

Clinton House Nursing Home Care Home Service

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Type of inspection:

Unannounced

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Service provided by:

Clinton House Strathclyde (Care Homes)
Ltd

Service provider number:

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Service no:

CS2003010566

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Clinton House Nursing Home is a care home in Shawsburn near Larkhall. The home has twenty-four bedrooms with the majority of rooms benefitting from en suite facilities. There is an upstairs which is accessible by passenger lift or stairs. There is an enclosed garden space and a large car parking facility for visitors. At the time of inspection there were 23 residents.

The home aims "to deliver care in a professional manner and adopt a holistic approach to care, while affording dignity and respect to each individual resident".

What people told us

In the returned questionnaires the respondents indicated that the residents who lived in the home felt safe and secure and also felt they had good relationships with the staff.

There was also a recurrent theme through all of the seven returned questionnaires which was that the resident felt either lonely and/or bored.

Some of the comments we received included:

"Messages do not always get passed on. Staff need to be more aware of relatives who hold a power of attorney and of liaison required in that instance".

"Poor communication between night staff and day staff".

"Communication between the care home and the relatives family could be greatly improved".

We spoke to residents and visitors during the inspection and some of the comments we received were:

"(They) always ask (for our) opinion and they provide us with clear updates and progress on things relating to our (relative)".

"There are not a lot of activities and it can be a long day".

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
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How good is our leadership?	2 - Weak
How good is our staffing?	not assessed
How good is our setting?	not assessed
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

Residents have the right to be communicated with in a way that is courteous and respectful, with their care and support being the main focus of staffs attention. Although we saw that there were good staffing levels during the inspection we observed that they were poorly co-ordinated and task focussed. Positive and meaningful interactions with residents were limited in both duration and frequency. We heard from staff that they would like to spend more time with residents. We saw that when interactions took place there were many which showed due care and consideration. We asked management to look at how this can be improved to ensure more time is spent interacting with and responding to the residents.

Meal times are an opportunity for social interaction which requires staff assistance and encouragement for many. Apart from asking what individuals would like to eat there was little conversation within the dining room. This led to some residents sitting in isolation without the support they require to interact with their peers or to enjoy and complete their full meal and drink.

We spoke with the management about the need to ensure that individual residents dignity and privacy was protected and maintained. We asked that some practices which had been introduced to benefit staff without considering the impact on residents be reviewed and stopped where necessary. This included removal of personal and sensitive information from the outside of bedroom doors. We also asked that bedroom doors not be kept open as a standard practice whilst residents are asleep or relaxing in bed.

We discussed with the management the need to ensure that each resident is viewed and cared for as an individual. We were concerned that the practices undertaken were not always person-centred. For some individuals who were living with complex health and social care needs the service had failed to involve relevant professionals and agencies who may be able to enhance the persons life experiences. In other cases where professionals were or had been involved we could not see evidence that their support and expertise had been fully utilised to benefit the individual resident. This had led to various negative impacts on residents such as them being unfairly labelled as challenging, being isolated within the setting and/or being left in undignified situations. We raised our concerns with the local authority social work department and asked that reviews of the care of the individual residents identified be undertaken.

Where individuals residents' conditions or illnesses caused them to display behaviours that presented a challenge for the staff team we found that these had not been appropriately assessed. The care plans we looked at either had vague, misleading or missing information. We found the attitudes of some staff to be unprofessional and judgemental. This had led to residents behavioural needs being unsupported.

We highlighted where we saw that individual staff had taken the time to build supportive and caring relationships. We asked that those staff be used as role models for others and that all staff be reminded of their professional responsibility to treat all residents equally.

We concluded that the service team lacked understanding of what would be considered an adult support and protection concern. This was based on us finding that the management and staff team were already aware of concerns that we were raising in relation to individual residents. Although known we did not find that actions had been taken to ensure the safety and well-being of those individual residents leading to continued risk(s) for them. We emphasised the need for all staff to have a clear understanding of their professional responsibilities. We were assured that the management team would develop the teams knowledge, understanding and practices to ensure that all residents safety and welfare needs were being considered and met.

We saw that residents clothes were clean and well co-ordinated. Individuals hair at times looked unclean and also unbrushed. On checking personal care related records we highlighted that for those who require staff support for baths and showers the volume of activity was low. We asked management to review the provision of care in this area to ensure that regular opportunities for baths and showers be offered to all.

We read the minutes of resident and family meetings that have taken place since the last inspection. There had been wide ranging discussions and actions also taken forward.

The provider had again undertaken an annual survey with the support of an independent external agency. Valuable feedback had been provided from both residents and family members. This was not responded to quickly enough, with months being allowed to pass. Some of the concerns raised by residents and family members have been repeated by us in this inspection. We heard from management that this is not normally how the feedback is processed. We were assured that action plans were now being compiled and would be shared with residents and family members in the near future.

In the questionnaires returned to us by residents and family members it was noted that the main concern they had was loneliness and/or boredom. We were also told by residents during the inspection that there was not enough to do. Our observations showed us that this was a concern for many residents as was the lack of opportunity for physical movement and/or moving to different spaces in the home.

We saw information on the notice board detailing upcoming activities and events within the home. These included visits from therapist and a shopping event. During the inspection we saw small group activities taking place such as, table top games and dominoes. We heard from management that the usual volume of activities had not been provided in recent times, however, this had been looked at and was being better planned for the future weeks and months ahead. We asked management to consider how to better educate the whole team about what resources were available for residents to use to be occupied and stimulated. We also asked that a clear and personalised activity plan be in place for each resident as well as records evidencing how they spend their day. (see areas for improvement 1)

We heard from management that there are plans to improve the sitting room and other areas in the home such as, replacing the carpet in the hallway on the bottom floor. We agreed that these are the priority areas in terms of shared spaces. We have asked that a Kings Fund Audit be undertaken to identify how the environment can be improved to make the spaces more welcoming, user-friendly and therapeutic for residents. We shared some ideas on how the residents and their families could be involved in this with little cost involved. We will look at this at the next inspection. (see areas for improvement 2)

We reviewed the practices in place in relation to the same management and provision of medications.

We concluded that there were many areas that required to be improved. A pharmacist audit was recently concluded with an extensive and detailed report having been provided to the management. We were reassured that they would be accepting the support of the pharmacist to review, update and improve in the areas identified. At the last inspection we asked that recordings relating to "as and when required" medications be improved. We found that this is a continued area of concern. (see requirement 1)

We concluded that a review of the practices being undertaken by the nurse team required to be undertaken. We asked that the senior nurse within the home take responsibility in leading these developments with the manager having the overview of the progress of this. We were confident that the support offered by the Care Home Liaison Nurse team as a result of the outcomes of this inspection was welcomed by management and would be best utilised to improve the care of the residents.

We observed that a group of residents were not provided with support to manage their continence for what is considered an unacceptable and unsafe length of time. We intervened and asked that the care required be provided. Although we were advised that the home had a continence champion identified this role was not being used effectively to lead and direct a culture of promoting continence for individual residents. We asked that all residents who require support in this area have a detailed care plan in place and that supervisory staff take the lead in ensuring that appropriate levels of care and support is provided throughout the day and night. We have been advised that further training will be undertaken and the support of external nurse professionals will be accepted to pilot a recognised good practice model of support with plans of rolling this out across the home being planned for the coming months. (see requirement 2)

Requirements

1. The provider must ensure that there is a safe system and processes for medication management and provision in the home. Where "as and when required" medications have been prescribed protocols must be in place. The provider must also ensure that the practices being undertaken by those responsible are safe and effective.

This is to ensure that the quality of the provision is in line with the Health and Social Care Standards which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

It is also necessary to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011

Timescale: 31 December 2019.

2. The provider must ensure that the team are actively promoting continence for all residents who are not self managing. To do this they must:

(a) introduce continence care plans for the residents who require assistance to ensure that these detail how staff should promote continence with and for individuals,

(b) ensure that for those who are fully dependent on staff support have detailed in their care plan/risk assessment the frequency within which this support should be provided,

(c) Practice observations must be undertaken to confirm that all staff are actively promoting continence and providing safe care in this area.

This is to ensure the continence care and support is consistent with the Health and Social Care Standards which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

It is also necessary to comply with Regulation 4 (1) (a) and 4 (1) (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011

Timescale: 28 February 2020.

Areas for improvement

1. The provider should carry out a Kings Fund Audit with the aim of developing the environment to be more inviting, user-friendly and therapeutic. An action plan should be devised with clear timescales of when improvements will be achieved. Involvement of residents, families and staff should be encouraged.

This is consistent with the Health and Social Care Standards which state 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

2. The provider should develop an activity programme based on individual residents interests, needs and abilities. They should regularly evaluate the activities on offer to ensure they are meeting individual resident's needs. The provider should ensure that all staff understand their individual and collective responsibilities in relation to this.

This is consistent with the Health and Social Care Standards which state 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

How good is our leadership?

2 - Weak

Since the previous inspection earlier this year there has been a marked decline in the quality of leadership within the home. We spoke with staff working in roles within the nurse and carer team and all were aware that this had declined at what appeared to be a very quick rate. We were told by staff that the quality of the care provided is impacted by who is on shift. Although known we saw no evidence of any action being taken by the previously acting management or leadership team to properly address the issues which had led to low morale and a lack of effective team work.

We reported to management that we had concerns about the unprofessional behaviours and attitudes within the staff group that we had observed and overheard during the inspection. One relative reported to us through a returned questionnaire that they were fed up witnessing first hand the tension within the team and also were fed up listening to staff bickering. We asked that this be raised and challenged as a matter of urgency and that appropriate action be taken where staff have been found to be conducting themselves in an unacceptable manner. Staff should be reminded of their responsibility to be working to the Health and Social Care Standards, the Scottish Social Service Councils code of practice and the Nursing and Midwifery Council codes also.

We were confident that the manager, who had only recently returned from a planned period of extended leave, agreed that this needed to be addressed urgently. Prior to the end of the inspection, actions were already being taken in response to what had become known to them. Team meetings and individual meetings were planned as was a range of other activity. We viewed the actions taken and planned as being positive and appropriate. (see requirement 1)

Requirements

1. The provider must ensure that there is strong and competent leadership within the home to ensure that all staff are working together consistently to provide safe and effective care to all residents.

This is to ensure that the quality of the leadership is in line with the Health and Social Care Standards which states 'My care and support is consistent and stable because people work together well' (HSCS 3.19) and 'I use a service which is well led and managed' (HSCS 4.23).

It is also necessary to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

2 - Weak

Every resident has the right to have a care plan which is right for them as it sets out how their needs will be met, as well as their wishes and choices. Their views, even when they have reduced capacity, should be considered and recorded. Those important to them such as, family members should be involved in the assessment and care planning processes also. There was no very little evidence of a person-centred approach to assessments being used. Instead, we saw that these were being written with very little or no involvement of others.

The residents living within the home have a range of complex conditions and needs such as dementia, learning disabilities, Parkinson's disease and brain injury. We sampled care plans related to these and at best found them to be sparse in detail with key information missing and a lack of instruction or direction for staff to follow. Overall, we concluded that the plans did not provide a clear insight into how best to support the health and social care needs of the individual resident. Where advice and guidance had been sought or provided by external professionals, we did not see that this was used to the benefit of the resident.

We have heard mixed views from the staff team about the care plan documentation, however, they were honest in sharing that the quality of the plans were not as they should be. We were also told that they were limited in terms of time to read the plans. There was a clear over reliance on word of mouth information sharing and instruction which is unacceptable and unsafe. We were advised that staff know the residents well and understand how best to care for and support them. Our findings from this inspection clearly evidence that this is not the case.

The way risk assessments were being recorded was neither safe nor effective. Again, they were mainly vague with a lot of pertinent information not being recorded. They did not give a clear insight into the circumstances/causes of the identified risk, what the person can do themselves to reduce and mitigate this and what the staff then need to do.

Residents have the right to have their care plans reviewed at least every six months or sooner if required or requested. They and their family/representatives should be fully involved in this process. We saw that monthly reviews of care plan areas were being completed, however, these failed to identify where improvements to the care plan was needed. The six monthly reviews we sampled were also poor in detail. (see requirement 1)

Requirements

1. The provider must ensure that all residents have a personal plan which sets out how their health, welfare and safety needs are to be met, including where risks have been identified. They should demonstrate consultation with the resident and/or relative/representative. Reviews must be carried out on and as and when required basis, but no less than every six months.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which states 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

It is also necessary to comply with Regulations 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale: 15 March 2020.

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 should ensure that the result of the administration of all "as required" (also known as PRN) medications is consistently and accurately recorded.

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

This area for improvement was made on 28 March 2019.

Action taken since then

We found that this had not improved. In addition, we found that there were other failings within the area of medication management. This has been repeated as part of a requirement. Please see "How well do we support people's well-being" for more information.

Previous area for improvement 2

The service should ensure that care plan evaluations are completed regularly and consistently to ensure care and support provided to people is effective and updated as necessary.

This is to ensure care and support is consistent with the Health and Social Care Standards which states '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 area for improvement was made on 28 March 2019.

Action taken since then

We found that this is an area which requires to be improved. This has been repeated as part of a requirement. Please see "How well is our care and support planned" for more detail.

Previous area for improvement 3

The service should ensure that all service reviews are carried out with the people being supported and/or their representatives as people's needs change or, as a minimum, once every six months.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 28 March 2019.

Action taken since then

We found that this is an area which requires to be improved. This has been repeated as part of a requirement. Please see "How well is our care and support planned" for more detail.

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
2.3 Staff are led well	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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