

Lochside Manor Care Home Service

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Unannounced

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Service provided by:
Enhance Healthcare Ltd

Service provider number:
SP2012011938

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CS2017359706

About the service

Lochside Manor is a care home service registered to provide care and support to a maximum of 45 people, 19 of which are older people and 26 of which are adults with mental health problems, physical and/or learning disabilities. The care home has been registered since 15 February 2018. The service is situated in the Bargeddie area on the outskirts of Coatbridge and is close to local facilities and transport links.

The service's aims describe how "The purpose of the service involves putting the service user at the centre of decisions about where they live and how they are cared for. Services are to be provided in such a way, that the user feels involved, secure and confident in the care provided to them".

At the time of the inspection, there were 43 residents living at Lochside.

What people told us

We spoke to 6 residents and 7 relatives during our inspection visit. All who could express an opinion, said that they were happy with the service. Comments included:

- "Have been receiving a newsletter keeping us updated about any changes to visiting arrangements".
- "Recognise the strains services have been under due to Covid and think there are some great staff".
- "Need something in place to make sure X gets out in the local community".
- "As a family we have found them to be kind and caring and have no concerns on that front".
- "The home is kept clean and there is always some sort of cleaning activity going on".
- "Home kept clean and good measures in place re testing for Covid".
- "Nice inside but the garden space is very limited. X is mobile and would like getting out around grounds if they were in a place with larger garden grounds".
- "Staff all kind and caring. Visiting opportunities have been fine".
- "They have done well in helping X with their health".
- "Only gripe is that it is very difficult to get through to the care home - they only have one phone line I can use - often not able to get through for arranging the visits for the following day. Would like improvements made with that - perhaps another line for bookings?"
- "Take X out a lot. Call to book in advance. Flexible with when I visit and where I take them to. Prefer to bring X out of the home to give them a change of scene".
- "Always keep me up to date with everything".
- "Regularly go to any meetings with care manager".
- "X loves music and spends lots of time doing things related to music - even their exercises are to music. Always out for walks trying to keep them healthy and motivated to move".
- "I speak with X regularly on the phone which is organised through staff".
- "They would tell me if there was anything I needed to know".
- "We have baked cakes on the stove before".
- "All staff are nice and it is generally the same people every day".
- "Sometimes we are helped to go out to the local shops, but mostly just sit and watch tv".
- "Like the food here. Aye they're all good".
- "X is always spotlessly clean".
- "Food appears to be good in fact X has put on weight since they came in".

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 well do we support people's wellbeing?	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 well do we support people's wellbeing?

3 - Adequate

It is important that staff across the home treat residents with compassion, dignity and respect. Staff engaged with people during the inspection in a warm and caring way. Staff had good relationships with residents and relatives, who spoke very highly of the staff. We observed residents being offered choices throughout the inspection including, where they wanted to sit and what they wanted to eat or drink. Residents looked clean and tidy and relatives we spoke with told us that this was always the case.

Care reviews were not all up to date or had evidence of involvement of residents and/or their representatives. (See requirement 1)

The way people spend their day should promote feelings of purposefulness and wellbeing. There was a lack of meaningful activities for some residents and some people we spoke with told us that they/their relative, mostly spent their time watching television and rarely went out. (See area for improvement 1)

Where there had been any fluctuations in health, the service made sure there were investigations, reviews and changes made to the resident's support. There was input where needed, from external agencies and residents had been supported to attend any health appointments.

Electronic care planning had been introduced which had improved consistency in recording. Daily notes were completed in "live" time to help ensure accurate and up to date information. We discussed how the service should continue to implement the system.

We found a number of areas relating to poor recording of medication administration namely:

- Missing signatures
- Stock gaps
- Inaccurate recording and gaps in topical administration records
- Lack of outcomes to "as required" medications

We also found that some people had missed receiving medication frequently due to being out of stock. We acknowledge the service was working to try and resolve some of the issues. (See requirement 2)

There was a lack of staff training in relation to positive behaviour support and communication, breakaway

techniques and Infection Prevention and Control (IPC).
(See requirement 3)

Requirements

1. By **22 November 2021**, the provider must ensure that care plans are reviewed minimally on a six monthly basis, in line with current legislation. In doing so, reviews should include the views of residents and their representatives or where this is not possible, the reason recorded.

This is in order to comply with the Health and Social Care Standards Standard 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me"
SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans

2. By **22 November 2021**, the provider must ensure that medication is administered as prescribed and that clear Medication Administration Records are used which reflect accurate recording of medication administration.

This is in order to comply with the Health and Social Care Standards Standard 1.19 which states "My care and support meets my needs and is right for me"
SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users

3. By **13 December 2021**, you must ensure that people experience care from a competent and skilled workforce. By doing so, you must demonstrate that all members of staff employed in the provision of care have received relevant training and that the training received, is implemented in practice. Training received must include, but need not be limited to, the following subjects:

- Infection prevention and control
- Positive behaviour support and communication
- Staff breakaway techniques

This is in order to comply with the Health and Social Care Standards Standard 3.14 which states "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".
Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210)

Areas for improvement

1. To promote health and wellbeing and ensure positive outcomes for people, the provider should develop the provision of meaningful activities for service users to engage in based on their personal choices and abilities.

This ensures care and support is consistent with the Health and Social Care Standards, 1.25 which states: "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" and 2.22 "I can maintain and develop my interests, activities and what matters to me in the way that I like".

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

3 - Adequate

On the first day of inspection, we identified some areas of the home and some equipment that needed to be cleaned, to ensure that people living in the home were protected from harm and the risk of infection. The management team took immediate action to resolve this. On the second day of the inspection, we noted that the areas of concern had been improved.

Instructional posters for donning/doffing and handwashing were displayed on walls, which helped remind staff of the correct IPC methods to follow.

One PPE Station was not signposted within the Glenmuir Unit however, the service rectified this.

Alcohol-based hand rub (ABHR) was available throughout the home. We found the pump actions very stiff to operate and one occasion was not working at all. The provider agreed to take action to review the system being used.

Not all staff had received training about IPC and no direct observations of staff IPC practice was carried out routinely. A requirement has been made in relation to competence and skills under Key Question 1 which will include IPC.

(See requirement 3, Key question 1)

We observed staff carrying out regular hand hygiene, which helped reduce the risk of infection and keep people safe. However, staff did not always handle dirty laundry in a way that was in keeping with best IPC practice and could lead to cross contamination.

(See area for improvement 1)

Audit systems helped keep people safe and improve outcomes. However, we found that the Infection Prevention and Control audit could be completed more frequently and developed further. This was specifically in relation to the inclusion of cleaning schedules, attention to detail within the environment and observations of staff IPC practices.

(See area for improvement 2)

Staff supervision had not taken place with the frequency outlined within the provider's policy.

This is a repeat area for improvement.

(See area for improvement 3)

Although the service was finding staffing challenging at times, we acknowledged that they had tried hard to maintain staffing levels and continued to actively recruit in order to address vacancies.

Areas for improvement

1. The home should ensure that staff follow safe infection control practices when handling dirty laundry, in order to keep people safe and reduce the risk of infection.

In doing so, the home should ensure that where there are indications of poor infection control practice, action is taken promptly to address this, and a record is maintained of all improvements made.

This is to ensure care and support is consistent with Health and Social Care Standards: 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

2. In order to reduce the risk of infection, the home should develop the Infection Prevention and Control audit further, namely:

- Increase the frequency with which the audit is undertaken
- Ensure that all cleaning tasks are completed thoroughly, paying particular attention to detail of the environment
- Include frequent observation of staff practice audits for compliance throughout the care service.

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

3. The service should continue to establish an effective supervision programme in keeping with the provider's schedule.

This ensures care and support is consistent with the Health and Social Care Standards, 3.14 which states "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".

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

Requirements

Requirement 1

The provider must ensure the current audit systems in place are effective and identify any shortfalls and subsequent actions taken to address areas for development and to improve residents' outcomes. In doing so, the monitoring of accident and incident records and residents' weights should specifically be improved upon.

This is in order to comply with: The Health and Social Care Standards; Standard 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

This requirement was made on 26 July 2018.

Action taken on previous requirement

We could see that the overall, the service had developed their audit systems in order to improve outcomes for residents, therefore the requirement is considered met. However, we found that the Infection Prevention and Control audits could be developed further and a specific area for improvement has been made in relation to this.

(See area for improvement 2, Key Question 7)

Met - outwith timescales

Requirement 2

The provider must ensure that care plans are reviewed minimally on a six monthly basis in line with current legislation. In doing so, reviews should include the views of residents and their representatives or where this is not possible, the reason recorded.

This is in order to comply with the Health and Social Care Standards Standard 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me" SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans.

This requirement was made on 1 August 2019.

Action taken on previous requirement

Care reviews were not all up to date or had evidence of involvement of residents and their representatives. (See requirement 1, Key Question1)

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

To reduce the risk of infection, the service should ensure it provides PPE stations throughout the home that are strategically placed to prevent excessive travel. These stations should be signposted and instructional posters displayed to remind staff of the correct procedure for disposing, donning and doffing of PPE.

This is to ensure care and support is consistent with Health and Social Care Standards: 1.24 Any treatment or intervention I experience is safe and effective; and; 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 12 June 2020.

Action taken since then

There were PPE stations placed strategically within units which took account of risk as well as distance travelled. We discussed how the service may want to consider increasing these at some point.

Instructional posters for donning/doffing and handwashing were displayed on walls.

One PPE Station was not signposted within the Glenmuir Unit however, the service rectified this when we pointed it out.

This area for improvement is considered met.

Previous area for improvement 2

The home should ensure that all cleaning tasks are carried out thoroughly and regularly audited to reduce the risk of infection.

This is to ensure care and support is consistent with Health and Social Care Standards: 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 12 June 2020.

Action taken since then

There was no effective overview in the auditing and monitoring of cleaning tasks or associated records.

This area for improvement had now been superseded by an area for improvement relating to the development of the infection control audit.

(See area for improvement 2, Key Question 7)

Previous area for improvement 3

To promote health and wellbeing and ensure positive outcomes for people, the provider should develop the provision of meaningful activities for service users to engage in based on their personal choices and abilities.

This ensures care and support is consistent with the Health and Social Care Standards, 1.25 which states: "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" and 2.22 "I can maintain and develop my interests, activities and what matters to me in the way that I like".

This area for improvement was made on 13 June 2019.

Action taken since then

There was a lack of meaningful activities for people to take part in to help give purpose to their day and support their well-being. Some people we spoke with told us that they/their relative mostly spent their time watching television and rarely went out.

This area for improvement is considered not met.
(See area for improvement 1, Key Question1)

Previous area for improvement 4

To ensure that people are supported with their medication needs, the provider should ensure clear and accurate recording of Medication Administration Records. Records should also be improved upon to make sure they more accurately reflect the reason and outcome of administering "as required" medications.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me".

This area for improvement was made on 26 July 2018.

Action taken since then

We continued to find a number of areas relating to the medication administration recording, which were not completed well. Specific information was provided at feedback in relation to this and how we reached our conclusion.

This area for improvement has now been superseded by a requirement.
(See requirement 2, Key Question 1)

Previous area for improvement 5

The completion of monitoring and recording charts should be improved to help demonstrate effective communication of important information. Where concerns are identified through clinical recording records, relevant and effective action must be taken such as seeking medical advice.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me".

This area for improvement was made on 26 July 2018.

Action taken since then

We found that improvements had been made relating to the system of monitoring chart completion.

This area for improvement is considered met.

Previous area for improvement 6

The service should continue to establish an effective supervision programme in keeping with the provider's schedule.

This ensures care and support is consistent with the Health and Social Care Standards, 3.14 which states "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".

This area for improvement was made on 13 June 2019.

Action taken since then

We continued to find that staff supervision had not taken place with the frequency outlined within the provider's policy.

This area for improvement is considered not met.
(See area for improvement 3, Key Question 7)

Previous area for improvement 7

The development plan should be enhanced and developed as a way to show a commitment from the provider to continue to develop the service.

This ensures care and support is consistent with the Health and Social Care Standards, 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

This area for improvement was made on 13 June 2019.

Action taken since then

The service had a development plan in place which captured a variety of different areas. We suggested that this should be reviewed regularly to make sure specific aims were clearer and planned dates for achievement recorded.

We consider this area for improvement met.

Previous area for improvement 8

The service should make sure information recorded about residents is consistent and accurate within care plans.

This ensures care and support is consistent with the Health and Social Care Standard 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.

This area for improvement was made on 13 June 2019.

Action taken since then

On-line care planning had been introduced. This had been a positive development and had improved consistency in recording. Daily notes were completed in "live" time to help ensure accurate and up to date information. We discussed how the service should continue to implement the system in full.

We consider this area for improvement met.

Previous area for improvement 9

The service should undertake a positive behaviour support review for the named person to ensure this reflects both proactive and reactive strategies to support his individual needs and wishes.

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

This area for improvement was made on 24 August 2020.

Action taken since then

We found a comprehensive intervention support plan was in place for the named individual. We had some concerns that it was written in a way that may not have much meaning for staff who do not have the relevant training. (A requirement has been made in relation to staff training under Key Question 1)

We consider this area for improvement met.

Previous area for improvement 10

In order to ensure good outcomes for the named individual, the Manager should ensure staff understanding and knowledge in relation to positive behaviour support and communication is up to date to assist them in their role.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 16 November 2020.

Action taken since then

There was a lack of staff training in relation to positive behaviour support and communication. This area for improvement has now been superseded by a requirement relating to training.

(See requirement 3, Key Question 1)

Previous area for improvement 11

In order to ensure good outcomes for people experiencing care, the Manager should ensure staff understanding and knowledge in relation to infection control and prevention training is up to date to assist them in their role.

This should include, but is not limited to, the effective use of PPE, infection prevention and control, and the importance of good hand hygiene.

This area for improvement was made on 16 November 2020.

Action taken since then

Training statistics relating to Infection Prevention and Control showed a number of staff had not completed the relevant training.

This area for improvement has now been superseded by a requirement relating to training.
(See requirement 3, Key Question 1)

Previous area for improvement 12

In order to ensure good outcomes for people experiencing care, the manager should review staffing levels and deployment. This should take account of 2 of 3 aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals living in the care home, also taking into account the physical layout of the building, staff training and staff supervision needs.

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

This area for improvement was made on 1 July 2020.

Action taken since then

Individual resident dependencies were calculated and an overview produced. Although the service was finding staffing challenging at times, they had tried hard to maintain staffing levels and continued to actively recruit in order to address vacancies.

We consider this area for improvement met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support 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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