

Howard House Nursing & Residential Home Care Home Service

13 Howard Street
Kilmarnock
KA1 2BP

Telephone: 01563 532 499

Type of inspection:
Unannounced

Completed on:
15 September 2022

Service provided by:
Gate Healthcare Limited

Service provider number:
SP2003001705

Service no:
CS2003010268

About the service

Howard House is registered to provide a care home service for 41 older people, including four places for adults. The provider is Gate Healthcare Ltd.

Howard House is a three storey building located in a residential area of Kilmarnock. There are 40 bedrooms but not all were in use. Most have en-suite toilet and shower facilities, some only have toilet and wash basin. Access between the floors is by lift and stairs.

The accommodation on the ground floor has some bedrooms with patio doors and access to the outdoors. The spacious conservatory has controlled access to a small, pleasant courtyard garden.

All communal space in general use was located on the ground floor. This included a large lounge with views to the street and an open plan lounge/dining area in the busy central part of the home.

The middle floor lacked easy access to communal space. The second floor has a communal lounge which was not in use. A refurbishment plan is in place which aims to further upgrade the layout and facilities.

The service employs nurses, but also uses district nurses when necessary.

At the time of the inspection there were 39 people living in the service.

About the inspection

This was an unannounced inspection which took place on 12, 13 and 14 September between the hours of 09:00 and 18:45. 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 five people using the service and five of their relatives.
- spoke with six staff and management.
- observed practice and daily life.
- reviewed documents.

Key messages

- Staff were good at developing meaningful relationships with people.
- Staff were responsive to people's changing health care needs.
- People took part in activities.
- The management had good knowledge of improvements that were needed to enhance people's experience.
- Staff felt well supported.
- There were restriction on use of the garden.
- The home was clean but undergoing some major refurbishment.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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 found important strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

We saw warm, kind, and compassionate interactions between staff and people who live in the home. One person told us "Staff are lovely, they look after me well", and another person said, "it's nice here, staff are friendly."

We found that health and risk assessments were regularly undertaken, evaluated and informed the person's personal plan. Charts associated with people's care such as fluid balance charts and food charts were incomplete. They did not give a true reflection of people's health care needs and could have a negative impact on the care people received. However, we did see people receiving regular fluids throughout the day. (See Area for Improvement 1).

Regular clinical meetings were taking place to discuss any ongoing health concerns for people receiving care. We could see that there were positive working relationships with external health professionals, staff were responsive to people's changing health care needs.

We found medication systems that were in place were effective, however the service had an outstanding area for improvement about dispensing medication in a more homely way. (See Area for Improvement 2).

We observed mealtime experiences and found that people were offered visual choices of meals, promoting people's preferences. Two small dining areas were being used due to refurbishment to the main dining area, this meant staff were rushed, however this was addressed following a conversation with management.

Due to ongoing refurbishment of the building, it has been challenging to promote smaller group living which had been a previous area for improvement. (See Area for Improvement 3).

We saw evidence of activities taking place, through posts on social media and through photographs shown to us by relatives. Relatives told us that they were happy with the level of stimulation their loved one received. One person told us that it was the first time in two years that their relative had been out in their local community. Although one person living in the home told us "There's not enough going on, it's a long day."

People were supported to keep in contact with their family and friends and local community. Visiting to the home was unrestricted and tailored to individual needs. Relatives spoke of how they were kept informed of their family member's wellbeing. Staff made the use of technology to assist people to keep contact with relatives who were not able to visit the home in person.

There were good standards of cleanliness in the home which helped to protect people from risk of infection. Housekeeping staff worked hard and were knowledgeable about cleaning schedules and procedures. All staff were following infection prevention control practices. The laundry area was clean and managed as well as could be until this is refurbished. Repairs were quickly addressed.

We found systems and checks in place which followed good practice guidance, however these were inconsistent. Environmental audits should be reviewed to ensure they are effective. (See Area for Improvement 4).

We found issues with the storage of some equipment in areas they shouldn't be which was addressed immediately by management. We found that not all domestic service rooms or sluices had appropriate handwashing facilities. Management had risk assessments in place to mitigate risk regarding this and staff have been trained in handwashing to prevent cross contamination. As part of the refurbishment plan these areas will be completed by the end of October. (See Area for Improvement 4).

Areas for improvement

1. In order to protect people from risk of harm, people should receive treatment that is safe and effective. The service should ensure that:

- Fluid balance charts and food charts are completed accurately.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

2. The service provider should consider ways of administering medication in a more homely way, increasing the staff group who can do this. So that wider improvements can be made to the monitoring of health and use of best practice.

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

3. The service provider should develop more person-centred care practices within smaller group living areas so staff can respond when needed and help people to get the most out of life.

This is with particular reference to:

- staff response to stress/distress of people who cannot use the call system.
- support to carry out everyday activities such as making a cup of tea/washing dishes.
- ensure staff are available to provide support for more meaningful activities by reducing time away from a "household" area, for example by provision of dishwasher
- consider how communal spaces are used to create more homely living.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible." (HSCS 5.7)

4. People should experience care in an environment that is safe, well maintained and minimises the risk of infection.

This is with particular reference to:

- Ensuring environmental audits are being effectively carried out.
- There are handwashing facilities within remaining domestic service cupboards and sluice rooms, with clear timescales for completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22)

How good is our leadership?

4 - Good

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

We found the service used good quality assurance processes to ensure that the needs of people experiencing care were met.

Quality assurance is a process that enables the service to evaluate its quality and performance based on evidence such as self-assessments, audits and feedback from people and their relatives using the service.

Robust quality audits took place on a regular basis which were evaluated and analysed, making sure that any errors were quickly rectified, and lessons learned. A service improvement plan was in place, giving people confidence that the service is looking to continually improve.

People using the service and their relatives were actively encouraged to give their input into how to improve the home through quality surveys and regular relatives' meetings. These inputs need to be analysed and used to inform the service improvement plan.

Observations of staff practice and regular supervisions were used to provide staff with feedback and discuss practice. Management had a good overview of staff training, identifying areas where completion rates were a little lower than others. This would ensure people received a high quality of care from staff who were confident and competent in their role.

We sampled staff recruitment files and found that best practice guidance was being followed.

How good is our staff team?

4 - Good

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

Any new staff starting at the home go through an appropriate induction for their role. Staff demonstrated a good level of knowledge and competency in their roles and were supported to develop their skills which enabled positive outcomes for people who used the service.

The management had an overview of all staff training and practice, ensuring that staff had the relevant skills to support the people who used the service. This meant that people's health and wellbeing was being maintained. However, staff and people living in the service would benefit from more robust dementia training which going forward the service intends through their dementia strategy.

Staff received regular support and supervision and appraisal, giving staff the opportunity to reflect on their practice and receive guidance going forward in their role.

Regular staff meetings and daily flash meetings were taking place. Important information about people's health and welfare were shared as well as the most up-to-date best practice guidance.

People who live in the service benefitted from a positive atmosphere because staff worked well together as a team. Staff told us that they felt they got good support from management.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People should experience an environment that is well looked after, clean, tidy, and well furnished. The overall standard of cleanliness was good. The environment offers people living there a choice of communal areas and individual bedrooms.

Bedrooms were single occupancy, providing people with privacy. People were encouraged to make their bedroom homely; we saw lovely examples of personalised bedrooms.

People should be able to move around the home freely, there was a lift for people to use to access different floors, however access to the garden area was restricted. The home had won a competition to landscape the garden space, this work was underway during the inspection, however there is a keypad that restricts people from freely accessing the garden. The home should look at how to remove this barrier once the garden is safe to use. (See Area of Improvement 1).

Refurbishment work was taking place throughout the home to modernise it and make it more dementia friendly. This includes looking at smaller group living which helps to alleviate stress and distress for those living with dementia. Reinstating the second-floor lounge would assist with this, giving people more choice of where they would like to spend their time.

The service had a maintenance person who ensure that health and safety checks were carried out, and repairs were carried out in a timeously manner. Making sure people were kept safe in their own home.

Areas for improvement

1. People should be able to move around the home freely, including access to the garden space. The provider should look at ways to remove the barrier to accessing the garden once the garden landscaping has been completed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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) and "If I live in a care home, I can use a private garden." (HSCS 5.25).

How well is our care and support planned?

4 - Good

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

We sampled a number of personal plans and found that they guided staff on how to support people with their health needs. We found the standard of personal planning and recording was good, however personal plans should be more person centred and reflect people's personal choices and preferences. (See Area for Improvement 1). The home advised that there are plans to make personal plans electronic and more person centred.

The home should consider using a one-page profile that details information about the person, promoting people's sense of self and identity and to allow staff an opportunity to get to know the person. We could see documents within plans that told you what people's interests were, informing activities that may be organised.

We found that care reviews were taking place and that relatives and other health professionals were involved. Care reviews and evaluations captured the positive outcomes achieved which then informed the personal plan.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. The home had consent forms in place which were signed by the person or their relative, should there be any restrictions of movement placed on them, such as bedrails or movement alarms in their room.

We were able to see that most people had an anticipatory care plan in place, detailing their needs and wishes when it comes to near the end of their life, however not everyone had these. This had been a previous area for improvement. (See Area for Improvement 2).

Areas for improvement

1. The provider should ensure that people's care plans set out how their health, welfare and safety needs are to be met and are regularly updated. To do this the provider must ensure that all residents have personal plans which:

- Reflect a person centred, outcome focused approach and are developed in line with the Health and Social Care Standards.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My support 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)

2. The service provider should ensure decisions about care, and in particular anticipatory care plans, have been discussed and agreed with the right people, including GP practice so out of hours are aware. This helps ensure people's rights and preferences are respected.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

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 provider should develop more person centred care practices within smaller group living areas so staff can respond when needed and help people to get the most out of life. This is with particular reference to:

- staff response to stress/distress of people who cannot use the call system
- support to carry out every day activities such as making a cup of tea/washing dishes
- ensure staff are available to provide support for more meaningful activities by reducing time away from a "household" area for example by provision of dishwasher
- consider how communal spaces are used to create more homely living.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.' (HSCS 5.7)

This area for improvement was made on 4 August 2021.

Action taken since then

The home was undergoing a vast refurbishment which meant that creating smaller group living environment was challenging. Area for improvement has not been met at this stage.

Previous area for improvement 2

The service provider should ensure decisions about care and in particular anticipatory care plans have been discussed and agreed with the right people, including GP practice so out of hours are aware. This helps ensure people's rights and preferences are respected.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

This area for improvement was made on 18 November 2020.

Action taken since then

Anticipatory care plans have still to be completed for all or at least discussed with everyone. Area for improvement not yet met.

Previous area for improvement 3

The service provider should consider ways of administering medication in a more homely way, increasing the staff group who can do this so that wider improvements can be made to the monitoring of health and use of best practice.

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

This area for improvement was made on 4 August 2021.

Action taken since then

This area for improvement has not been met at this stage.

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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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