

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 April 2024

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.

Howard House is a three-storey building located in a residential area of Kilmarnock. There are 39 bedrooms. 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.

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 11th, 12th and 15th April 2024 between the hours of 09:00 and 20:30. 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.

To inform our evaluation we:

- spoke with 10 people using the service and four of their family members,
- spoke with 25 staff and management,
- observed practice and daily life, reviewed documents,
- obtained feedback from visiting professionals.

Key messages

- Staff knew people well and were able to use this knowledge to provide very good person centred support.
- People were involved in day-to-day activities such as cleaning, laundry and running the tuck shop.
- Recent refurbishment of the service had improved opportunities for people to be more independent.
- Deficits in care planning since moving over to a new system had been recognised and were being worked upon.

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?	5 - Very 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?

5 - Very Good

We found significant strengths in the positive outcomes for people, therefore we evaluated this key question as very good.

Staff knew people well and were able to use this knowledge to support them. We found warm and genuine relationships between people supported and staff. Staff were respectful in their interactions and encouraged people to be involved in day-to-day activities within the home such as folding laundry, cleaning tasks and assisting with the tuck shop trolley. A relative told us, "They encourage dad to keep his independence." This allows people to maintain their independence and feel included.

We observed that mealtimes were pleasant experiences with tables set including menus. People were given a choice, special diets were catered for and staff provided appropriate assistance. The food looked well-presented and appetising. This supports people to maintain good levels of nutrition and hydration.

There was a robust procedure in place for medication administration which was appropriately documented. People were supported to manage their own medication where possible and people's dignity was respected. This improved health outcomes for people and kept them safe.

We saw evidence that appropriate external health professionals participated in people's care planning. There was evidence of monthly review of key areas such as weight loss and falls with appropriate actions taking place. This ensured that people's health and wellbeing was maintained.

Staff and people told us that there were sufficient staff to meet the needs of those being supported and the activity staff provided seven day a week cover. Regular outings to local events and places were happening. This improved the opportunities for people to take part in meaningful activities.

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.

The service had systems in place to monitor the quality of the service. There was a range of audits completed regularly and the actions from these informed the service improvement plan. There was a system in place to monitor completion of these actions which ensured positive outcomes for people were supported.

People's views about the service were gathered through resident and relative meetings. The comments and suggestions from people were used to inform the service development plans and the outcomes communicated to stakeholders.

People we spoke with commented that the management team were approachable and listened to concerns. We saw that complaints were managed in line with policy and procedure. This assured that concerns were being responded to and being used to improve people's outcomes.

People supported, staff and relatives were all involved in the completion of audits, and we would encourage further exploration of ways for people to be involved to improve their sense of empowerment.

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.

Staff were observed to be respectful and kind in their interaction with people supported and each other. People told us "The staff are good and work hard." The atmosphere in the home was calm and unhurried. Staff told us that they worked well together as a team. This supported positive outcomes for people.

Staff told us that they felt supported by the management team. We saw that regular supervisions and appraisals took place. This offered staff opportunities to discuss their learning and development needs and reflect on their practice which promotes positive outcomes for people supported.

There were effective communication systems in place to ensure that staff were kept up to date with any change in people's health or wellbeing. This ensured people were supported by staff who were informed about their care needs and could provide responsive support.

There was a comprehensive training plan which showed that training was delivered in a variety of way to meet individual learning styles. We found a good example of how training was adapted to ensure it was responsive to the needs of the service. This helps to ensure people's health and wellbeing by being cared for by knowledgeable staff.

Staffing and care needs of people were reviewed weekly to ensure that the support was available when required and to assist in planning. This allows people to be supported in a calm and timely manner.

How good is our setting?

5 - Very Good

We found significant strengths in the environment and how it supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had just completed a period of refurbishment. The environment had been adapted by the addition of some kitchen areas as well as reorganisation to provide multiple dining and seating areas within the home. There were always a range of snacks and drinks available. This supported people's independence and choice.

The garden was enclosed and provided areas for multiple activities. People were observed planting in the raised beds and enjoying being in the fresh air. There was free access to the garden from the conservatory which improved people's sense of wellbeing.

We observed people walking freely around the home which had dementia friendly signage to aid with finding the way around and which helped to empower people.

The service was well maintained with all the appropriate checks in place. Any cleaning issues were promptly dealt with to provide people with a clean and homely environment.

There was a range of technology in use providing both entertainment and the ability to keep in touch with

friends and family. This allowed people to stay connected to those who are important to them.

People were involved in any planned changes and encouraged to talk through any issues or worries which increased people's sense of belonging.

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.

The service had moved to the kradle electronic system in February 2023. This is accessed via laptops and hand held devices. We saw that this had improved the ability to record relevant information such as food and fluid intake accurately and at the time. This supports people's health and wellbeing.

We saw evidence that people supported and their families had been involved in the development of personal plans. Reviews were taking place as planned involving relevant family members. The feedback from reviews were being used to inform service improvements.

The contents of the personal plans were variable with some containing a satisfactory level of information about people supported and reflecting who they are as a person. However, others contained contradictory or inaccurate information. The service had recognised this and were working on improving the quality of the information in the personal plans. This will help to support positive outcomes for people. (See area for improvement 1).

Anticipatory care plans were in place and regularly reviewed which ensures that peoples wishes are both known and respected. They were registered with the out of hours service for easy access.

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)

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

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).

This area for improvement was made on 15 September 2022.

Action taken since then

Fluid balance charts are on kradle and filled in continuously throughout the day. A review of the charts showed accurate completion. All charts are checked over by a senior staff member at 2pm and marked if additional encouraging of fluids required to bring it to the attention of care staff.

All charts are reviewed by night staff at midnight and results included in handover to day shift. People have Individual fluid targets and are referred to their GP if these are not met for three days in a row.

This area for improvement has been met.

Previous area for improvement 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)

This area for improvement was made on 15 September 2022.

Action taken since then

This service has an electronic system now in place and more staff have been trained to administer medication.

Three residents self-administer medication with support from staff as required.

Although medication trolleys used they are not left in communal areas and are used discreetly.

This area for improvement has been met.

Previous area for improvement 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)

This area for improvement was made on 15 September 2022.

Action taken since then

An additional dining area has been set up in the conservatory and there are dining tables in all communal lounges.

The refurbishment had provided of kitchen facilities in dining areas and there is a seating area in dining room downstairs

Staff were observed to encourage people to get involved in day-to-day activities and be responsive to stress and distress signs.

This area for improvement has been met.

Previous area for improvement 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)

This area for improvement was made on 15 September 2022.

Action taken since then

There had been hand wash basins installed into sluice rooms and domestic service rooms.

There were multiple environmental audits completed monthly by various staff groups which feed into the service improvement plan. The home was observed to be clean, fresh and well maintained.

This area for improvement has been met.

Previous area for improvement 5

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).

This area for improvement was made on 15 September 2024.

Action taken since then

There had been work carried out to increase height of garden wall to ensure a safe environment. The garden had been landscaped to achieve safe walking spaces for those wishing to use it.

There was free access to the garden throughout the day.

This area for improvement has been met.

Previous area for improvement 6

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)

This area for improvement was made on 15 September 2022.

Action taken since then

There had been the introduction of an electronic care planning system. Monthly auditing of a proportion of care plans to improve quality was in place. However review of the personal plans showed variable completion and contradicting information.

This area for improvement has not been met and will be repeated.

Previous area for improvement 7

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 15 September 2022.

Action taken since then

There were anticipatory care plans in place which are reviewed monthly. All anticipatory care plans are stored on the KIS system allowing GP and out of hours access. The GP is also notified of any changes to allow KIS to be updated.

This area for improvement has been met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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 iarrtas.

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.