

Deanston House Nursing Home Care Home Service

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Coatbridge
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Type of inspection:
Unannounced

Completed on:
14 September 2021

Service provided by:
Enhance Healthcare Ltd

Service provider number:
SP2012011938

Service no:
CS2016349381

About the service

Deanston House Nursing Home is located in the Blairhill area of Coatbridge. It provides care and support, including respite care, for up to 33 older people. The provider is Enhanced Healthcare Limited.

The home has two floors with a passenger lift providing access to the first floor. There are two communal lounges, a dining room and conservatory on the ground floor. There is an enclosed garden area at the back of the building.

At the time of our inspection, 32 people were being supported by the service.

This was a follow up inspection to evaluate progress on requirements made at our previous inspection.

We have extended the timescales for completion of our requirements. This acknowledges the provider's recent deployment of additional management resources, to improve outcomes for people and fully comply with our requirements.

What people told us

Covid-19 restrictions meant we were unable to spend much time with individual residents. We did meet some in the communal areas of the home. They spoke highly of the staff and told us they were happy living in Deanston House Nursing Home.

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

Requirements

Requirement 1

In order that people can be confident of safe high-quality support to receive their medication the provider must by 1 August 2021 ensure that:

- Medication Administration Records reflect accurate recording of medication administration.
- Monitor these records and any associated actions required with a frequency that ensures an early response to any errors or omissions.

This ensures care and support is consistent with the Health and Social Care Standards, 4.11 which states "I have confidence in the organisation providing my care and support".

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

This requirement was made on 21 May 2021.

Action taken on previous requirement

The service had a number of checks in place to ensure people's safety and wellbeing when supported with medication. There was a degree of duplication in the various audits or checks in place and the overall number of these may lead to confusion by staff. We saw a number of errors that the service had identified in its own audits but had no corrective action timescales in place. The service was not able to provide us with recent daily checks on medication.

We have extended the timescale for this requirement to be met to 26 October 2021.

Not met**Requirement 2**

To ensure that people experience high quality service from a competent and skilled workforce, the provider must by 1 August 2021 ensure that the quality assurance system is improved upon. Where areas for improvement are identified within the auditing system, there should be sufficient information to show how risks have been minimised and progress made. This must include, but not be limited to, areas surrounding the standard of the care environment, healthcare, medication management and staff practices.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "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 Regulation 10 and Regulation 15 (a)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 21 May 2021.

Action taken on previous requirement

The service had systems in place to ensure reviews of care and support took place on a regular basis. This ensured people's supports were based on their current needs and preferences. A key worker system had been introduced with identified staff having responsibility for a small number of people's care.

The service had a range of monthly audits for areas such as maintenance, laundry, domestic services, nutrition, medication management, catering, activities and care plans. Most but not all had a scoring system to highlight areas of concern. Not all of these were up to date, some with significant gaps. The information contained did not provide sufficient detail on areas of concern, or when remedial action should be taken by and by whom.

The timescale for meeting this requirement has been extended to 9 November 2021

Not met**Requirement 3**

The provider must by 1 August 2021, ensure that people experience care from the right number of competent and skilled staff. This includes senior and junior staff. This is in order to ensure the health and welfare of service users.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My needs are met by the right number of people" (HSCS 3.15 and '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).

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

This requirement was made on 21 May 2021.

Action taken on previous requirement

The service was able to demonstrate its use of dependency planning, to ensure it has sufficient numbers of staff. It had invested in its senior carers by providing them access to enhanced level of training and development of their roles. It had reduced the use of agency staff which provided people with more consistent support.

The service was not able to provide evidence to reassure us that staff overall, were benefitting from appropriate training on essential topics.

This timescale for meeting this requirement has been extended to 9 November 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 ensure that care plans are developed and be more person centred to identify support required specifically during the pandemic.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15) and "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change". (HSCS 1.12) and "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4)

This area for improvement was made on 21 May 2021.

Action taken since then

Care plans provided information on how people should be supported during the pandemic. They included details of testing and vaccinations. Risk assessments were in place to keep people safe and reduce the risk of infection. We saw the service communicated appropriately with the health service to keep people well. This area for improvement has been met.

Previous area for improvement 2

Recordings of healthcare monitoring and support should be accurately completed at the time provided, to ensure the wellbeing 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 Standards which state that: '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 21 May 2021.

Action taken since then

The service had in place systems to ensure people's health was maintained and improved. These included regular monitoring of weight, skin integrity and nutrition. When people were at risks from falls a falls management plan was in place. Care plans detailed when concerns were noted and what action was taken. This area for improvement has been met.

Previous area for improvement 3

The service should ensure that activity staff hours are protected and that a review is carried out to look at how all staff can support residents to be involved in day-to-day life around the care home.

This is to ensure 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 21 May 2021.

Action taken since then

The service had recently appointed new activities staff. This area for improvement will be continued and evaluated at our next inspection.

Previous area for improvement 4

The provider should ensure that any outstanding areas within the refurbishment / environmental action plan are completed. In doing so, the service should be able to demonstrate that any improvements made are sustained.

This is to ensure that people experience a high-quality environment in line 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) 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 21 May 2021.

Action taken since then

The service was not able to provide us with an up to date refurbishment/environmental action plan. We asked the service to develop a plan and share it with us. The provider agreed to this.

This area for improvement has not been met.

Previous area for improvement 5

The service should be able to demonstrate that agency staff receive a suitable induction and where possible, there should be consistent staff used. Robust testing and recording measures should be implemented to

make sure agency staff are COVID free and have not had contact with other services experiencing a COVID outbreak.

This is to ensure that people experience a high-quality environment in line 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)

This area for improvement was made on 21 May 2021.

Action taken since then

The service was able to demonstrate processes for use, with agency staff to ensure they were supported to provide appropriate care and support to people. The service ensured agency staff had had appropriate tests before working at the service. This area for improvement has been met.

Previous area for improvement 6

The designated area for making hot drinks should be developed further, to enable people to additionally make their own snacks. Consideration should be given in doing so to the installation of a sink for people to maintain and develop their independence and to the accessing of fresh plain water.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible 1.39 I can drink fresh water at all times.

This area for improvement was made on 21 May 2021.

Action taken since then

The service has begun to develop plans, to ensure people are supported to have access to snacks and drinks throughout the day. This will include people being encouraged to independently help themselves where this is safe to do. The use of the designated area will be considered in developing the plans. This area for improvement has been removed.

Previous area for improvement 7

To ensure that people can be confident that staff supporting them are competent and skilled the manager should:

- Facilitate reflective supervision
- Observe staff practice and use this to reinforce best practice and inform training needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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)

This area for improvement was made on 21 May 2021.

Action taken since then

Supervision was not taking place except for a small number of staff. The service had developed a supervision tool to encourage reflect practice on areas like people supported, staff development and well being. This was not used consistently by supervisors. Staff practice was not being routinely observed in most areas of work. Observations of infection prevention and control practice did take place but these were

not recorded and there was no system in place, to ensure all staff experienced observation and feedback on their practice.

This area for improvement has not 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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