

Lower Johnshill Care Home Service

New Trows Road
Lesmahagow
Lanark
ML11 0JS

Telephone: 01555 890993

Type of inspection:

Unannounced

Completed on:

14 January 2020

Service provided by:

MHA Auchlochan

Service provider number:

SP2008010194

Service no:

CS2013322705

About the service we inspected

Lower Johnshill care home has been operated by Methodist Housing Association (MHA) since 2008. It is set in extensive grounds, containing a range of other services operated by MHA including housing. It is close to the village of Lesmahagow.

Lower Johnshill is registered to accommodate up to a maximum of seventy-eight older people with physical/sensory needs and/or memory impairment, inclusive in these places are:

- Five places for older adults aged fifty - sixty-four years.
- Eighteen nurse led places in the dementia unit on the top floor.
- Eighteen places in the residential unit for those with memory impairment/dementia on the middle floor.
- Fourteen nurse led places in the unit for those with physical/sensory impairment on the ground floor.
- To provide a maximum of two places for respite/short breaks to the same clients groups.

The accommodation was purpose-built and is over three floors. The accommodation provides people with bed-sit style rooms, with full bathrooms and small kitchen areas, where people can make snacks and drinks if able. Each unit has its own living and dining space. The home has an enclosed garden for people using the service.

MHA's mission statement is 'to improve the quality of life for older people, inspired by Christian concern - this is based on the provision of high quality person centred care and support; founded on respect for individuality, personal choice and dignity and focused on nurturing a person's spiritual and physical wellbeing'.

How we inspected the service

We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place on Monday 13 January 20 and Tuesday 14 January 20. We gave feedback to the manager, deputy manager and regional manager at the end of the visit.

The purpose of the visit was to follow-up on the progress being made towards the six requirements and four areas for improvement, made at the previous inspection on 9 May 2019. We found that five of the requirements and three of the areas for improvements had been met, while the remaining requirement and areas for improvement were still being worked towards.

Taking the views of people using the service into account

We spoke with some residents during the inspection. People told us that they were happy living here. They told us that staff were nice and helpful. They told us that the food was good, with plenty of choices each day. We received mixed feedback about the various activities available for people throughout the week. Some comments included:

- The food is good, there's plenty of choices.
- Staff used to spend more time speaking to me...now they seem too busy.
- When i use the buzzer, staff respond.

Taking carers' views into account

We spoke with one visitor during the inspection, who told us that they were overall happy with care and support that their relative received currently. They told us that they liked the improvements that has been made recently.

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

Previous requirements

Requirement 1

To ensure that people who are at risk of malnutrition are identified and supported with their nutritional needs the service must ensure that by 31 July 2019:

- i. Service users are routinely screened, using a recognised tool, to establish if they are at risk of malnutrition.
- ii. When a service user is deemed at risk, then staff commence a structured action plan for that person.
- iii. Where necessary, staff should obtain the advice and support of the dietician.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13). It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 9 May 2019.

Action taken on previous requirement

We found that the service was now using the Malnutrition Universal Screening Tool for all residents. The management collated these each month and devised an individual action plan for anyone at risk. The service liaised with the dietician as required.

Met - within timescales

Requirement 2

Service users are screened using a recognised falls risk assessment tool.

- ii. Where this assessment deems someone to be at risk of falling, then a structured action plan is put in place for that person.
- iii. Where a resident has sustained a fall, staff carry out a post falls analysis of this which takes into account why the fall may have occurred and any lessons learned to reduce the risk of this re-occurring.
- iv. Where it is deemed that equipment will be used, then this should be regularly reviewed to ensure that it is suitable.

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

and support meets my needs and is right for me.' (HSCS 1.19). It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 9 May 2019.

Action taken on previous requirement

We sampled this for some people who had recently fallen and found that falls risk assessments were in place and that appropriate investigations and actions had been taken. We found that care plans were in place and regularly reviewed.

Met - within timescales

Requirement 3

To ensure that people are confident that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users; by 31 July 2019, the provider must have a system in place that:

- i. Calculates the dependencies of current service users at least every 4 weeks or when there is a significant change in total numbers of service users and/or their conditions.
- ii. Considers not only the hours of the dependency tool, but also their own observations of outcomes for people and feedback from staff, residents and relatives.
- iii. Sets out the required staffing levels to be able to meet or exceed the required dependency hours.
- iv. Have records of these available for inspection.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My needs are met by the correct number of people." (HSCS 3.15) It also complies with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This requirement was made on 9 May 2019.

Action taken on previous requirement

We found points i. and iii. had been met as the service were now calculating resident's dependencies using a recognised dependency tool and staffing to these hours.

However, we have asked them to review the staffing in the morning within the residential unit for people living with dementia.

Not met

Requirement 4

To ensure that people can be confident in the staff who support and care for them, then the service must ensure that by 31 October 2019:

- i. A training needs analysis is carried out and a training planner devised to address the outcomes.
- ii. The training planner should include - a. Moving and handling b. Falls management

- c. Using the MUST tool, including step 5.
- iii. Following training, then staff practice should be observed to ensure that they are now competent in these areas.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: '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.' (HSCS 3.13). It is also necessary to comply with Regulation 15 (staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 9 May 2019.

Action taken on previous requirement

We found that a training planner was in place and being worked through. We concluded that staff were more competent in their practice as we did not observe any practice that concerned us and we found that falls and nutrition management had also improved.

Met - within timescales

Requirement 5

To ensure that people can have confidence in the call system, by 31 July 2019, the service should ensure that:

- i. The call system is in good working order.
- ii. All nursing and care staff on duty in each unit have their own pager to allow them to respond to calls for assistance.
- iii. The nurse call is as unobtrusive as possible.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I access a range of good quality equipment and furnishings to meet my needs." (HSCS 5.21) It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 9 May 2019.

Action taken on previous requirement

The provider had replaced the nurse call system with a completely new one that now only sounded in the unit where assistance was required. The system was in good working order.

Met - within timescales

Requirement 6

To ensure that people are supported with all aspects of their life, the provider must ensure that there are comprehensive personal plans in place, by 31 October 2019, to guide staff on how to care and support each person. This ensures care and support is consistent with the Health and Social Care Standards, which state: "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). It also complies with Regulation 5(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This requirement was made on 9 May 2019.

Action taken on previous requirement

The service had worked hard to bring care plans up to date. We found that they contained enough information to guide staff on how best to care and support for each person. Risk assessment were in place and regularly reviewed. These were then used to inform the care plans. Care plans had been regularly reviewed to ensure that they reflected people's current needs.

Met - within timescales

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 regardless of which unit of the care home a resident lives in that they experience a similar dignified approach to their care and support.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: "I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation." (HSCS 1.1)

This area for improvement was made on 9 May 2019.

Action taken since then

We found that the provider had refurbished the communal living/dining area of the nursing unit for people living with dementia. We did not find any offensive odours in the care home. We found that the dining experience, including how tables were set, was the same throughout the care home.

This area for improvement had been met.

Previous area for improvement 2

The service should ensure that structured activities are carried out in a meaningful way. They should ensure that providing stimulation for residents is seen to be as important as supporting them with their physical care needs and that care staff have the time to facilitate this. This ensures 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)

This area for improvement was made on 9 May 2019.

Action taken since then

We found that the home still had 3 dedicated activity staff, however, one had been off sick. The service continued to provide a chaplain service. They had introduced a music therapist one day per week, which people enjoyed. Whilst the service displayed a weekly activity planner, this was not always carried out for various reasons. There had been many activities and entertainers over the festive period. This is an area that we discussed at feedback with the service and asked them to review. A new regional manager had recently started supporting the care home and we felt assured that this would be taken forward.

This area for improvement had not been met.

Previous area for improvement 3

The service should ensure that people who need support to go to the toilet are supported in a way which promotes them remaining continent rather than only managing their incontinence. The service should review the current systems and processes in place around continence care. This should include devising individual continence routines, re-assessing continence assessments to ensure that the correct continence garment is in place. This ensures care and support is consistent with the Health and Social Care Standards, which state: 'If I require personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4).

This area for improvement was made on 9 May 2019.

Action taken since then

We found that the service were working to introduce continence bundles as part of an NHS improvement project. We sampled care plans and found that continence plans were in place and reviewed regularly. We observed people being supported with their continence needs during the inspection. There were no offensive odours in the care home.

This area for improvement had been met.

Previous area for improvement 4

The service should ensure that they use a robust quality assurance system that generates clear action plans. Action plans must be specific, measurable, achievable, realistic and have timescales. This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 9 May 2019.

Action taken since then

We concluded that the quality assurance system was now being used effectively, due to the many improvements they had made since the last inspection.

This area for improvement had 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.

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