care inspectorate

Greenhills Care Home
Care Home Service

Broughton Road
Biggar
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Type of inspection:
Unannounced

Completed on:
11 April 2019

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010577

HAPPY TO TRANSLATE

About the service

Greenhills Care Home is owned and managed by Thistle Healthcare Limited and was registered with the Care Commission in April 2002. The home is registered to provide care and support for up to forty-five residents with physical and cognitive impairment. The home is situated within a quiet, residential area of Biggar and is accessible to public transport links, local shops and amenities.

All bedrooms have full en-suite facilities and people are encouraged to bring in their own furnishings and decorate their rooms to their own preference. There are two communal lounge and dining areas, hairdressing and pantry area for staff and relatives to use.

The garden provides seated areas for residents and relatives with lovely open views over the surrounding countryside.

The home aims to "ensure residents, including those who live with dementia are supported in a person-centred environment, feel valued and respected as individuals".

At the time of this inspection there were forty-two residents residing here.

What people told us

We gathered feedback from residents in the service and their families by sending out Care Standard Questionnaires prior to this inspection as well as speaking to people throughout the inspection. Of the fifteen questionnaires were issued to residents and carers, two were returned.

There was also an inspection volunteer involved in this inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteers' role is to speak with people using the service being inspected and gather their views.

Some of the comments we received from people we spoke to as well as the comments from the returned questionnaires were as follows;

- I go to bed whenever staff come for me I try to help them as they are short-staffed. My only problem is going to the toilet as it takes two staff and a hoist. I have to wait so long, this is not the staffs' fault as they are very short of staff and more than myself need staff for the toilet. During mealtimes no one is allowed to go to the toilet surely if there were more staff this would cover this. I eat my meals in my room and sometimes get forgotten

- at this time the home is of a good standard of cleanliness and security, since last year we have had a new manager, new nurses, carers and domestics now everything is settling we have four more staff now leaving

- I can get up when I want but they ask if I can wait until they deal with someone else

- not enough staff day or night

- can sometimes be an hour and ten minutes to answer the buzzer

- the majority of my laundry goes to my family as not done properly here
- I wanted toast but told can't get it as no bread in the building
- staff are absolutely run of their feet
- insufficient staff, still people in bed at midday
- it is just dreadful and a shame for the staff they have so much put on them
- exercises this morning but late to start as everyone up late
- buzzer can go for two to three minutes or up to forty
- haven't had a shower since last week

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 2 - Weak

People who experience care have the right to be treated with dignity, respect and compassion and have confidence in the people who provide their care and support.

People we spoke to spoke positively of the staff and said they felt they were committed to their role but were unable to deliver more than basic care due to increased dependency and inadequate staffing levels. Staffing levels appeared problematic and task orientated and although rushed we observed good standards of practice from staff who demonstrated a genuinely compassionate approach to residents and their relatives.

How people spend their day is important in maintaining people's physical health and wellbeing.

We saw residents had enjoyed outings, entertainment and links with the local community, this was confirmed by people we spoke to. Better recording will ensure that staff capture the daily interaction they provide as this was not obvious from the current records we saw. Outwith the support provided by the activity workers activities were limited due to staffs' time being taken up providing direct care.

The dining experience appeared disorganised at times and menus were under review due to some negative feedback from residents.

We did not see staff promoting snacks and additional fluids outwith dining times. The additional monitoring charts for residents who were at risk of skin breakdown or reduced diet and fluid intake were not being completed and it was unclear how staff supported the residents who remained in their rooms. This gave us concerns that residents' health and wellbeing was not being accurately monitored, (see requirement 1).

There was some evidence of consultation with other health care professionals including the GP. However the documentation and follow up notes were poor and we saw large gaps where a risk or concern had been recorded before action was taken. In some instances we were unable to see the conclusion which gave us concerns particularly with skin and wound care management (requirement 2).

We looked at the Medication Administration Records (MAR) and found some significant concerns which we shared with management to ensure these were addressed immediately. We found staff repeatedly recording medication as out of stock for long periods of time resulting in individuals not receiving their prescribed medication which could have a detrimental effect on their health and wellbeing. Stock control was poorly recorded and where people were not receiving their prescribed medication there was no evidence that this had been reviewed with the GP. Management had recently carried out an audit of medication which captured some of the concerns we saw. We were assured by the action taken by management to address these concerns and are currently receiving regular updates from the service (see requirement 3).

Requirements

1. The service must develop a suitable monitoring chart for staff to record any nursing or social intervention provided to residents who are in their rooms through choice or ill-health. All monitoring records in use must provide an accurate, up to date account of any support provided to individuals. All written records must be completed within a reasonable timescale following any support provided. The manager must ensure that all healthcare monitoring records are checked at least once in every twenty-four hour period and where gaps are identified that this is actioned immediately to ensure the well-being of the individual.

This is to ensure confidence in the organisation providing my care and support and is consistent with the Health and Social Care Standard 4.11 which states; 'I experience high quality care and support based on relevant evidence, guidance and best practice'.
And, The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users.

Timescale for completion; 24 July 2019
2. The provider must ensure that where a risk or concern has been recorded that staff are seeking advice and intervention from external professionals and recording the actions taken, progress and outcome. Wound charts must be kept up to date with a description of the wound, dressing regime and progress to date. Where skin integrity concerns have been highlighted there must be an accurate record of the level of risk, interventions and actions taken to monitor and manage this.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standard 3.14 which states; I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.
And, The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users.

Timescale for completion; 24 July 2019
3. The provider must ensure that staff are trained and regularly assessed as being competent in the safe and effective handling, management and administration of medication. Evidence of this will be provided through staff training records, supervision and auditing with evidence of actions taken where a discrepancy or out of stock medication has been identified.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standard 3.14 which states; I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.
And, The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users.

Timescale for completion; 24 July 2019

How good is our leadership? 2 - Weak

Prior to our visit senior management had identified concerns in the service and had put in additional resources to address these. When we arrived to conduct this inspection there were additional management in place who were focusing on improving staff training and recruitment, documentation and medication management.

There had been little evidence of regular meetings or consultation in recent months to demonstrate that residents had been involved in decisions about their care. Consultation had now been re-established with meetings and surveys underway. We look forward to assessing how this has influenced the ongoing improvement and development of this service at future inspections.

There was a complaints log and we saw there had been delays in acknowledging some recent complaints which were now being addressed. We were aware through speaking to people that concerns had been raised with the manager however there was no record of these. We suggested the manager records all concerns to ensure they are actioned and resolved to prevent escalation into a complaint where people are not satisfied with aspects of the service (see area for improvement 1)

We found gaps in audits from previous months however we could see these had been re-established using a new electronic auditing system. This had only recently been implemented and was still subject to changes and improvements, therefore we were unable to assess how effective this was or how it was positively influencing and improving standards within the service at this inspection.

In the audits we looked at we found gaps in peoples weights and skin integrity resulting in staff being unable to demonstrate that concerns identified were being managed appropriately.
Accidents and incidents were recorded along with a falls log and managers audit. Each one of these provided different information therefore we were unable to assess how falls were being accurately monitored and managed safely.

We found the majority of falls were un-witnessed and occurred overnight, delays in answering the nurse call due inadequate staffing levels could be a contributory factor to this. However there was no analysis of this and no action plan identifying the management or actions taken to prevent and reduce these (see requirement 1).

We identified some incidents which the service should have informed us off. We discussed the need to ensure all significant events are reported when they occur and are updated regularly, which the manager actioned during our inspection (see area for improvement 2).

Requirements

1. The provider must continue to develop and implement an effective quality assurance system in order to assess the quality of service they provide to people residing in this service.

Any areas identified for improvement which is impacting on the quality of care, health and wellbeing of individuals must be addressed promptly with details of actions to be taken, by whom and within identified timescales.

This is to ensure confidence in the organisation providing my care and support and is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". And, The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users.

Timescale for completion; 24 July 2019

Areas for improvement

1. The manager should ensure that the complaints procedure is visible and accessible for residents and visitors. Where a complaint or concern has been raised with staff or the manager this should be recorded and acknowledged within the timeframe stated within the services complaints procedure with evidence of actions taken to ensure a positive solution.

This is to ensure confidence in the organisation providing my care and support and is consistent with the Health and Social Care Standard 4.20 which states; I know how, and can be helped to make a complaint or raise a concern about my care and support.

2. The manager should review the guidance on notifications and ensure the Care Inspectorate are informed and kept up to date on any significant events which occur in the service within the required timescale.

This is to ensure confidence in the organisation providing my care and support and is consistent with the Health and Social Care Standard 4.23 which states; I use a service and organisation that are well led and managed.

How good is our staff team? 2 - Weak

People using care services should have confidence in the people who provide support because they are trained, competent and respond promptly to requests for help.

People we spoke to spoke positively about the support they received from staff and said they were caring and supportive to them.

We reviewed files of staff recently recruited by the service. We found staff were appropriately and safely recruited in line with best practice guidelines. The service maintained a register of staff registered with professional bodies, namely the Scottish Social Services Council (SSSC) and Nursing and Midwifery Council (NMC). This was monitored by senior management and had recently resulted in the suspension of six staff who had failed to meet this regulatory requirement. These suspensions along with a high staff turnover and reliance on agency staff has led to a feeling of unrest and instability among residents, relatives and existing staff.

Staff told us they felt stressed and under pressure and had concerns about the dependency, staffing levels and deployment of staff within the home. Dependency levels were calculated and analysed monthly by the manager. Where there had been an increase in dependency this was not reflected in the staffing levels which were currently dictated by staff availability.
There is currently an over reliance of agency staff to cover shifts resulting in lack of consistency and stability. Through discussion and observation of staff practice we could see the daily routine is task orientated with limited time to spend on social activities and interaction. There were lengthy details in responding to the nurse call system which could potentially lead to an increase in falls. We saw residents getting up just before lunch resulting in reduced dietary and fluid intake due to missing breakfast (see requirement 1).

There were gaps in supervision and staffs' training statistics were low demonstrating that staff had not received training or updates recently to ensure they were knowledgeable and competent in their role. There had been no training needs analysis or evidence of prioritised training until recently when senior management had identified this and were now taking positive action to rectify it (see area for improvement 1)

We could see that consultation, training and supervision had all been recently re-established. We look forward to seeing how this has motivated staff and improved morale at the next inspection.

Requirements

1. The provider must ensure there are appropriate staff working in the service to ensure the health, safety and wellbeing of all residents. In order to achieve this there needs to be a full audit of each persons dependency levels taking into account individual, specific healthcare needs, stress and distressed reactions, end of life care, planned activities as well as the overall layout of the home including, residents who remain in their rooms and the level of intervention they require from staff at various times throughout the day.

This information must then be analysed and used to calculate staffing levels over a 24 hour period with evidence of this recorded in the staff rota.

This is to ensure confidence in the people who support and care for me and is consistent with 3.15 'My needs are met by the right number of people'. 3.16 'People have time to support and care for me and to speak to me'.

And The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users. Regulation 15 (a) Staffing.

Timescale for completion; 24 July 2019

Areas for improvement

1. The manager should ensure that all staff are provided with regular opportunities to attend training and updates relevant to their role and current needs of individuals. The manager should ensure all staffs training needs have been analysed and prioritised with a training plan demonstrating this. Staff should be supported to attend training which should be organised without depleting the number of staff available to work within the service at these times.

This is to ensure confidence in the organisation providing my care and support and is consistent with 3.14 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'

How good is our setting? 2 - Weak

People should benefit from high quality facilities that are comfortable, homely, safe and well maintained.

Greenhills is built over one level, all rooms are single occupancy, the rooms are spacious and people are encouraged to bring in their own personal belongings to make them feel more homely. We found that since the last inspection there has been no investment from the provider to improve the décor and soft furnishings within the home as well as the outside space. Signage could be improved in order to assist residents and visitors to find their way around the building independently. The communal lounges, dining rooms and bathrooms lack homely touches and the furniture is old and worn. We saw residents sitting on seats with no covers posing a risk of skin breakdown and infection control risk (see area for improvement 1).

The home is spacious and generally people can wander independently. Those who need staff assistance are restricted due to staffs' availability at the time. There is a pantry area to make drinks and snacks. We were informed the kitchen is locked overnight and thought this area would have provided a place for residents and visitors to use independently however it was poorly stocked and seldom used.

Access to outdoor space is important in encouraging people to move around and get fresh air. The home has beautiful views over open countryside however the outdoor space is seldom used due to uneven paving posing a risk of trips and falls to residents and visitors.

We acknowledge the main lounge was being decorated at the time we visited however we saw no other evidence of any investment. Since our inspection we have received updates from senior management and have been assured that repairs to the roof, paving and gardens is now underway.

There is a daily maintenance log and we saw that appropriate checks of the environment were taking place including fire safety, water quality, fridge temperatures and manual handling equipment. The service maintained these records and had the majority of the appropriate certification in place for appliances, services and equipment. There were a few certificates which we requested the manager forward to us which were not in place at the time of our visit.

The development plan was currently under review and had not been fully completed at this inspection.

Areas for improvement

1. The manager should in consultation with residents devise an ongoing refurbishment plan in order to ensure the home provides a comfortable, homely and well looked after environment for people to live. Residents should

be actively involved in giving their views on what could be improved both inside and outside the home to ensure the service provides a high quality, homely environment which is continually reviewed and upgraded as needed. This is to ensure a high quality environment if the organisation provides the premises and is consistent with; 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

How well is our care and support planned? 2 - Weak

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.

We looked at the care plans currently in use and found these were not up to date, evaluated regularly and were not currently reflecting the care and support experienced by residents.

There was evidence of links with the local GP practice who supported the home as well as district nurses and podiatry. Supporting legal documentation was in place where people were not able to fully express their wishes and preferences with anticipatory care plans to ensure people's future wishes were recorded for their future care.

Appropriate risk assessments were in place however there were gaps in these and where a risk had been identified there was lack of detail on the monitoring and management of this as well as a lack of detail around individuals medical conditions and how to manage these appropriately.

The daily notes were generally completed well however where there was a concern noted this was not cross referenced into the relevant section of the care plan and lacked follow-up information. There was inconsistent recording and gaps in the monitoring of weight loss, skin integrity and falls.This resulted in the service being unable to provide evidence that appropriate advice and action had been taken to ensure individuals safety and well-being.

Residents and relatives had limited involvement in the care planning and review process and this lack of consultation had resulted in the service being unaware of peoples concerns.

Care reviews had not been happening six monthly in line with legal guidance, there were plans in place to rectify this and we have been informed that reviews are now scheduled to take place following our inspection. The content of review reports remained limited, failed to reflect how the individual has been over the past six months or highlighted any actions needed going forward.

There had been gaps in previous care plan audits although this is now improving. This in addition to the high level of staff turnover and use of agency has resulted in the quality of the care plan documentation requiring improvement (see requirement 1).

Requirements

1. The provider must ensure that individual's personal plans are up-to-date, are reviewed at least six monthly and provide detailed information to ensure that the care required is accurately documented and delivered. Where there is a specific health care need identified that a relevant care plan is developed and regularly evaluated to ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their needs, including social and recreational activities.

Where a risk has been identified there must be a plan in place with evidence of actions to be taken, advice sought with regular evaluations which are regularly reviewed and updated. Where there has been a change in need this must be recorded within all the appropriate sections of the plan and updated to avoid confusion to the reader.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My personal 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 is in order to comply with SSI 2011/210 Regulation 4(1)(a) - welfare of service users Regulation 5 - Personal plans.

Timescale for implementation; 24 July 2019.

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

Requirements

Requirement 1

The service must ensure that individual's personal plans are up-to-date and provide detailed information to ensure that the care required is accurately documented and delivered. Where there is a specific health care need identified that a relevant care plan is developed and regularly evaluated to ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their needs, including the management of stress and distressed reactions.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5(b)(ii) Personal Plans.

This requirement was made on 26 April 2018.

Action taken on previous requirement
Please refer to key question 5, quality indicator 5.1 assessment and care planning reflects peoples' needs and wishes for further information on this requirement.

Not met

Requirement 2

The service must develop a suitable monitoring chart for staff to record any nursing or social intervention provided to residents who are in their rooms through choice or ill-health. All monitoring records in use must provide an accurate, up to date account of any support provided to individuals. All written records must be completed within a reasonable timescale following any support provided. The manager must ensure that all healthcare monitoring records are checked at least once in every twenty-four hour period and where gaps are identified that this is actioned immediately to ensure the well-being of the individual.

This is in order to comply with:

The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

This requirement was made on 26 April 2018.

Action taken on previous requirement

Please refer to key question 1 quality indicator how well do we support peoples' wellbeing for further information on this requirement.

Not met

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 manager should ensure that when the maintenance person is unavailable that there are alternative arrangements in place to ensure all the necessary safety checks and day-to-day maintenance issues are being dealt with to ensure a safe and secure environment. The manager should introduce a way of monitoring the maintenance records to ensure all actions identified have been actioned and completed.

This is in order to comply with; Health and Social Care Standards 5.17 My environment is secure and safe.

This area for improvement was made on 26 April 2018.

Action taken since then

We looked at the maintenance log and safety checks carried out by the maintenance person as well as any external professionals and were satisfied with the records we were presented with. 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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