

Hamewith Lodge Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 March 2025

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 which took place on 26 March 2025. The inspection was carried out by two inspectors 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 three people using the service (in passing). We spoke with four staff and the manager. We observed practice, daily life, and reviewed documents.

Key messages

- * The manager had been successful in recruiting new staff, including nurses and care staff.
- * Regular resident, relative and staff meetings were underway. Although this was at an early stage, there was evidence of people feeling more involved by giving feedback and being able to contribute to future planning.
- * Call bell answering times had improved.
- * Residents were being supported with their individual interests and encouraged to take part in daily life.

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

Requirements

Requirement 1

By 20 March 2025, the provider must ensure that, at all times, the number and skill set of staff working in the care service is appropriate to support the health, wellbeing, and safety of service users and the provision of safe and high-quality care. To do this, the provider must, at a minimum:

- a) Ensure their overall assessment of staffing takes account of the physical, social, psychological, and recreational needs and choices of all service users. The views of service users, their representatives, and staff should always be taken into consideration when assessing safe staffing of the service.
- b) Ensure that a meaningful, open, and transparent process of gathering and sharing views and information about staffing levels is developed and regularly reviewed for effectiveness.
- c) Ensure that the service has an effective contingency plan for covering vacant posts and staff absence. The contingency plan should ensure residents' nursing needs are met at all times.
- d) Ensure that the Care Inspectorate is notified should staffing levels or skill set have an impact on the service's ability to provide a high standard of care.

This requirement was made on 7 February 2025.

Action taken on previous requirement

The manager told us that a recent staff recruitment campaign had been successful. The manager had employed registered nurses and care staff, some of whom had already started work.

We found that the service was working closely with other care homes within the organisation. The manager told us that last minute absenteeism had improved, however, staff from other services had been happy to help cover shifts. This had ensured that skill mix remained correct and had a positive effect on staff morale.

We were advised of the provider's aim for supporting professional development. It was positive that a nurse had recently passed their Objective Structured Clinical Examination (OSCE) and was now registered with the Nursing & Midwifery Council. There had also been internal promotions, and a new deputy manager would be transferring to Hamewith Lodge from another service within the organisation.

The monthly clinical register helped to determine the accuracy of residents' dependency scores. The manager told us that she had some flexibility with her staffing budget and had added an additional care assistant in the evening to support residents who are at risk of experiencing stress or distress.

Medication reviews had taken place with the doctor and pharmacist. Residents were now receiving their medication at the right time.

The manager had undertaken a time in motion study. The daily 'flow' had changed, and staff were being delegated duties in line with peoples' needs. Break times had been revised to ensure that people were well supported.

The manager had concentrated on fully implementing the provider's quality assurance tools. We found that resident and relative meetings had been positive, and people were starting to feel more involved. Staff were meeting regularly and were being encouraged to have an active role within the service.

Residents made frequent use of the garden and clearly enjoyed their time outdoors. Staff supported residents to take an active role in their unit. For example, we spoke with a gentleman who liked to get up early and open all the blinds in the communal areas. We also spoke with a lady who enjoyed cleaning the tables after lunch. These were meaningful activities, which helped to create the homely atmosphere in the service.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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