

## Bankhouse Care Home Service

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Lesmahagow  
Lanark  
ML11 0EF

Telephone: 01555 894875

**Type of inspection:**  
Unannounced

**Completed on:**  
3 March 2021

**Service provided by:**  
MHA Auchlochan

**Service provider number:**  
SP2008010194

**Service no:**  
CS2008192920

## About the service

Bankhouse Care Home is situated in the village of Lesmahagow and is operated by MHA (Methodist Housing Association) Auchlochan. The service is set on a main bus route and is close to a range of local amenities including local shops.

The service is registered to provide care for up to 49 older people. This included two places for older adults aged 50 years plus and two respite places for the same client groups.

The service has a mix of accommodation available from single bedrooms with en-suite toilets to bed-sit style accommodation with full bathrooms and small kitchen areas for people to make snacks and drinks. There are a couple of rooms that can be used as double bedrooms but these were only used for couples if they wished to share.

There were a range of communal areas within the building for residents to access as well as a dining area. Lifts were available between floors. A secure courtyard garden is available for residents to access.

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'.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and Healthcare Improvement Scotland.

## What people told us

We spoke to several people who live in the service during the inspection. Cognitive impairment limited the responses we received but we observed people and how staff interacted with them. We found people to be relaxed and comfortable around staff.

Due to COVID-19 restrictions there were no relatives visiting that we could speak with during the inspection.

## 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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

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

### 2 - Weak

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We reviewed how well the service was supporting people's wellbeing. Strengths were identified however we also noted weaknesses in some aspects of the care being provided. Due to this we evaluated this area of inspection as adequate.

We saw that staff were warm and caring in their approach when supporting people. Individual support was being provided to give people an opportunity to be listened to and engage in therapeutic activities. People's interests were documented and a range of activities had taken place over the past year.

Residents were supported to use communal seating areas with appropriate social distancing measures in place. People appeared relaxed and comfortable in their interactions with staff.

People were supported to maintain contact with their relatives using technology and social media. Visiting took place in line with current local guidance. We saw that families were satisfied with the contact arrangements and being able to keep in touch with their relatives.

Personal plans and healthcare records were in place but the content of these needed to be improved to ensure people's health and wellbeing needs were met effectively.

Care plans we looked at had inconsistencies and it was unclear whether people's needs were correctly identified which could affect their health and wellbeing. Elements of care plans including individualised COVID-19 and end of life plans which were in place for some residents. These were not personalised to reflect what was important to people in order to provide good end of life care. Due to this, we made a requirement for care plans (See Requirement 1).

It was unclear whether reviews of people's care needs had taken place regularly. This meant that important changes in people's needs could have been missed. This was an area for improvement in the previous inspection that we have repeated (See Area for Improvement 1).

Health records including medication, food and fluid and wound care were not appropriately maintained and lacked clear notes of any actions taken. These records need to be correctly completed in order to ensure people's health needs are being monitored and contact made with relevant health professionals when required. We made this a requirement (See Requirement 2).

#### 7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Our focus during this inspection was to establish if the setting was safe and well maintained in relation to COVID-19.

We found some strengths however we also identified significant weaknesses resulting in an evaluation of weak in this area of inspection. These weaknesses had the potential to increase the risk of cross-contamination and lead to poor outcomes for people living in the service.

The home had an adequate stock of Personal Protective Equipment (PPE) and there were PPE stations on each floor. However, these stations were not stocked with all necessary items and there was a lack of clinical waste bins within the home. This meant that staff were moving to different areas to obtain or dispose of PPE which had the potential to increase the spread of infection.

We had concerns in relation to standards of cleanliness throughout the home. Some mattresses and soft furnishings were contaminated and needed to be replaced. We noted that the undersides of tables, chairs and care equipment required additional cleaning to minimise the risk of infection.

Despite the service having audits and check lists in place, we found that the necessary increased level of cleaning required for management of COVID-19 was not taking place. The domestic service room was cluttered, and it was unclear whether the correct dilution of cleaning material was being used. To keep people safe there should be effective cleaning routines. In order to ensure improvements in this area we made a requirement (See Requirement 3).

We noted that some areas of the home needed refurbishment and that care equipment including chairs and hoists needed to be replaced due to wear and tear. This impacted on the quality of the environment and safety of residents. It is important that the service can maintain appropriate standards of cleanliness and we made this an area for improvement (See Area for Improvement 2).

Staff had received training on infection control and the effective use of PPE including how to put it on and remove it properly. However, we observed that staff were not always following the guidance in the use of PPE when caring for residents. Staff were noted to be wearing jewellery which could increase the risk of infection spreading. Although the management had previously carried out observational audits on staff practice these had not been completed in recent weeks.

There was infection control guidance and documentation in the home, however we found that it was not the most up to date version which could lead to incorrect infection control practice. As a result of these concerns, we made a requirement (See Requirement 4).

## **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We found several areas of good practice that outweighed any weaknesses resulting in an evaluation of adequate for this area of inspection.

There were strengths within the staff group in their commitment to the service. We observed staff promoting social distancing and their interactions with residents were kind and respectful. This assured us that people were receiving adequate care within the home.

A dependency tool was being used to determine how many staff were needed to care for people and that they had the right skills. This meant that there were sufficient nursing, care and other support staff available throughout the day to ensure people's needs were met.

Where agency staff were providing care, the same staff were used regularly. This helped to make sure that they got to know people's care and support needs. The service ensured that agency staff who worked in the home did not work in other homes to reduce the risk of infection.

Staff told us they felt supported by the management team and were supported to access weekly testing for COVID-19. Staff were aware not to come to work if they were displaying any symptoms of COVID-19.

However, areas identified throughout the inspection indicated that staff knowledge and practice needed to be improved in relation to infection prevention and control and the use of PPE to keep people safe.

Where we raised issues during the inspection, we discussed these with the management team who took prompt action to begin addressing these. We will review progress on the actions at the next inspection.

## Requirements

1.

In order that people receive care which is suitable for them, the provider must ensure that care plans reflect their individual needs and preferences.

By 30 June 2021 the provider must ensure:

- That care plans contain key information about individual choices, preferences and how needs will be met. This should include COVID-19 and anticipatory care plans reflecting decisions about end of life care.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) 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) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14).

This is also in order to comply with Regulation 4 (1) (a) "A provider must make proper provision for the health, welfare and safety of service users" of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

2.

In order to keep people safe and address any health needs they have, the provider must ensure that health records are fully completed and have a clear note of any actions taken.

By 29 March 2021 the provider must ensure that:

- Health records including those for medication, food/ fluid intake and skin care are fully completed and that there is a clear record of actions taken including contact with health professionals and outcomes.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required." (HSCS 1.13) 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) and

This is also in order to comply with Regulation 4 (1) (a) "A provider must make proper provision for the health, welfare and safety of service users" of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

3.

To ensure that people experience care and support in an environment that is safe and meets necessary infection prevention and control standards.

By 29 March 2021 the provider must ensure that:

- The environment is clean and maintained. This includes regular cleaning of carpets, flooring, doors, surfaces and walls.
- All care equipment is clean and safe for use. This includes but is not limited to all mattresses, chairs, cushions and tables, inner surface of mattress and chairs, and undersides of equipment and tables.
- There is a reliable system in place to provide assurance that all resident care equipment and the environment is clean and intact.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, and furnishings and equipment' (HSCS 5.22) and

In order to comply with Regulation 4 (1) (d) "A provider must have appropriate procedures for the prevention and control of infection" of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

4.

To ensure that people experience safe care and support from staff who adhere to the necessary infection prevention and control standards.

By 29 March 2021 the provider must ensure that:

- The most up to date and relevant guidance, particularly around infection prevention and control is accessible to all staff.
- Staff receive training, development and practice observations to maintain safe care.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and

This is in order to comply with Regulation 4 (1) (d) "A provider must have appropriate procedures for the prevention and control of infection" of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. The provider should ensure that reviews are carried out a minimum of every six months. This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

2.

The provider should give consideration to undertaking some refurbishment work at the home to ensure premises are adequately maintained. This ensures care and support is consistent with the Health and Social Care Standards, which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

## 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 their capacity to facilitate how people living in the service can get the most out of life. This ensures 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 18 December 2019.**

#### Action taken since then

A range of activities had taken place over the past year. People had personalised activity care plans with records of weekly activities they had taken part in. There was also individual therapeutic support opportunities giving people the chance to be listened to and benefit from meaningful activities.

MET.

#### Previous area for improvement 2

The service should ensure that reviews are carried out a minimum of every six months. This ensures care and support is consistent with the Health and Social Care Standards, which state: "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 18 December 2019.**

#### Action taken since then

We found that reviews may not have taken place at the correct intervals meaning important changes in people's needs could be missed.

REPEATED.

### 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).

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate



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