

Netherton Court Nursing Home Care Home Service

7-11 Netherton Road
Wishaw
ML2 0BP

Telephone: 01698 373 344

Type of inspection:
Unannounced

Completed on:
23 September 2021

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010587

About the service

Netherton Court is situated in a residential area of Wishaw in North Lanarkshire and provides care and support for up to 63 older people with physical and cognitive impairment. It is provided by Thistle Healthcare Limited and is accessible to public transport links routes, local shops and community amenities.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. All rooms provide single, en suite facilities with access to communal bathrooms, dining rooms and lounges on each floor. The ground floor provides access into a well maintained, enclosed garden area with seated areas for residents and visitors to use.

The service states its aims and objectives are to "ensure that residents, including those who live with dementia are supported in a person-centred environment, feel valued and respected as individuals. We acknowledge that people may experience levels of frailty, however our aim is to support you to manage your symptoms and improve your quality of life as well as promoting your independence".

At the time of this inspection there were 42 people living in Netherton Court.

What people told us

We chatted with people as we walked around. People told us they were happy living there and did not raise any issues with us.

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 leadership?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership? 3 - Adequate

This inspection focussed on improvements required from the COVID-19 focused inspection on 16 June 2021. As part of that inspection, we also considered the leadership of the service and made a requirement and area for improvement.

Details of progress in these areas are noted under the following two sections of this report:

- what the service has done to meet any requirements made at or since the last inspection and;
- what the service has done to meet any areas for improvement we made at or since the last inspection.

We have re-graded the service in recognition of improvements and requirements met. Grades moved upwards as we have evidence that grades of weak are now adequate.

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

3 - Adequate

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

Requirements

Requirement 1

In order to ensure there is a clear overview of what is happening in the home the provider must maintain a robust quality assurance system by 17 September 2021.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

It is also necessary to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland Regulations 2011

This requirement was made on 16 June 2021.

Action taken on previous requirement

Systems were now in place to assess and monitor clinical risks such as weight loss and tissue viability issues. Weekly reports by the clinical staff to the management team ensured all relevant information was shared and risks were being effectively managed.

The improved level of information available within the service about the management of clinical risks resulted in a better overview for the management team.

Met - within timescales

Requirement 2

In order to ensure residents receive appropriate care and support the provider must by 17 September 2021:

- a) provide opportunities for all residents to have access to the garden.;
- b) provide residents with regular opportunities to move position;
- c) provide a range of meaningful activities for people living in the service

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19) and in order to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 16 June 2021.

Action taken on previous requirement

Activity staff consulted with people monthly to get their views about what activities they wanted to do. This information was used to develop a weekly activity planner and we saw evidence of this.

As a result of gathering people's preferences there was now a walking group, exercise sessions and a book club. People were supported to spend time in the garden, weather permitting. Entertainers had started to visit again. We observed a singer in the home during inspection which people enjoyed very much. Having opportunities to take part in activities of their choosing is beneficial for people's health and wellbeing.

Activities were evaluated to find out if they were enjoyed or not. This gave people the opportunity to recommend any changes to make activities better. However, the evaluations would be more meaningful if some comments from residents were added.

The activity co-ordinator was new in post and had not received any training in planning or delivering activities to people living with dementia. Training would give additional skills and knowledge to further develop a varied and stimulating activity programme.

Met - within timescales**Requirement 3**

In order to ensure residents nutrition needs are met the provider must by 17 September 2021

- a) Ensure all residents who have lost weight have a plan of care to support their nutritional needs
- b) Ensure residents have regular weights recorded when this is appropriate
- c) Ensure MUST scores are calculated and recorded accurately
- d) Ensure monthly evaluations are reflective to ensure plan is effective
- e) The dining experience is improved

This is to comply with: Health and Social Care Standards (HSCS) 1.15: '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.';

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS1.34)

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS 1.35) and in order to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 16 June 2021.

Action taken on previous requirement

There were systems in place to gather information about weights and nutritional needs on a monthly basis. A weekly handover between the clinical team and the manager discussed the completion of assessments and care plans for individuals with weight loss. This ensured the manager was aware of any issues and gave an overview of measures in place to manage risk.

Care plans for people with nutrition and dietary issues had information about how to manage their risks. Care plans noted how often weights should be taken and we could see this was followed. This meant there was a clear record of weight and any loss and associated possible risks to someone's health. would be identified We could see that the service gets a dietician's advice if any concerns.

The dining experience had been improved. This was now calm and well organised. Staff were well deployed between dining room and people eating in their bedrooms. People were offered choices of drinks and meals with appropriate support offered where needed. Independence was supported with offers of finger food and foods that individuals particularly enjoy.

Hot drinks and snacks had been introduced for people up before breakfast was delivered from the kitchen. This provided an additional opportunity to encourage people to eat and avoid potential weight loss.

Met - within timescales

Requirement 4

In order to ensure resident's health and wellbeing needs are being met the provider must by 17 September 2021 improve the management of medication.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19) and in order to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 16 June 2021.

Action taken on previous requirement

A new medication competency tracker for seniors and nurses had been introduced. This was a thorough assessment that included both discussion and observation of practice. This ensured staff who administered medication were competent to do so.

Medication records were fully completed. The records showed medications were administered as prescribed which was beneficial to people's health and wellbeing.

A new system for receiving and checking in medication had meant any delivery errors were picked up and dealt with quickly. This means that people could be confident in an adequate stock of medications.

Met - within timescales

Requirement 5

In order to ensure residents have their support and care needs fully met the provider must ensure there are adequate numbers of staff on all shifts by 17 September 2021

This is to ensure care and support is consistent with the Health and Social Care Standard 3.15 which states 'My needs are met by the right number of people.'

It is also necessary to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 16 June 2021.

Action taken on previous requirement

Staffing overnight had been increased by one staff member. This meant there were now five staff on duty consisting of one nurse and four carers. This additional staff member meant that people could be confident of sufficient monitoring and support including with their medication.

There had also been an increase in the number of day staff on duty. This increase had resulted in more staff being visible around the home and we observed more 1-1 interactions than our previous visit.

We were however concerned about the high level of agency staff working in the home.

This does not provide people with consistent staff they can get to know and build relationships with. The management team acknowledged our concerns and shared their action plan for recruitment and retention of staff moving forward. This is an area we will continue to monitor through our regular contact with the service.

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**

Systems of communications between staff and management should be improved.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that is well led'(HSCS 4.23)

This area for improvement was made on 16 June 2021.

Action taken since then

There were now meetings such as clinical meetings that allowed staff to share any concerns around risk and people's health.

There were daily briefings bringing together staff from all departments. This meant the manager was kept up to date with what was happening in the home. This gave an opportunity to discuss actions that could be taken when there were any issues or concerns.

We were pleased to see that people could be assured that the management team were now well informed about what was happening in the home.

Previous area for improvement 2

The provider should develop end-of-life care plans for all residents which fully reflect the wishes and choices of the individual.

This is to ensure care and support is consistent with the Health and Social Care Standards, 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 '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 16 June 2021.

Action taken since then

Work had started to review and update end-of-life care plans to make them meaningful to each individual. This was work in progress therefore we have repeated this area for improvement.

Previous area for improvement 3

To enhance existing Infection Prevention and Control measures the provider should ensure the following,

- There are sufficient PPE stations available at point of need.
- Pedal bins are used for the disposal of clinical waste bins.
- There are sufficient hand sanitiser dispensers available, particularly at entrances and exits of units.
- Recordings of staff carrying out infection control precautions are monitored.

This is to ensure care and support 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 16 June 2021.

Action taken since then

There had been an increase in the availability of hand sanitisers around the units. These provided opportunities for staff to maintain good hand hygiene.

However we found some areas that still need improvement such as:

- out of five PPE stations downstairs two were without gloves,
- out of four clinical waste bins two could not be opened with the foot pedal.
- there were other objects in the clinical waste bins such as plastic drink bottles and wrappers

We looked at recordings of frequently touched surfaces cleaning by care staff when domestic staff were off duty. We found no improvement since our last visit. There remained a large number of gaps in recordings. This meant there was no evidence this important cleaning had been completed.

We have repeated this area for improvement.

Previous area for improvement 4

The provider should ensure that staff follow current Infection Prevention and Control guidance regarding maintaining the cleanliness of shared equipment. This includes, but is not restricted to, moving, and assisting equipment.

This is to ensure 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 16 June 2021.

Action taken since then

There was no recorded evidence that equipment was cleaned between uses. We spoke with staff who told us equipment was cleaned and could describe how this was carried out. Equipment looked at seemed clean. However there should be recorded evidence of when this task had been completed and by whom.

Previous area for improvement 5

The provider should further develop the systems to monitor and assess staff practice. This includes, but is not restricted to, Infection Prevention and Control procedures.

This is to ensure care and support 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 16 June 2021.

Action taken since then

A system to monitor and assess staff practice had been put in place. Observations of staff practice included hand hygiene and donning/doffing of PPE. Following observations professional discussions and 1-1 sessions took place to give feedback on performance and gave staff a chance to ask any questions they may have. This has 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.

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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