

Henderson House Care Home Service

2 Links Road
Dalgety Bay
KY11 9GW

Telephone: 01383 821 234

Type of inspection:
Unannounced

Completed on:
16 April 2025

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 provider of the service is Henderson Care Home Ltd.

The accommodation provides single occupancy bedrooms, all with en-suite facilities. The home has a large pleasant garden area with walking paths, seating and a summer house.

Accommodation is provided over two floors which are served by a passenger lift. There are communal lounge and dining areas on each floor. The kitchen, laundry and staff facilities are located on the lower ground floor. On the day of the inspection 54 people were residing in the care home.

About the inspection

This was an unannounced inspection which took place on 16 April 2025 to follow up on six outstanding requirements from the previous inspection. The inspection was carried out by one inspector from the Care Inspectorate.

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 five people using the service and two of their relatives and representatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- reviewed medication management.

Key messages

- We were pleased to see improved outcomes for people using the service, many of which were attributed to increased staffing levels.
- The management and staff had worked hard to meet five of the outstanding requirements and improve standards.
- A lot of work was being done to transition care plans over to a new, improved format. We agreed to extend the timescale of the outstanding requirement relating to care planning, to enable the provider to make all the necessary improvements.

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 good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

We evaluated the progress towards meeting the requirement relating to quality assurance and improvement. Significant improvements had been made which improved people's outcomes and experiences. The requirement was met. We re-evaluated the grade awarded for this key question. Please see the 'outstanding requirements' section of the report for details of our findings.

How good is our staff team?

4 - Good

We evaluated the progress towards meeting the requirement relating to staffing arrangements. Significant improvements had been made which improved people's outcomes and experiences. The requirement was met. We re-evaluated the grade awarded for this key question. Please see the 'outstanding requirements' section of the report for details of our findings.

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

Requirements

Requirement 1

By 28 March 2025, the provider must protect the health, safety and wellbeing of people using the service. In order to achieve this, the provider must:

- a) ensure people's personal plans detail their individual health, safety and welfare needs as well as their abilities, wishes and choices
- b) ensure personal plans contain only current, up to date information to ensure safe, consistent and effective care and support
- c) ensure personal plans are evaluated on a monthly basis detailing reasons why the plan continues to meet people's needs or requires changes
- d) people using the service and/or their representatives must be involved in developing and reviewing their personal plan and
- e) the provider must ensure staff have the skills, abilities and understanding to complete care and support tools, including ABC charts.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 (2) (a), (b) (i), (ii), (iii) and c 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 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 requirement was made on 7 January 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because personal plans were reviewed monthly, but they were not always evaluated effectively to ascertain what was working well and identify areas for improvement. Therefore, we could not be assured that personal plans reflected people's current care and support needs.

Some people using the service were living with dementia and experienced stress and distress. Staff were required to record what led to the stress and distress, what had happened and the consequences (ABC charts). Records demonstrated a lack of skills, knowledge and understanding, and required improvement.

During this inspection we saw a lot of work was being done to transition people's care plans over to a new, improved format. Those sampled contained enough information to inform staff of how to best meet people's needs.

They had been reviewed timeously and evaluated effectively. However, the provider needed more time to complete the transition to ensure the same standard applied to all. This requirement has not been met and we have agreed an extension until 10 July 2025.

Not met

Requirement 2

By 28 March 2025, the provider must protect the health, safety and welfare of those who use the service. In particular, the provider must ensure people experience safe, competent and effective support with medication. In order to achieve this, the provider must:

- a) ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine
- b) ensure people's prescribed medication is always available
- c) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication in collaboration with relevant medical practitioners
- d) review staff's knowledge and understanding of pain assessment tools to ensure these are used appropriately and timeously
- e) ensure communication between staff administering medication is reviewed and improved and
- f) ensure that there is sufficient and effective oversight of medication management.

This is in order to comply with Regulations 3 and 4(1)(a), 4(1)(b) and 4(2)(b) 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 states that: 'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This requirement was made on 7 January 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because some controlled medication was identified as being out of date, but this was not communicated effectively throughout the senior team. Communication between senior staff needed to improve to ensure accurate and up to date information at all times. This is particularly important when agency or new staff are responsible for administering medication. People did not always receive their prescribed medication which was recorded as being "out of stock". People who were asleep when medication was being administered did not receive their medication. Some people were asleep on a regular basis. Medication administration records were not always accurate. We found signatures to signify medication was administered were missing and not followed up. This meant we were not assured that people received their medication.

During this inspection we saw medication management had improved. All relevant staff had undertaken further training with the prescribing pharmacy. We found no evidence of people's medication being out of stock without a valid reason, and measures being taken to resolve quickly. We found no missing signatures. Protocols for administering 'as required' medication had been re-written and this was an ongoing process.

People's medication management was reviewed as part of the 'resident of the day' quality assurance system, and medication administration records (MARS) were discussed regularly at the daily 'flash' meetings. This ensured staff were aware of any issues to enable the appropriate action to be taken. Care plans sampled included completed pain assessment tools and the manager had requested training for staff from NHS partners. Medication quality assurance audits were carried out weekly by senior staff and we saw evidence of action being taken when areas for improvement were identified. We were confident people were getting the right medication at the right time.

Met - within timescales

Requirement 3

By 28 March 2025, the provider must protect the health, safety and welfare of people using the service. In particular, the provider must ensure people are protected from the risk of harm and abuse. In order to achieve this, the provider must:

- a) report all adult support and protection concerns to the local authority adult protection team
- b) submit appropriate notifications to the Care Inspectorate within set timescales
- c) identify and assess risks. Implement measures to mitigate risk and reduce the likelihood of harm or abuse
- d) ensure timeous referrals are made to relevant health professionals and
- e) ensure a copy of the local authority adult protection procedures is available to inform staff practice.

This is in order to comply with Regulations 3 and 4(1)(a), (b) and (c) 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 states that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

This requirement was made on 7 January 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found social work and the Care Inspectorate were not always alerted to adult protection concerns. This put people's health, safety and wellbeing at risk.

During this inspection we reviewed accident and incident records and found all notifiable incidents had been submitted to the relevant people. We saw evidence of referrals to other health professionals when people were identified as being at risk of harm, and followed up. Copies of Fife Council's adult protection procedures were in the nurse's office on each floor and the manager had organised Adult Support and Protection training for staff from NHS partners. We were confident measures were in place to mitigate the risk of people suffering unnecessary harm.

Met - within timescales

Requirement 4

By 28 March 2025, the provider must safeguard and promote people's physical, emotional and psychological health by ensuring people spend their time in ways that are meaningful for them. In order to achieve this, the provider must:

- a) ensure people's wishes, interests and previous life history are discussed and documented
- b) use this information to identify and provide opportunities for people to spend their time in ways that are meaningful and purposeful to them
- c) keep accurate and evaluative records of the impact and outcomes of the support provided
- d) provide appropriate training, guidance and support for all staff ensuring they understand the importance of meaningful and purposeful engagement and
- e) ensure staffing levels are sufficient to provide appropriate, person-centred support for people.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 7 January 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because although a meaningful activities team was in place to support people, we found people did not have access to support that was appropriate to meet their current needs and abilities. This was particularly relevant where people were living with advanced dementia, who were no longer able to participate in communal activities. Staff were enthusiastic and committed to supporting people to get the most out of their lives, but opportunities for support were insufficient due to staffing levels and the time available.

During this inspection we found the two activities coordinators had undertaken PAL (Physical Activity Level) training and completed 'getting to know me' documents for everyone residing in the home. This equipped them, and staff, with the information required to engage with people in a meaningful way. Activities were planned daily in accordance with people's wishes, and participation records were kept to inform future activity planning. We thought these records could be more descriptive to enable better evaluation, which the manager agreed with and said it would be addressed. Staffing levels had improved since the last inspection and staff spoken with said they had time to spend with people in meaningful ways.

Met - within timescales

Requirement 5

By 28 March 2025, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by transparent quality assurance processes. In particular, the provider must:

- a) ensure that assessment of the service's performance is undertaken through effective audits

b) ensure audits identify areas for improvement, the improvements to be made must be detailed in an action plan which specifies the actions to be taken, the timescale within which the action is to be taken, the person or persons responsible for making the improvements, and the expected outcome of the improvement and

c) ensure people and/or their representatives have regular opportunities to provide feedback about their service and identify and plan improvements.

This is in order to comply with Regulation 3 and 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 states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This requirement was made on 7 January 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we identified gaps in quality assurance processes and systems, and we were not assured that there was thorough, safe and effective oversight of the service. For example, personal plan audits were not up to date. This meant areas for improvement and concern were not identified. People's personal emergency evacuation plans had not been reviewed for some time. These plans should be reviewed on a regular basis, to ensure they reflect people's current needs and abilities in the event of an evacuation. Medication audits took place but did not identify or address all the concerns we identified during the inspection. We were not confident that members of the leadership were aware of some of the incidents and issues we identified. This gave us cause for concern.

Staff did not have access to regular support and supervision. Some staff, who had been in post for over a year, said they had never had a supervision meeting with their line manager. Team meetings were irregular, and some staff had not attended a staff meeting. Staff told us communication needed to improve. Staff did not feel well informed or up to date with changes and developments in the organisation or the social care sector. Staff appreciated that the home manager was very busy, but they felt the manager should be more visible, particularly in the lower ground unit.

During this inspection we saw the organisation's quality assurance systems were being adhered to. Quality checks were carried out in accordance with the required timescales, and we saw evidence of action being planned/taken when areas for improvement were identified. Senior staff attended daily 'flash' meetings and staff spoken with told us they were informed of relevant information after each meeting.

Staff supervision had recommenced; half the staff had received supervision and the other half were scheduled. The manager said this will be carried out in accordance with the organisation's supervision policy going forward. Regular team meetings were being held, minutes taken, and copies placed in the staff room. However, we noted the minutes of the last meetings were not there. Staff have access to 'Planday'; a media platform to inform them of any updates/changes in service delivery. We discussed with the manager putting meeting minutes on this platform, so staff have access at a time suitable for them. Staff spoken with said the manager is visible in each unit daily; some staff said they felt they could be better supported by management. We shared this with the manager for him to address.

Questionnaires were given to residents and staff to gain their views on service delivery in relation to, for example, staffing and meals. The manager said he planned to collate them and make an action plan to address any areas for improvement.

Met - within timescales

Requirement 6

By 28 March 2025, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure staffing levels are appropriate to meet the full range of people's needs. In order to achieve this, the provider must:

- a) ensure assessments of people's needs accurately, reflect their current needs, wishes and abilities and are reviewed on a regular basis
- b) consult with people using the service, their representatives and staff regarding staffing levels in line with the provider's practice tools
- b) ensure the number of staff providing care and support reflects people's assessed needs and
- c) carry out a training needs analysis on a regular basis to ensure staff undertake training to meet the full range of people's care and support needs.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b) and 4(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and part 3, (1), and (a),(b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people.' (HSCS 3.15)

This requirement was made on 7 January 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection, it was made because we noted gaps in training including Parkinson's Disease and epilepsy/seizure awareness. This meant staff had not completed training to ensure they could meet the full range of the needs of people currently living in the home. We suggested the provider should consider providing training such as stress and distress and adult support and protection in alternative formats that provide opportunities for person-specific training and peer discussion and support.

The provider had developed a tool that calculated staffing levels across the home for day and night shifts. We were not confident that staffing levels were sufficient to meet the range of people's care and support needs. Staffing levels appeared to be based on a staffing ratio model rather than considering people's individual needs. There was no time identified to support people's social and emotional needs.

There was no evidence that people using the service, relatives or representatives, staff or professionals had been consulted about staffing levels as per the provider's dependency tool. Staff we spoke with told us they were very busy and had little or no time to spend with people. This was confirmed by our observations during the inspection.

During this inspection we saw the manager had changed the way he used the dependency tool to inform the required staffing levels. A higher emphasis was placed on people's actual dependency in each unit. The manager was staffing at higher levels on each shift than dictated by the dependency tool and staff spoken with said they noticed a big improvement. They told us they now had time to spend with people in meaningful ways rather than always being task orientated. We saw people being supported in a way that was not rushed, including during mealtimes.

The manager had devised a training schedule based on the needs of people living in the home. For example, training had been organised for Parkinson's Disease, Stress & Distress, and Adult Support & Protection. He said individual staff training and development needs will be addressed through supervision.

Met - within timescales

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 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
3.3 Staffing arrangements are right and staff work well together	4 - Good

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