

Henderson House. Care Home Service

2 Links Road
Dalgety Bay
Dunfermline
KY11 9GW

Telephone: 01383 821234

Type of inspection: Unannounced
Inspection completed on: 12 May 2017

Service provided by:
Roseguard Properties Limited, a
Member of the Four Seasons Health
Care Group

Service provider number:
SP2007009151

Care service number:
CS2003010328

About the service

Henderson House is situated in a residential area of Dalgety Bay. The care home is a three storey built by Four Seasons Health Care.

The care home provides residential accommodation for older people offering long-term residential nursing care. Respite care may be provided when there are vacancies arising. It is registered to accommodate a maximum of 60 older people on a residential basis. There is a specialist unit for people with dementia. This facility is located on the ground floor.

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.

There is an adequate number of bathrooms, a sufficient number of toilets and ancillary provision to meet the needs of the service users.

The stated aim of Henderson House is to 'respect the rights, dignity, individuality and lifestyle of the service user'.

What people told us

We distributed 30 questionnaires prior to the inspection and received 2 completed questionnaires from relatives. The questionnaires agreed with the statement that overall they are happy with the quality of care and support provided to them. We also spoke informally with 10 residents and 4 relatives.

Comments from returned questionnaires and residents and relatives spoken with included:

"Staffing levels could be improved."

"The staff are always busy."

"I am very happy with everything, no complaints whatsoever."

"I'm happy here, I've settled in well and get along with all the staff."

"My parent is very well cared for, we have no worries as we know the staff make sure she is alright and keep us up to date with everything."

"Everyone is very kind, the staff check up on me and they bother about me."

"The staff are really good, they chat with me and get me a cup of tea whenever I want one."

"Nothing is a bother to anyone."

"The deputy is excellent, she goes out of her way to make sure everything is alright."

"The food could be better."

"Any concerns I've raised have been dealt with, I can't ask for any more than that."

"I wouldn't hesitate recommending this place."

"My room is comfortable, clean and warm. I have nothing to complain about, the deputy checks in on me every day to have a chat and make sure I'm OK."

"The food is good, there's always plenty to eat and you get choices."

Self assessment

We did not request a self assessment this year. We discussed and considered the service's own development plan as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Staff were visible and communal areas were supervised. Staff were seen to be interacting positively with residents and we saw that staff approached residents in a caring, gentle manner. Residents appeared relaxed and comfortable in the company of staff.

Discussion with the deputy manager and review of duty rotas confirmed that staffing levels were directly related to the number and needs of people living in the home.

We saw that staff were being kept up to date in best practice in areas of care of the elderly, for example, dementia care and infection control.

We noted that staff were open and friendly in their manner and approach to residents. We found staff were aware of individual residents' and families' needs. This supported an appropriate and consistent level of care. We found that communication between care staff and the manager was good. Relatives also spoke of being kept up to date on their relatives' health needs and felt confident that they would be informed of any changes in their relatives' care.

We looked at a sample of medication administration records (MAR), nutrition and dietary information, skin care, care files and records of contact with health professionals to judge how the home met residents' general health and care needs. We also observed staff supporting residents at meal times. Staff approached residents in a supportive and considerate way.

Residents had personal plans that had assessments to help staff measure specific risks to their health.

We sampled fluid intake charts, wound care and position change charts and found these to be fully completed and the content evaluated to inform practice. This meant residents' health was being monitored. Residents we spoke with told us they had confidence in the staff and gave us examples of how well they had been cared for when they were unwell. A record of visits and communication with health professionals was maintained. We were told that there were good relationships with health professionals and good support was offered by them.

During our visits we saw that residents were supported to take part in a variety of different activities. Residents confirmed they enjoyed taking part in all the different activities and they really enjoyed the entertainers..

Residents who needed assistance were well dressed and attention had been given to their appearance, for example the ladies' and gentlemen's clothes were colour coordinated. The ladies were wearing their jewellery and walking aides were placed in such a way that they were accessible to individuals who needed them. This showed that staff knew the residents as individuals.

The quality of record keeping was discussed at feedback; all present acknowledged that good record keeping is an integral part of practice, and is essential to the provision of safe and effective care.

We looked at a sample of medication administration records and found there were some missing entries. We also found that topical administration charts did not contain sufficient details to guide staff practice. A requirement 1 is made.

Some of the residents had been assessed as in need of the use of sensor mats, however, we could not evidence discussion and agreement regarding their use. A requirement 2 is made.

Requirements

Number of requirements: 2

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

- administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration
- they maintain accurate, detailed records on how much and where to apply particular topical creams/ ointments.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people,
SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: Within one week of receipt of this report.

2. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;

The use of sensor mats is a form of restraint. Their use must be supported by evidence of discussion and agreement with the service user and/or their representative.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people

Timescale: Within one week of receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We reviewed various records held by the service regarding the maintenance and safety of service systems. We found the system of "in-house" safety checks on things such as water temperatures, fire safety, residential lifting and wheelchairs was taking place appropriately. Care services are required by law to carry out procedures to prevent the development or spread of legionella. We saw that these procedures were also in place and current.

These systems are in place to ensure that there is a safe environment provided within the home. This assurance enables residents and their relatives to enjoy the environment of their home without concerns over safety.

The home had a controlled entry system and a signing in/out book. This ensured that unauthorised people did not enter the home and, for people who were at risk if they left the building unattended, their safety was promoted.

Notice boards were prominently sited in the home and a range of information was displayed to inform residents and visitors of important information. The registration certificate, insurance certificate and staffing schedule were on display in the foyer. Information regarding the Care Inspectorate, the complaints procedure and the participation strategy were also available for everyone to access.

We found the environment was comfortable, clean and fresh and communal areas well arranged and free from obstacles that could make mobility difficult. These measures help ensure people are safe and comfortable living in their home. and communal areas well arranged and free from obstacles that could make mobility difficult. We did note that the sealant around the shower areas needs to be subject to routine cleaning and replacement. A recommendation 1 is made.

Feedback from residents we spoke with indicated they were happy with the standard of cleanliness in the care home and that they felt safe knowing staff would answer their buzzers quickly. A new call alarm system was scheduled to be installed. It is hoped this will be much less intrusive for service users throughout the night. Progress on this will be followed up at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Regular cleaning and, when necessary, replacement of the sealant around the shower areas should be carried out routinely. This should be monitored by senior staff to ensure an improvement in standards is maintained.

Reference: National Care Standards; Care Homes for Older People Standard 4 Your Environment

Grade: 4 - good

Quality of staffing

Findings from the inspection

We received many positive comments from residents and relatives regarding the quality of the staff employed in the care home.

We saw that staff demonstrated a good level of knowledge regarding the care and support needs of residents; they were motivated to provide good standards of care and had a professional and caring approach.

We observed that staff at work during the inspection treated residents in a considerate and respectful way. The staff took time for residents to be as independent as possible, making the most of their skills and not rushing them. Staff used their knowledge and skills to help create a comfortable and pleasant atmosphere for residents.

People told us staff listened to what was said and attended to their needs appropriately. Staff spoken with told us they had a much stronger team now and felt confident in the management team and the support they gave.

There were regular opportunities for staff to share information and give their views. This included supervisions, appraisals and staff meetings. These gave staff and management an opportunity to discuss 'what's working and what can be improved.' The supervision sessions could be expanded to include reflection for individual staff on the impact specific training has had on their practice. This would help prepare staff for the programmes of NMC Revalidation and SSSC Post Registration Training and Learning expected of all registered staff.

Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.

There was a wide number of training courses available to staff in relation to their work. Records were kept of training completed. Staff training needs were discussed and reviewed. Staff told us the training had been very useful and had improved their understanding of a resident's needs and how they could meet them. Residents said staff were really good at their work.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

There is evidence that quality assurance systems support services in improving their practice, which can result in improved outcomes for people using the services, relatives and the staff team. A number of audits were carried out in the home. The aim of the audits was to make sure standards were maintained and any areas for improvement identified and acted upon. We looked at some of the regular quality assurance audits completed, including medication management (alongside an independent pharmacy audit), personal care plans and an environmental audit. Action plans were developed and introduced when required. For example, when we looked at the care plan audits - any missing information was noted - and people had a timescale in which to complete the records. In the plans we sampled, staff were still within the timeframe for making these changes; however, it is acknowledged that this was a good way of ensuring people's plans of care were current and accurate. The home could also evidence that action was taken as a result of medication errors and staff guided and supported appropriately.

We also noted that there was a clear overview of accidents that happened, including falls. This detailed which people were affected, what time of day, and in what areas of the home. This supported the service in making changes to staffing deployment or in assessing for additional pieces of equipment. It also enabled the service to review people's needs and plan changes. We could also see that equipment, such as slings and hoists were checked on a regular basis to ensure that they were safe for people's use. These actions helped manage risks for residents.

The management's 'open door' approach and relationships within the home enabled people and families to share their opinions and feel able to comment on the quality of the service. People in the home and the relatives we met were confident that the service would/had responded to concerns or comments.

Currently there is no permanent manager in post, the deputy is being supported by the regional manager. It is hoped that once a manager has been recruited, the recent improvements in the overall standards within Henderson House will be maintained and the service will continue to move forward.

In order to further improve quality outcomes for residents, and ongoing development of the service, the deputy manager and staff team should take forward the requirement and recommendation identified in this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The service provider must satisfy themselves that staff complete and evaluate all assessment documentation routinely and accurately and evaluate the outcome and plan care accordingly.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people

This requirement was made on 28 April 2016.

Action taken on previous requirement

The quality of record keeping had improved since the previous inspection. All records were seen to be fully completed and evaluated to inform practice and influence care delivery.

The deputy acknowledged there is still work to be done to ensure staff maintain the improvements identified and ongoing auditing will continue to take place to monitor staff practice.

Met - outwith timescales

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

Previous recommendations

There are no outstanding recommendations.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
12 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
28 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
7 Mar 2016	Re-grade	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
10 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
15 Oct 2015	Re-grade	Care and support Environment Staffing Management and leadership
		2 - Weak 2 - Weak 2 - Weak 2 - Weak

Date	Type	Gradings
30 Apr 2015	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good
5 Jan 2015	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
16 Jun 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
12 Mar 2014	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
21 Oct 2013	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
1 May 2013	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
30 Jan 2013	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
18 Oct 2012	Unannounced	Care and support 2 - Weak Environment 4 - Good Staffing Not assessed Management and leadership Not assessed

Date	Type	Gradings	
23 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
10 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
31 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
7 Apr 2011	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
10 Mar 2011	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 2 - Weak
22 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 4 - Good
21 Sep 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
14 May 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate

Date	Type	Gradings	
5 Mar 2010	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
29 Sep 2009	Announced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
15 Jan 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate
1 Oct 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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