

# Morar Lodge Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2021

**Service provided by:**  
Morar Lodge Nursing Home Limited

**Service provider number:**  
SP2003002232

**Service no:**  
CS2003010220

## About the service

This was a follow up inspection to assess the progress the service had made on a requirement and areas for improvement identified at the inspection on 19 November 2021.

This inspection was carried out by two inspectors from the Care Inspectorate.

Morar Lodge Nursing Home is registered to provide a care home service to 33 older people with a range of support needs, including physical frailty and dementia. The service is operated by Morar Lodge Nursing Home Limited. At the time of this visit there were 21 residents.

We compiled this report following an unannounced visit by two inspectors from the Care Inspectorate on 4 March. We gave feedback to the manager on 5 March. The focus of the inspection was to assess progress the service had made following an inspection completed on 19 November.

We carried out a walk round assessment of the environment. We spoke with residents, the service manager, the nurse on duty and housekeeping staff.

We looked at weight monitoring records, accident and incident records, records of falls, medication records, staff supervision records, infection prevention and control systems and audits and sampled residents' care plans.

## What people told us

We observed that staff interacted with residents naturally and with sensitivity and compassion. We did not have the opportunity to talk with relatives during this inspection visit.

## How good is our care and support during the COVID-19 pandemic?

We sampled care plans and noted that whilst important information in relation to the monitoring of residents' health and wellbeing was being recorded, this was not well evaluated.

An example of this was that although staff were using the Malnutrition Universal Screening Tool (MUST) for assessing people's risk of malnutrition, this was not being completed correctly. Consequently, key opportunities for interventions were missed where weight loss was noted. These could have included weekly weight monitoring, food and fluid monitoring, food fortification and onward referral to the dietician where necessary.

There were no formal systems in place to ensure that people self-isolating in their rooms were regularly being offered drinks.

Falls documentation was in use but staff were not always completing this correctly.

We had concerns that the service was not effectively managing these risks to ensure that the health, welfare, and safety needs of people were being fully met.

This had not been picked up by the manager and demonstrated a lack of oversight. Improvements were needed to ensure that governance systems are effective and the support being delivered is robust and contributes to positive health outcomes for residents (see requirement).

We provided learning resources during this visit to address the knowledge deficit we identified and promote staff confidence and competence to ensure that residents' nutritional needs are being met (see area for improvement).

The gaps in people's progress notes further compounded the potential for effective assessment and evaluation of people's care. Examples included gaps in the progress notes where weight loss had been noted, and where more regular monitoring would provide information about the effectiveness of medication where new prescriptions have been commenced.

We have made an additional requirement and identified a further area for improvement at this inspection.

## Requirements

1. For people using this care service to experience care and support in a manner which promotes quality and safety, by 12 April 2021, the provider must develop and implement a quality assurance system which promotes the use of evaluative systems to ensure that care plans contain up to date information to support people's needs and contribute to the delivery of good care.

This must include but is not limited to, meaningful and timely record keeping, meaningful assessment and evaluation of care, medicine management, pain assessment, prevention and management of falls and staff skills and competencies.

To be completed by: 12 April 2021

This is to ensure care and support is consistent with Health and Social Care Standard:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

## Areas for improvement

1. Staff should be confident and competent in using the Malnutrition Universal Screening Tool (MUST) to assess an individual's risk of malnutrition and apply appropriate interventions in a timely manner.

This is to ensure care and support is consistent with the Health and Social Care Standard:

"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 3.14).

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

### Requirements

#### Requirement 1

To ensure that residents and staff are kept safe the provider must, by 18 December 2020, ensure that the home is always kept tidy and hygienic.

In order to do this, the provider must:

- ensure that both buildings are free from clutter and that equipment that is no longer in use is stored appropriately or discarded if not needed. If equipment needs repaired or replaced the provider must arrange this;
- conduct an audit of the environment to determine what equipment, fixtures and fittings need repaired, renewed or discarded; and
- conduct an up to date infection control audit to ensure that current infection, protection and control procedures are appropriate, follow current guidance and are being followed by all staff at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"My environment is safe and secure." (HSCS 5.17); and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22).

It is also necessary to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

**This requirement was made on 19 November 2020.**

#### Action taken on previous requirement

All areas of the service that we observed were free from unnecessary clutter. An environmental audit had been completed since our last visit. Surplus furniture and equipment had been discarded.

Furniture and equipment that had been moved due to the repurposing of bedrooms was now being appropriately stored.

Housekeeping staff were following appropriate cleaning schedules and using correct cleaning solutions and we saw that regular deep cleaning of areas within the home was taking place.

Whilst an infection control audit had been completed in December and had helped to drive improvements, more frequent evaluation of the systems in place was needed, proportionate to the ongoing concerns in relation to COVID-19. Regular audits would help identify further areas for improvement.

For instance, we highlighted that there was no system in place to evidence that equipment which was being shared by more than one resident was cleaned after each use. There were no systems to evidence that staff were conversant and compliant with infection prevention and control guidance and at all times applying up to date guidance to their practice.

We have extended the time for completion of this requirement to 12 April 2021.

## 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 service should review personal plans to ensure they include all the key information about how people's care and support needs are being managed. This should take account of key areas of support and planning relevant to COVID-19. This should include more detailed nutritional plans and the use of anticipatory care plans where appropriate. This will ensure that care and support is informed by plans that reflect each person's current and future needs, choices and wishes.

This is to ensure 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);

If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." (HSCS 1.34); and

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively'. (HSCS 1.7)

**This area for improvement was made on 19 November 2020.**

### Action taken since then

Care plans that we sampled contained information that helped give a sense of the individual, their likes, interests and the things that are important to them.

Anticipatory care plans were in place for residents and provided information about their advance wishes.

Important information was being recorded about people's health and wellbeing such as changes in weight, frequency of falls and the use of "as required" medication. However, there were no effective systems in place to ensure that this was being effectively evaluated or informing changes to people's care plans. This meant that staff didn't always have key information to be able to support people well.

We did not see detailed plans in place to support nutritional needs and have attributed this to clinical assessments not being completed correctly by staff.

This area for improvement has not been met and we have made a new requirement here.

## Previous area for improvement 2

The service should review the use of "as required" medication to ensure that all medicines are administered in line with how they are prescribed. This should include a review of how protocols for "as required" medicines are used and the quality of recordkeeping of these medicines.

This is to ensure 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); and

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

**This area for improvement was made on 19 November 2020.**

### Action taken since then

Since our last visit each resident had a protocol in place for the use of medication prescribed on an "as required" basis. For staff to be able to work in an effective and consistent way these needed to be more detailed.

There was no formal analysis of the use of "as required" medication. Medication that had been prescribed for "agitation" was not aligned with a management of stress and distress care plan that would guide staff to consider other interventions.

This area for improvement has not been met. We will assess progress again at the next inspection.

## Previous area for improvement 3

All staff would benefit from enhanced training and awareness of Infection, Prevention and Control and the use of PPE. Staff need to follow the current guidance in these areas.

This is to ensure 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 3.14); and

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

**This area for improvement was made on 19 November 2020.**

**Action taken since then**

We saw from records that all staff had completed additional training since our last visit. This included infection prevention and control and COVID-19 training.

Whilst this area for improvement has been met, it is important that staff learning and development complements robust quality assurance and governance systems to ensure the consistent application of learning to daily practice by staff.

This area for improvement has been met.

**Previous area for improvement 4**

The manager should implement more effective governance and quality assurance measures in relation staff training and practice. This should include regular observation of staff practice, supervision, staff feedback and if necessary improvement plans.

This is to ensure 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 3.14);

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19); and

"I use a service and organisation that are well led and managed." (HSCS 4.23)

**This area for improvement was made on 19 November 2020.**

**Action taken since then**

We found that there continued to be a lack of effective governance. There was no formal system in place to assess staff competence. The manager was unable to provide evidence to suggest that the direct observation of staff was being carried out to ensure that knowledge and learning was being embedded into day to day staff practices.

It was unclear how the service was promoting opportunities for staff to reflect on their practice and discuss new and changing guidance in relation to effective infection prevention and control management.

This area for improvement has not been met. We will assess progress again at the next inspection.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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