

Harestane Nursing Home Care Home Service

122 Harestane Road
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Type of inspection:
Unannounced

Completed on:
3 December 2024

Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2003010701

About the service

Harestane Nursing Home is situated in the Kirkton area of Dundee, and can accommodate up to 66 older adults; two of which can be under the age of 50 with nursing needs. Harestane is convenient for local services and public transport.

There were 65 residents within the home at the time of our inspection.

The home is surrounded by a secure, well landscaped and maintained garden, with covered gazebo, which can be easily accessed by the people living in the service.

There is a hydro-therapy pool attached to the home which residents can access, however, this is not regulated by the Care Inspectorate.

The mission statement of this service is:

'To assist every client with improving their quality of life, encouraging independence and allowing them to be comfortable with excellent care in the home, by providing professional care with dignity, respect and compassion.'

This service is provided by the Priority Care Group.

About the inspection

This was an unannounced inspection which took place on 2 and 3 December 2024. 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 throughout the inspection year.

This was a pilot inspection to test a new way of inspecting to provide assurance that better performing services continue to deliver a very good level of care and support. No new evaluations (grades) have been awarded.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, the setting, and planned care.

We confirmed that the service continued to provide a very good level of care and support. We know this because on this inspection we:

- spoke with nine people using the service, and five of their family members;
- spoke with staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

Legal assurances

We found that people were safe and protected from harm because the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place. We also noted the service had clear aims, objectives, values and principles. The provider's policies and procedures gave good guidance to staff to enable them to keep people safe and protected from harm.

Wellbeing

We found that appropriate, and widely recognised, health assessments were in place. Referrals to relevant health professionals were made appropriately, as required. There was clear information available to staff to enable them to understand and respond to risk.

Medication was well managed within the home. We observed medication being administered and found that people were being supported with their medication needs. Guidance was available for staff on the administration of 'as required' and 'covert' medications. There were systems in place to ensure good standards were maintained and good practice guidance was being followed. This meant that people could be confident they would receive the right medication at the right time.

The service had a full time activity co-ordinator although all staff understood the value of involving people in meaningful activity to enhance their care and wellbeing. People told us they enjoyed taking part in the activities available. The manager advised that social activities, both within the home and in the wider community, was in the process of being reviewed to ensure that everyone felt able to contribute to meaningful activities.

We saw that where people needed support to manage their finances, there were policies and procedures in place to keep their money and valuables safe. This meant that people could be confident that their finances and rights were being protected.

Leadership

There was a culture of continuous improvement within the home. The manager had several effective systems and audits in place. These included regular oversight of accidents, incidents and people's health needs. This included falls, nutrition, wound care, medication and care planning.

The service had a robust improvement plan in place which was regularly monitored and updated to evidence the improvements made throughout the home. There was also evidence of people living in the home and their families being involved in the decision making of service delivery.

The management team demonstrated a clear understanding about what was working well and improvements that were needed to ensure outcomes for people were the main drivers for change. People were highly complimentary about the manager and management team. One person told us "the leadership throughout the home is second to none. The manager, nurses and seniors are always available and accessible for discussion and support."

Staffing

We looked at staff files and found that safer recruitment practices had been followed. Protection of Vulnerable Groups (PVG) checks had been completed and two references had been received prior to the member of staff commencing employment. People could be confident that the service had safe, effective recruitment practices and procedures in place that reflected the principles of 'Safer Recruitment, Through Better Recruitment'.

Staff told us they had benefited from a comprehensive eight week induction programme that gave them a good understanding of the service and prepared them well for their role. People's needs were met because the induction programme enabled staff to understand and support good outcomes for people using the service.

People benefited from being supported by knowledgeable, competent staff who reflected on their practice. Training records were up to date, indicating good compliance with the completion of mandatory training such as medication administration or moving and handling. Staff told us they felt well supported with their learning and development. We observed staff who were skilled and knowledgeable. This assured us that staff had the necessary knowledge, skills and values to promote good outcomes for people they supported.

We observed good staffing levels during our inspection which staff told us was normal for the home and enabled them to spend quality time with people. People we spoke with said that they rarely had to wait long for support from staff. This meant that there was sufficient staff to meet people's needs.

Setting

People should expect to live in high quality facilities. We found that the home was clean, tidy, well maintained and free from clutter throughout.

Visitors told us that they were always made to feel welcome when visiting the home.

One person told us "I'm always welcomed in the home, offered a drink and made to feel welcome. I feel very comfortable when I come here to visit."

People benefited from a comfortable environment and we saw good standards of décor and furnishings throughout the home.

People could independently access the large private, enclosed garden area with seating and a covered patio. We were told that this area was very well used in the better weather.

Bedrooms were comfortable and people had personalised them with items from home. This helped to settle people and gave them a sense of belonging.

There were regular checks to ensure that water safety and necessary water temperatures were maintained. Routine maintenance was ongoing and fire safety checks were completed at the required frequency. This was evidenced in the sample of maintenance records we examined. This ensured that the home was safe and people were protected from harm.

Planned care and support

We found that personal plans contained detailed information to guide staff on how best to support people with their health and wellbeing needs. Plans were supported by relevant clinical and risk based assessments. People and their families had been involved in the development of their care plans.

Where health and wellbeing assessments identified specific interventions, additional personal plans were in place to guide and support staff in care delivery. This meant that people could be confident that they were being supported by a staff team who were aware of their health and care needs. Monthly monitoring of personal plans detailed the effectiveness of the care plan and ensured that people's needs were reflected in their care. This helped to ensure that people were supported in a consistent way and that their choices were respected.

The service had developed end of life guidance. There was a very good level of information to guide and support people, relatives and staff around end of life care. This was done sensitively to a very personal standard with fine detail of people's personal wishes and preferences.

Appropriate documentation was in place for people who lacked capacity; offering detail about the power of attorney and who the home should consult with regarding the care of the person. This helped to protect people's legal rights and safeguarded them from harm.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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