

Havencourt Care Home

Care Home Service

Woodcot Gardens
Forest Road
Stonehaven
AB39 2ZH

Telephone: 01569 767 877

Type of inspection:
Unannounced

Completed on:
16 April 2025

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 five named persons under the age of 65. There is also provision for up to four people for respite/short breaks.

Stonehaven is a seaside town in North East Scotland, with a range of local amenities that people can access. The service provides accommodation over two floors in single bedrooms with en-suite 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 inspection which took place on 13 April 2025 and 14 April 2025. Two inspectors carried out the inspection from the Care Inspectorate.

To prepare for the inspection we viewed information about this service. This included, previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 13 people using the service
- spoke with four families
- received feedback from 12 family members and representatives via an online survey
- spoke with staff and management
- received feedback from four visiting professionals
- walked round the building
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were respectful, patient and kind in their interactions with people.
- People benefitted from responsive care to meet their needs.
- People's health needs were being met with well-established links with healthcare professionals.
- People were able to choose how to spend their day and there was an enthusiastic activities team.
- The service was very well led and benefitted from a committed manager and leadership team.
- People were being cared for by a regular and consistent staff team.
- Staff were committed and motivated.
- People benefitted from a warm and comfortable home and some areas had been refurbished.

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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were respectful, patient and kind in their interactions with people. This helped people feel valued and at ease. People told us they were well looked after. Care was being given in accordance with the core values of dignity and respect. One person shared, "staff are wonderful, so friendly and caring".

Care and attention had been taken to help support people to look their best. This contributed towards people's confidence and pride in their appearance.

People benefitted from responsive care to meet their needs. Buzzers were answered timeously during the inspection and people told us they had confidence staff would come promptly. One person shared, "staff always come quick if I need them". As a result, people felt safe and valued.

People were encouraged to move regularly and remain as active as they could be, including using outdoor space where possible. We observed one-person potting plants in the garden during the inspection. They shared, "I love to be outside; it keeps me well". This contributed towards people's overall sense of wellbeing.

People were able to choose how to spend their day. There was an enthusiastic activities team employed within the service. People and their families told us they really valued the activities on offer. However, it was positive to see a whole team approach to providing activities was being taken. Staff used every opportunity to engage with people meaningfully and this enriched people's day.

There was a range of activities and opportunities that people enjoyed. This included, visits from TheraPet's, crafts, exercise groups and bingo. One person told us, "I go to all the activities; I really enjoy them" and a family member shared, "the activities on offer are really great, my loved one is much more alert". This supported people's sense of wellbeing and purpose.

People were supported to maintain links with the local community. People enjoyed the opportunity to use trishaw bicycles around the local area and attend community groups. This promoted friendships and reduced feelings of isolation.

People's health needs were being met with well-established links with healthcare professionals. Appropriate referrals had been made when people required specialist treatment or there was a change in their health. This meant people's health benefitted from the right healthcare, from the right person, at the right time.

Families told us communication was very good, and they were alerted immediately of any issues. One family member shared, "I was able to go on holiday, knowing that my loved one was well looked after, I have confidence in the staff and a have complete peace of mind". People and their families had confidence in the care provided and put them at ease.

People's health was regularly monitored. This included, people's skin condition, weight and mobility. This kind of monitoring promoted people's health and ensured that any changes to people's health were identified and responded to quickly.

Staff regularly reviewed people's health needs through clinical risk meetings. The manager introduced a clinical risk register which was regularly updated. This provided the manager and staff with up-to-date information at the glance of key areas of risk. This meant people received care and support based on their current circumstances to meet their individual needs.

People had personal plans, which included good detail around people's choices, preferences and indicated their desired support outcomes. This ensured people received the care and support they needed and wanted.

The service was using risk assessments to minimize the risk of falls. This meant the service had good oversight of falls and measures were in place to protect people. People who required walking aids had these in reach at all times. This helped them to mobilise safely and helped reduce the likelihood of falls.

Where people had experienced a wound, they received good wound care. Each wound was documented with measurements and photographs. Detailed treatment plans were in place. Advice was sought and followed from specialist healthcare professionals. Staff used a pain tool to assess people's pain levels and undertook regular assessments of the wound. This helped to reduce pain and promote healing.

People's nutrition and hydration needs were being met. Drinks and snacks were offered regularly throughout the day. People's dietary preferences and support needs were known and documented within a food passport. One person told us they had put on two stones of weight since living in the home and how this had benefitted their health. People enjoyed their meals in a relaxed and unhurried atmosphere. Food was home cooked and looked appetising and well presented. Most people reported they enjoyed the food. The service had recently consulted with people living in the service and had introduced a new menu planner following this.

The service had a medication policy in place and regular audits took place. We sampled medication records and found some improvements were required. Some medications which were prescribed on an 'as required' basis did not have protocols in place to guide staff on when and how these are to be used. We also found some people's medication was out of stock. Whilst the service was actively sourcing these, we discussed the importance of checking medication stock regularly to prevent this happening again. We found some medication had not been dated when opened, which put people at risk of receiving medication past its shelf life. We have made an area for improvement. **(See Area of improvement 1)**

Areas for improvement

1. To support people's health and well-being the provider should ensure medication practices are improved.

This should include but is not limited to:

Ensure people who have 'as required' medication have protocols in place to help guide staff. Medications do not go out of stock for people and regular audits are being carried out to identify areas for improvement and are actioned timeously. Medication is dated when opened.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Leaders were proactive at ensuring quality care was in place. The service was very well led and benefitted from a committed manager and leadership team. They were focused on supporting the team to continually improve outcomes for people.

Managers were observed to be accessible to people living in the service, staff and visitors. Staff told us that they felt management supported and listened to them. This encouraged people to feel valued and listened to.

Leaders at all levels had a robust and clear understanding of their role in monitoring practice and identifying and supporting improvement activities. The new leadership had been in place for around a year and were steadily embedding improvements into practice. One person living in the service shared, "everything has improved, and my life is better for it" and a family member shared, "I've noticed big improvements in the past year, my loved one seems much happier". This supported better outcomes for people.

Leaders of the service demonstrated a clear understanding about what was working well and what improvements were needed. They ensured that the needs, outcomes and wishes of people living in the service were the primary drivers for change.

The service regularly evaluated people's experiences of care. People's views about the service were considered during regular resident and relatives' meetings and with a survey. People were encouraged to be involved in evaluating the quality of the service. For example, one person had been appointed as the resident's representative for the service who was involved in the audits and development of the service. This meant the service was working in partnership with people to drive forward change and improvement.

Most of the quality assurance processes were effective. A full and comprehensive system of audits was in place and regularly completed. This helped identify strengths and respond to areas where the service could improve. However, we found some issues surrounding medications had not been picked up in quality assurance processes. (See section 'How well do we support people's wellbeing?')

Leaders of the service were undertaking daily and weekly walkarounds. It was positive where improvements had been identified, these were actioned timeously. This helped promote better outcomes for people and drive improvement forward.

The service had an improvement plan in place which gave us confidence that they were committed to driving forward continuous improvement for people. This plan could be improved by identifying how the improvements would impact on outcomes for people. We raised this with the manager and confident this will be driven forward.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. There was evidence that leaders learnt from adverse incidents and complaints to improve the quality of care and support. This supported better outcomes for people and reduced the likelihood of repeat occurrences. However, we signposted the manager to Care Inspectorate guidance 'Guidance on records you must keep and notifications you must make' and reminded them about the importance of submitting appropriate notifications timeously. We have confidence this will be driven forward.

The service had a complaints procedure in place. Complaints and concerns were well managed and robustly documented. Management analysed and learnt from these. Any actions or outcomes were then shared with the wider team. This supported improved staff practice, resulting in better outcomes for people. People and their families told us they felt able to raise any issues or concerns with the manager and felt they were very approachable and helpful.

Systems were in place to safeguard people's finances and people had access to their money when needed. This promoted choice and a sense of wellbeing for people.

Communication was effective within the staff team. Staff told us they were provided with the right information, at the right time, to be able to care for people safely. Daily meetings took place, which were attended by the representatives from each staff group, including the activity coordinator, housekeeping and care and nursing staff. This meant the manager and leadership team had a clear oversight of the daily plans and needs of the home. This helped keep people safe.

A regular newsletter shared relevant and valuable information with families on activities and developments in the service. This helped keep families informed and updated.

Observations of staff practice were regularly assessing learning and competence. Outcomes from these were discussed through team discussion, reflective accounts or supervision. This helped to ensure staff competency was at the desired standard.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were being cared for by a regular and consistent staff team. One family member shared, "the staff know my loved one very well and have trust in them". This meant people had felt at ease with staff that were caring for them.

Staffing arrangements allowed for more than basic care needs to be met and supported people to get the most out of life. Staff were motivated and deployed effectively. This meant staff were available when people needed them most and this enriched people's day.

People living in the care home and staff benefit from a warm atmosphere because there were good working relationships. Staff worked together well, in a positive and calm manner. People were not rushed and received care and support at a level that suited them. This supported people to feel valued.

Staff retention was good. We sampled staff files and the service followed safer recruitment guidance. This helped keep people safe.

Staffing levels were appropriate at the time of our inspection. Staff were visible and responsive to people's needs. Buzzers were answered quickly and people told us they did not wait long if they needed help. One person told us, "staff are very good, they come very quick if I need them".

Staffing was well managed. Rota planning was done in advance. A dependency tool helped to inform the staffing arrangements for the service. This meant staff had time to provide care and support and engage in meaningful interactions with people. The service displayed a summary of the staffing levels within the home weekly. This provided information and reassurance to people and their families.

People experiencing care could be confident that staff were trained and competent. Records were in place evidencing staff had access to a wide range of training appropriate to their role. This supported staff to have the right skills and knowledge to keep people safe and meet their needs.

Staff reported feeling supported in their role. One staff member told us the manager, "has created an inclusive work place where all staff members feel valued and respected" and another shared, "I feel empowered to do my job". Systems were in place to support staff development which included supervision sessions and observation of practice. This helped ensure a competent and confident workforce. Staff we spoke with were happy working in the service.

The management team supported staff wellbeing by recognising and celebrating staff practice through the use of an employee of the month award. This enhanced staff morale and promoted a happy and motivated team.

Team meetings and daily staff handovers took place. A wide variety of topics was discussed and captured in meeting minutes. Team meetings had been split into small groups to ensure staff felt comfortable and confident to speak. This meant staff were provided with the opportunity to share any ideas or concerns that they had.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from a warm and comfortable home. Some of the communal areas within the home had been recently refurbished providing new and refreshed facilities for people. One family member told us they, "love all the decoration changes and it feels so homely". A staff member shared, "I am so proud to show people around the new and improved facilities". There were plans in place to undertake further environmental upgrades to the home which included the bathrooms and hairdresser's salon.

People living in the service were actively involved in giving their views about the setting; how well it works for them and what could be improved. Some people had chosen the new colours and decoration. They told us they were listened to and could influence change. This helped provide a sense of ownership.

The environment was clean and tidy, with no evidence of intrusive noises or malodours. People and their families complimented the cleanliness of the home. One person living in the service shared, "the cleanliness has greatly improved, it makes me feel so much better". Furniture was of good quality and had been laid out in communal areas in a way that encouraged socialising. This contributed positively to a comfortable and homely living environment.

The service upheld good standards of infection prevention and control. People were protected from the spread of infection because cleaning schedules were in place. We observed domestic staff working consistently throughout the inspection. This helped keep people safe.

People's rooms were personalised and homely which promoted each person's experience, dignity and respect.

The setting offered sufficient opportunities for people to experience privacy. For example, people were able to use smaller communal areas when they had visitors. This upheld people's rights.

People with sensory, dementia or other cognitive impairments were supported through some provision of signage throughout the building. Pictorial signage was in place to help people orientate in their surroundings.

People benefitted from a well-maintained environment. There were clear planned arrangements for regular monitoring and maintenance of the premises and equipment to ensure people were safe. The service employed a maintenance worker and this ensured ongoing maintenance was identified and progressed timeously.

Environmental checks and audits were taking place. This enabled any issues to be identified and resolved quickly. This helped keep people safe.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from having a keyworker who was responsible to coordinate the delivery of their care and support. This promoted consistency and ensured that people had the opportunity to build trusting relationships with the person supporting them. A pictorial poster was in each person's bedroom, which provided information on the keyworker and their role. This supported better outcomes for people.

People benefitted from personal plans that were based on people's individual needs, strengths and preferences. Plans were organised and easy to follow. There was a good level of detail within the care and support plan to guide staff around how best to care for and support each person. However, we found some inconsistencies of information contained in people's plans, for example, one record detailing a person is at a low choking risk and another stating they are at a high risk. This could lead to people receiving the wrong care and support. We have made an area for improvement. **(See Area for improvement 1)**

Review meetings took place within the regulatory timescales which involved people and their family/ representative. This meant care was planned and reviewed in a meaningful way. One family member told us, "I felt listened to at this meeting". We found some minutes of review meetings to lack information, this had been identified by the management team and they had introduced a new template to the service.

People had a hospital passport in place. This meant if a person were admitted to hospital, staff would be provided with essential information to treat and support the person more effectively.

Where a risk had been identified, a risk assessment had been undertaken. This helped to ensure risks for people were effectively managed. This helped keep people safe.

Supporting legal documentation was in place to ensure people were protected and to uphold their rights. The service had consent forms in place which were signed by the person, or their relative, should there be any restrictions of a person's movement put in place, for example, bed rails or a sensor mat.

People had anticipatory care plans in place. This ensured people's specific wishes and preferences regarding their care were known should their condition deteriorate.

Daily notes for people contained some details and reflected the support people received and well being. The service had identified this as an area of improvement and they were actively trying to ensure notes were more evaluative and reflective of people's feedback and views.

Areas for improvement

1. To support people's safety, the provider should ensure that care plans are accurate and up-to-date to guide staff effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal 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).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.