

Havencourt Care Home

Care Home Service

Woodcot Gardens
Forest Road
Stonehaven
AB39 2ZH

Telephone: 01569 767 877

Type of inspection:
Unannounced

Completed on:
13 January 2023

Service provided by:
Havencourt Care Limited

Service provider number:
SP2020013463

Service no:
CS2020378891

About the service

Havencourt Care Home is a care home for older people situated in Stonehaven. It is registered to provide nursing care to a maximum of 42 older people, including one named person under the age of 65. There is also provision for up to four people for respite/short breaks.

Stonehaven is a seaside town in the north east of Scotland, with a range of local amenities that people can access from Havencourt Care Home.

The service provides accommodation over two floors in single bedrooms with ensuite toilets and wash hand basins. There are dining rooms and lounge areas on both floors and there is an enclosed garden area.

About the inspection

This was an unannounced visit which took place on 10 and 11 January 2023. The inspection was carried out by two inspectors from the Care Inspectorate and an inspector volunteer spent time speaking with people and their visitors. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and three of their family/friends/representatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were kind and caring in their interactions with people.
- People's health needs were escalated to other health professionals when required.
- Communication with friends and families was very good.
- The home would benefit from being completely redecorated.
- The service needed to ensure that the premises, furnishings and equipment were safe, clean and fit for purpose.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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 how well the service supported the wellbeing of people experiencing care and support and concluded that the performance of the service in this area was adequate. Where there were some strengths, it is important the provider builds on these strengths, to increase the likelihood of people experiencing positive experiences and outcomes.

There was a range of effective systems in place that monitored and evaluated people's health needs. People benefited from regular access to local health professionals to support their health and wellbeing. Staff had good working relationships with health professionals and sought advice when required. The quality of record keeping had improved since the previous inspection and upheld complaint investigations. Personal plans were in place which were monitored and reviewed regularly. We saw evidence that any potential risks for people were assessed with clear strategies in place to guide staff on how best to minimise risk. This helped to keep people safe. Feedback from people spoken with indicated they felt well cared for and families were confident their loved ones were being well looked after. One family expressed some concerns which the manager agreed to address.

Medication was managed well. There was guidance available for staff on the administration of 'as required' medication. This helped ensure individuals were supported to take the right medication at the right time.

The home had a relaxed and peaceful atmosphere. People were comfortable, whether spending time in the lounge or in their own room. Having regular access to meaningful activities is important for keeping well and having a sense of wellbeing. There was a range of group activities and some individual time spent with people living within the service. Dance classes, trips to the shops and into the town for coffees were amongst some activities people said they really enjoyed. Seasonal events were celebrated, which helped people remain orientated to the pattern of the year and stay connected to the wider world. Feedback from those spoken with confirmed people were happy with the activities on offer and that there was always plenty for them to do which they enjoyed. People spoken with said the recent festive celebrations were really enjoyable.

People were able to stay connected to family and other people who were important to them. This was supported well and helped people keep up with the relationships that mattered the most to them. Visiting was encouraged and a flexible approach was taken to suit people. Feedback from all spoken with was how great it was just to be able to pop in whenever they liked and get out and about again with their loved ones.

Overall, we found the home was generally clean and tidy. Housekeeping and domestic staff had good awareness of the requirement for enhanced cleaning and laundry management. They were aware of the correct detergents to use. We viewed four people's rooms and found them to be fresh and clean. However, in one communal bathroom the bath was particularly unclean. The laundry required to be decluttered and given a thorough deep clean. Staff were not always disposing of their personal protective equipment (PPE) in the appropriate containers. This was not satisfactory and could cause risks to staff, people living in the home and visitors. Personal toiletries had been left behind in a number of communal bathrooms/shower rooms. These should always be returned to people's bedrooms after use. **A requirement 1 is made.**

These findings were discussed with management who agreed action needed to be taken to ensure the overall standards of cleanliness were maintained.

Requirements

1. By 25 January 2023 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- a. ensure that the internal premises, furnishings and equipment are safe, clean and fit for purpose
- b. ensure that processes such as enhanced cleaning schedules and regular quality assurance checks of the cleaning undertaken are in place
- c. ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland
- d. ensure that all personal toiletries are returned to people's bedrooms after use.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

How good is our leadership?

4 - Good

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. We made an overall evaluation of good, as there were a number of important strengths which, taken together, outweigh the areas for improvement.

Relatives and people living in the home were complimentary about both the manager and staff group in general. Comments included: "everyone has been exceptionally kind to me and my parent" and "communication is really good".

The manager had a number of effective systems and audits in place including accidents and incidents, complaints and people's health care needs, including nutrition and wound care.

People living in the home benefited from a happy, well organised staff group. People told us they were supported and encouraged to give their views and raise any concerns. These were welcomed and responded to positively. This showed the service valued people's comments and suggestions.

There was an improvement plan in place which identified ongoing areas for development.

Systems were in place to safeguard people's finances; however, people couldn't get access to their money out of office hours. We spoke with management about the benefits of people being able to access their money at all times, including evenings and weekends. They assured us this would be addressed.

This service was well led. People were supported in a person-centred way that recognised and respected their rights, wishes and needs.

How good is our staff team?

4 - Good

People should be able to have confidence in the staff who support and care for them. We made an overall evaluation of good for this key question. There were several important strengths which, taken together, outweigh the areas for improvement.

People's safety was protected as staff had been recruited following safer recruitment good practice guidance. The recruitment process was well organised and documented to ensure the procedure was followed consistently.

The manager appeared friendly and visible to the staff team. Staff comments such as "it's a great place to work" and "there is a great team ethos here" demonstrated the team work well together and there is a shared learning culture. Training records were overseen by the management team who appear to have a good understanding of the training needs of staff. Staff felt they had a good induction period and knew who to approach should any training needs come up. We felt confident staff had access to appropriate training to support and develop their skills to inform good quality care.

Observations of staff practice was regularly carried out to assess learning and competence. Outcomes from these were discussed through team meetings, individual supervision sessions and planned training to ensure suitable levels of practice were maintained.

Regular supervision was used constructively, and staff valued this because it supported their personal and professional development.

How good is our setting?

3 - Adequate

We assessed this key question as adequate. While these strengths had a positive impact, key areas needed to improve. The focus was on the quality of the facilities.

People benefitted from a comfortable environment with easy access to fresh air, natural light and sufficient space. There was good signage throughout the home to help people find their way around.

People could access the garden/patio area, which we were told was very well used in the better weather.

People told us they were able to personalise their bedrooms with photographs and items from home to help them make their own space. We saw this to be the case as bedrooms were individual to each person.

As referenced under key question one, we found that areas of the home were not as clean as we would expect. The home also looked very tired and would benefit from redecoration throughout. Feedback from people we spoke with indicated that they felt getting the place completely redecorated would make such a difference and would make the home fresher and more welcoming.

How well is our care and support planned?**4 - Good**

People should expect high quality care that is right for them. We made an evaluation that the performance of the service in this area was good. While there were some areas of improvement, there were a number of strengths which had a positive impact on people's experiences and outcomes.

The standard of personal care and the support provided for people to have a meaningful life was assisted by care plans that covered components of people's physical and social care needs. Arrangements were in place for regular monitoring and evaluation of matters that can impact on a person's health or wellbeing. This included skin condition, weight and mobility. This kind of monitoring assisted people to keep good health, as it meant any concern was identified early and was then, usually, easier to address.

We saw people and their family members were included in developing plans and making choices. This meant that people's needs could be met in a way which respected their wishes. We also saw that care reviews were taking place and relatives and other health professionals were involved.

People had palliative and end of life care plans in place. The plans were detailed and reflected people's individual needs and wishes. We saw evidence of family members being involved in gathering information and advocating for their loved one. Good information in these plans enabled staff to respect people's wishes and promote a dignified death.

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 which were signed by the person or their relative, should there be any restrictions of movement placed on them, such as bedrails or movement alarms in their room.

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 provider should improve the support plans and personal records, with specific concentration on:

- a) all records containing the most up to date information
- b) if information is gathered, it should be regularly reviewed and used to develop better outcomes for the person
- c) terminology should be consistent throughout all records

d) recording and use of plans should be person-led.

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

This area for improvement was made on 31 January 2022.

Action taken since then

The manager had carried out record-keeping training with all staff. Overall, we found the standard of record-keeping had improved. Information was seen to be up to date and regular reviews of care plans were being carried out, the content of the plans was seen to be person centred and people spoken with confirmed they had been involved in the development and content of their care plans to ensure they reflected their individual wishes.

This area for improvement has been met.

Previous area for improvement 2

This area for improvement arose as a result of an upheld complaint:

In order to ensure 'as required' medication to alleviate people's stress and distress symptoms is administered in accordance with the prescriber's instructions and only as a last resort, the service should:

- i) ensure that a protocol is in place for each 'as required' medication detailing under which circumstances this should be administered
- ii) ensure that 'as required' medications prescribed to alleviate people's stress and distress symptoms are administered only as a last resort.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me".

This area for improvement was made on 20 April 2022.

Action taken since then

Clear protocols are now in place for all 'as required' medications. Care plans associated with 'as required' medications detail what strategies staff should implement prior to these medications needing to be administered to ensure they are only used as a last resort are now in place. These care plans were seen to be regularly reviewed and updated.

This area for improvement has been met.

Previous area for improvement 3

This area for improvement arose as a result of an upheld complaint:

In order to ensure record keeping is in accordance with best practice, the service should:

i) make improvements to the quality of handwriting in care records.

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 area for improvement was made on 20 April 2022.

Action taken since then

All care records examined were legible, easy to read and understand the information recorded.

This area for improvement has been met.

Previous area for improvement 4

This area for improvement arose as a result of an upheld complaint:

The provider should ensure that information regarding its complaints policy and procedure is readily available. The provider should ensure all complaints and concerns raised are responded to in line with its own policy, with timely feedback being given and any agreed follow-up actions clearly documented.

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 25 April 2022.

Action taken since then

The provider has implemented a comprehensive complaints policy and procedure which is available for people to access. This procedure includes details of how complaints will be dealt with and how feedback will be given to anyone raising any concerns/complaints within the timeframes set.

This area for improvement has been met.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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