

Dewar House Care Home Service

3 Woodburn Grove
Hamilton
ML3 6AF

Telephone: 01698 283398

Type of inspection:

Unannounced

Completed on:

5 December 2019

Service provided by:

South Lanarkshire Council

Service provider number:

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Service no:

CS2003001358

About the service

Dewar House is a small sixteen bedded care home, situated in a residential area of Hamilton, within close proximity to local amenities and transport links. Staff provide care and support to residents with a diagnosis of dementia in a warm, friendly environment.

The building is owned by Hanover (Scotland) Housing Association and managed by South Lanarkshire Council. The home is purpose-built on one level and benefits from two small eight bedded units. Each unit has communal bathrooms, lounge and dining areas. All rooms are spacious with ensuite shower facilities. People are encouraged to bring in their personal belongings to personalise their rooms.

The enclosed garden area provides a good, safe space for service users and visitors, is well equipped with garden furniture, plants and features for people to enjoy.

The service aims to "promote and maintain a high quality of life for older people, in a homely and welcoming environment".

At the time of this inspection, there were fifteen residents living in Dewar House.

What people told us

Prior to this inspection, we issued a total of twelve Care Standard Questionnaires to residents, relatives and carers of which two were returned with comments as follows;

- All staff at Dewar are professional, while being sensitive and supportive and ensure the residents are well looked after and cared for, while having fun and a sing song. Staff work hard and appear to be overworked on occasions, resources could be increased.

- This is a wonderful home, clean and modern, the staff are professional, caring and genuinely interested in each and every resident, from senior management to domestic staff cleaners and laundry as well as the cooks. They all know and care for my relative and each one can tell me when I enter the home which is always secure, how things has been that day. If all homes were like this you would be out of a job.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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

People who experience care, have the right to be treated with dignity, respect and compassion and have confidence in the people who provide their care and support.

The home is safe, secure and clean and provided a homely atmosphere which promotes a relaxed and friendly space for people living here.

We received positive feedback on the staff who demonstrated a caring, professional approach, when interacting with residents. Residents looked well presented and appeared comfortable and relaxed with staff who were competent in their role and able to care for them, depending on individual need.

Regular consultation was taking place, in order to obtain individuals' views. This ensured people felt listened to and enabled to make suggestions.

Independent advocacy was also available for residents who needed additional support to communicate

The communal dining areas were nicely presented for mealtimes. Staff supported peoples nutritional needs in a dignified way and encouraged choice were required. People could choose where they wanted to eat their meals and we saw drinks and snacks offered, outwith mealtimes which helped maintain people's nutrition and hydration.

Residents could be confident that staff had an overview of their health care needs and consulted regularly, with relevant health care professionals for advice and support.

Staff promoted mobility through physical activity. Accidents and falls were well documented with evidence of interventions where risk had been identified.

Additional observational charts were used, for residents who needed extra support. We found gaps in these charts particularly where staff were monitoring nutrition, hydration, constipation and daily hygiene.

We found similar issues with the medication monitoring charts, with discrepancies and confusing information in stock balances, handwritten entries with no reference to the prescriber and no outcomes to as required medication. This resulted in staff being unable to provide evidence that the appropriate care and support had been delivered (see requirement 1).

The home has good links with local schools and residents enjoyed regular visits from the children. Outings into the local shopping centre and places of interest were taking place and residents benefited from weekly visits from a dementia dog.

The manager recognised that the recording of activities could be better and discussed plans to implement new documentation, in order to improve this and capture individuals wishes and requests.

The managers quality assurance system which includes nutrition, skin integrity and medication needs further development. The current audits are failing to capture the issues we identified at inspection. We were assured by the manager that this would be actioned as a priority, in order to improve the overall quality assurance system (see area for improvement 1).

Requirements

1. The provider must ensure that staff are aware of the importance of accurately completing charts used to monitor healthcare needs, including topical medication applications through training and discussion at supervision meetings. These charts must be accurately completed at the time the support is provided and should be assessed by a senior staff member at least once in every 24 hours, to ensure the wellbeing of the individual.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice'. And, The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users.

Timescale for completion; 30 April 2020

Areas for improvement

1. The service should ensure that areas for improvement highlighted through the auditing process provide evidence of an action plan, proposed outcome and date of resolution, to ensure positive outcomes for people using the service.

The manager should have an overview of all audits in order to ensure that any issues raised have been dealt with appropriately within the agreed timeframe.

Health and social care standards - My Support, my life 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

People should be able to benefit from care plans, which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.

The care plans we looked at contained some good person centred information and prompted staff to promote choice and independence, when providing care and support. This was demonstrated in the staff practice and positive interactions we observed, during the inspection, resulting in positive outcomes for people.

We saw that people's rights were respected and where there were issues of capacity, appropriate legal arrangements were recorded and in place. This meant that people experiencing care could be confident that their views would be sought and choices respected including, when they had reduced capacity to make their own decisions.

Risks assessments identified the risk and actions to reduce the risk. We found that care plans for anxiety and distress contained some good information on how to reassure and manage these episodes when they occurred.

Where there had been a change in a persons healthcare needs, this was not reflected within the care plan. Care plans should be rewritten when a change in a residents health has occurred, to provide staff with the most up to date information on how to manage this. Staff were able to tell us of changes and how they were providing care and support however, this level of detail was not captured within the care plans.

We also found a lack of information for the management and monitoring of infections. There was also conflicting information in some sections of the plans with lack of follow-up where a concern had been noted, in order to ensure appropriate advice had been sought from the relevant healthcare professional.

More information and detail is also needed to inform staff how to positively manage residents, who continually refuse staff assistance with personal hygiene and continence needs, due to episodes of anxiety as this was not clear.

An evaluation of behavioural charts and the effectiveness of prescribed medication for anxiety and distress would improve these plans further, as well as informing other healthcare professionals, when assessing residents progress or deterioration (see requirement 1).

Requirements

1. The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this, the service must ensure that the personal plans:

- Accurately reflect all the current healthcare needs, how they present and how staff are expected to provide the appropriate support, to manage these effectively, particularly where there has been a change noted.
- And include, information about the care and support interventions required to support people who are anxious/distressed. All of which must be fully reviewed and evaluated to describe any changes in need and how this should be managed.

Health and Social Care Standards - My Support, my life; 1.15 "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.

This is in order to comply with: The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

Timescale for implementation: 30 April 2020

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

Requirements

Requirement 1

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this, the service must ensure that the personal plans:

- Accurately reflect all the current healthcare needs, how they present and how staff are expected to provide the appropriate support to manage these effectively.
- Additional monitoring charts should be checked at least once in every twenty-four hour period and where gaps are identified, that this is actioned to ensure the well-being of the individual.

Health and Social Care Standards – My Support, my life; 1.15 "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.

This is in order to comply with: The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

This requirement was made on 27 July 2018.

Action taken on previous requirement

Please refer to key question five for further information.

Not met

Requirement 2

The provider must ensure that appropriate and timely action is taken, to address any risks or repairs identified through the environmental and health and safety audits in place.

Action plans must provide details of the action required, timescale for completion and details of the outcome. Where timescales have not been met there must be an explanation recorded with evidence of further action taken.

Health and social care standards- My Support, my life 5.17 My environment is secure and safe.

This is in order to comply with: The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4 (1)(a)(d) - Welfare of Users.

This requirement was made on 27 July 2018.

Action taken on previous requirement

The repair log demonstrated that generally repairs were being carried out within a reasonable time frame. There were a few dates missing to evidence when the repair had been completed however, the manager and staff were able to confirm these had been concluded. Satisfactory safety certificates of equipment and appliances were in place and up to date. This requirement has been 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

The service should ensure that areas for improvement highlighted through the auditing process provide evidence of an action plan, proposed outcome and date of resolution, to ensure positive outcomes for people using the service.

The manager should have an overview of all audits, in order to ensure that any issues raised have been dealt with appropriately within the agreed time-frame.

Health and social care standards - My Support, my life 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 17 July 2018.

Action taken since then

The storage and presentation of evidence including, audits proved difficult for staff to locate at this inspection. Some examples of audits we saw required more detail and evidence of actions and conclusions. This area for improvement has been repeated.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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