirement 2

The provider must make proper provision for the health, welfare and safety of service users. In particular the provider must:

- i) Ensure the risk of undernutrition is undertaken in accordance with the Care Plan and in accordance with people's needs.
- ii) Ensure the risk of dehydration and the measures required to prevent this are fully recorded in the Care Plan.
- iii) Ensure the Care Plan fully sets out people's nutritional and hydration needs and how these needs are to be met.
- iv) Ensure supplementary records are accurately and fully completed and are subject to adequate oversight.
- v) Ensure accidents and incidents are adequately recorded and any injuries sustained by a service user are subject to adequate investigation.

To be completed by: 30 June 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

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)

An extension to this timescale has been agreed to 30 September 2022.

This requirement was made on 17 May 2022.

Action taken on previous requirement

On 5 October staff were not monitoring people's food and fluid intake in a manner that supported people's health and wellbeing, particularly those people whose health needs had changed. The documentation in place to monitor people's intake was not being completed appropriately or consistently. Concerns remained about how the service supports people to eat and drink.

By 15 November there was a significant improvement in how people were being supported to eat and drink. Where weight loss was identified, action had been taken to support people with additional high calorific diets and drinks. Staff were aware of who required additional support with nutrition and fluids. Monitoring charts were being appropriately maintained and evaluated. As a result, people were receiving the right care and support for them.

This requirement was met. However, this practice needs to be embedded into culture and practice, to ensure that these improvements are sustained and further expanded upon.

Met - outwith timescales

Requirement 3

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 (HSCS) which states that:

'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.

An extension to this timescale has been agreed on 9 November 2022.

This requirement was made on 11 October 2021.

Action taken on previous requirement

There was improved oversight both by senior management but also in the leadership on the floor. The role of nursing assistant had expanded. The manager was getting better at delegation. The nursing assistants had begun role modelling how to provide good quality care and work alongside staff. Further support was still required to build confidence within this group of staff.

The senior management were highly visible within the home. The quality assurance processes were beginning to be used effectively to identify and address concerns. The management team and staff should start to look at developing the service and improving people's experience of care. The improvements made have been as a result of issues or concerns identified or raised.

This requirement was met. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where the service is in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Met - within timescales

Requirement 4

By 9 November 2022, the provider must ensure all staff have been well recruited. To do this the provider must:

- a) ensure all staff have been recruited safely in line with good practice guidance - Safer Recruitment Through Better Recruitment, this must include a reference from their last employer.
- b) ensure new staff undertake a comprehensive induction program that supports the needs and outcomes of people.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 9 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

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

'I have confidence in people because they are trained, competent and skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and 'I am supported and cared for by people I know so I experience consistency and continuity' (HSCS 4.16).

This requirement was made on 23 August 2022.

Action taken on previous requirement

Staff were recruited in line with best practice. The induction process for new staff was being completed.

This requirement was met. However, the induction process should be reviewed to ensure new staff have formal opportunities to reflect on their practice directly with their mentors. **(See area for improvement 1.)**

Met - within timescales

Requirement 5

By 9 November 2022 the provider must ensure positive outcomes for service users by further developing robust systems to effectively demonstrate that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users. In order to achieve this the provider must:

- a) ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided
- b) ensure that all risk assessments are accurate and updated regularly
- c) ensure that people have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives
- d) ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this
- e) be able to show evidence of regular monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities regarding record keeping, and can demonstrate this through their practice
- f) ensure staff are aware of and have ready access to the Care Inspectorate guide for providers on personal.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) 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:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7); and

'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 3.07).

This requirement was made on 23 August 2022.

Action taken on previous requirement

Progress continued to be made to further develop people's personal plans. These were beginning to be used as working documents alongside the handover sheet, white boards and verbal handover by the staff team to actively direct people's individual support. Care and support plans held some important and relevant information, but there remained some significant gaps within some people's plans. Further development is required to the documentation to ensure this clearly assesses and identifies how to meet all the individual's needs, wishes and choices. This remained a work in progress and was a focus within the service's action plan. These practices need to continue to be developed and embedded into culture and practice, to ensure that the improvements are sustained.

This requirement was met.

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

In order to ensure people have timely access to Other Healthcare Professionals the service should:

- a) ensure health risk assessments are undertaken in accordance with people's needs
- b) ensure changes in people's condition are timeously escalated to appropriate Healthcare Professionals
- c) ensure staff receive additional training in recognising triggers for referrals to Other Healthcare Professionals.

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

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

This area for improvement was made on 23 August 2022.

Action taken since then

This area for improvement was met. Staff were prompt at obtaining advice and guidance from external healthcare professionals, such as GPs, physiotherapists and dietitians. The advice, support and guidance given by these professionals was clearly documented and implemented into the care provided to people. This meant that people were receiving the best care and treatment for them.

Previous area for improvement 2

To support people to get the most out of life, the provider must ensure that:

- a) the meaningful information about people's likes and dislikes is shared with staff in a constructive way

that can support people to get the most out of life
b) implement meaningful activities specific to service users' likes and wishes.

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

'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).

This area for improvement was made on 23 August 2022.

Action taken since then

There were activities organised most days by the activity coordinator and care staff when time allowed. Activities often took place in groups in the lounge area or specific one to one activities, such as nail care. The activities on offer were well attended. Despite this, people continued to spend long periods of inactivity within their bedrooms. The direct care staff, in addition to the activity coordinator, need to take individual responsibility to ensure everyone has meaningful interactions as part of their everyday care and support. Improvements are needed to enhance the quality of people's days to ensure they are meaningful and fulfilling. The management team had identified these issues and had recruited another activity coordinator to begin to address this.

This area for improvement was met. However, focus needs to continue to ensure the improved practice is embedded into culture and that the improvements are sustained.

Previous area for improvement 3

To support staff, the provider should ensure development and regular one-to-one meetings take place, to ensure staff remain competent, skilled and are supported to undertake their role.

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

'I have confidence in people because they are trained, competent and skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 17 May 2022.

Action taken since then

This requirement will be restated. The systems and processes to support staff remained limited. Although some staff support had taken place, the management team need to implement formal systems to support and develop staff. These should include one-to-one meetings to ensure staff remain competent, skilled and are supported to undertake their role.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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