

Thornhill House Care Home Service

386 Stewarton Street
Wishaw
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Telephone: 01698 297 297

Type of inspection:
Unannounced

Completed on:
29 September 2021

Service provided by:
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Service provider number:
SP2003000244

Service no:
CS2003001239

About the service

Thornhill House is situated in a residential area of Wishaw within close proximity to local shops and transport links. The service is registered to provide a care service to a maximum of 22 older people two of which can be for short stay/respite care. At the time of this inspection there were 14 people living in the care home.

The service states it aims "to provide an environment for 22 older people to enable them to live as independently as possible yet retain their rights as individuals with their right to personal dignity maintained at all times".

The home is a traditionally built sand-stone building of two storey construction with a purpose built ground floor extension to the rear of the main building. Access to the first floor is by stairs or a chair lift. There are two communal lounges on the ground floor as well as a dining room. Rooms are spacious and people are encouraged to personalise their rooms. The home has a well maintained enclosed mature garden to the rear of the building for people to enjoy.

This was a focused follow-up inspection to evaluate how the service has addressed two requirement for improvement which were made on 1 June 2021, as a result of a complaint investigation.

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

What people told us

We did not have the opportunity to engage with people during this follow up inspection.

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

Requirements

Requirement 1

The provider must ensure that people are supported to eat well and their nutritional needs are met.

By the 16 August 2021 (**extended to 30 November 2021**), the provider must evidence improvement in the assessment, care planning and monitoring of people's nutritional care needs within the service. In order to achieve this the provider must adhere to the following:

Support planning:

- a) People and/or their representatives must be consulted and involved in the risk assessment, subsequent development, implementation, monitoring and reviewing of their nutritional needs and support plans.
- b) Nutritional support plans must meet the required standards and recognise best practice models for care

and support. They must include strategies to improve and increase people's nutritional intake, including advice from other professionals as required.

c) Quality assurance systems and processes must be in place to ensure effective and positive outcomes are achieved for people experiencing care.

Staffing:

d) Staff must receive training in the use of the Malnutrition Universal Screening Tool (MUST) to ensure this is used effectively.

e) Appropriate to their role, all staff providing care must demonstrate competence and have the required skills, knowledge and competence to assess, plan and monitor people's nutritional support needs, and take the appropriate action needed when concerns are identified.

f) Robust systems and processes must be in place to ensure that staff have access to ongoing support and guidance, and any identified learning and development needs are met.

To be completed by: 16 August 2021, extended to 30 November 2021.

This requirement was made on 1 June 2021.

Action taken on previous requirement

This requirement was made following a complaint investigation. The provider submitted an action plan detailing how this requirement would be met to ensure good outcomes for people experiencing care. The actions identified within the action plan had not been completed.

The manager had sought support from the Care Home Liaison team who had provided current nutritional risk assessment documents which had been put in place for people. We evaluated these assessments for people who had recently lost weight. Although people had been identified as being at risk, their weight was not being closely monitored and they did not have a nutritional support plan in place. Therefore, we were not assured that people were being given the support they needed to maintain a healthy weight.

A small number of staff had received training in nutrition and the use of the MUST tool. The manager told us that they intended to provide this training for all staff, but no plans were in place to do this. Staff had not been supported to discuss their learning and development needs and their competency had not been assessed.

The manager was completing monthly audits, however these did not evaluate people's nutritional support needs. This meant that they did not have an overview of people who were at risk of losing weight and the actions that were being taken to support them.

We were also not assured that monthly audits completed were effective as they had not identified any areas for service improvement.

Not met

Requirement 2

The provider must ensure that people receive care which promotes the prevention and management of pressure ulcers, in accordance with their assessed needs and preferences.

By the 16 August 2021 (**extended to 30 November 2021**), the provider must evidence improvement in the

assessment, care planning and monitoring of people's skin integrity and pressure ulcer care within the service. In order to achieve this the provider must adhere to the following:

Support planning:

- a) People and/or their representatives must be consulted and involved in the risk assessment, subsequent development, implementation, monitoring and reviewing of their skin integrity and pressure ulcer support plans.
- b) Skin integrity and pressure ulcer support plans must meet the required standards and recognise best practice models for care and support.
- c) Quality assurance systems and processes must be in place to ensure effective and positive outcomes are achieved for people experiencing care.

Staffing:

- d) Appropriate to their role, all staff providing care must demonstrate competence and have the required skills, knowledge and competence to assess, plan, and monitor people's skin integrity and pressure ulcer care needs using recognised tissue viability resources, and take the appropriate action needed when concerns are identified.
- e) Robust systems and processes must be in place to ensure that staff have access to ongoing support and guidance and any identified learning and development needs are met.

To be completed by: 16 August 2021, extended to 30 November 2021.

This requirement was made on 1 June 2021.

Action taken on previous requirement

This requirement was also made following a complaint investigation. The provider submitted an action plan detailing how this requirement would be met to ensure good outcomes for people experiencing care. The actions identified within the action plan had not been completed.

We evaluated skin integrity risk assessments and support plans in place for people and found that daily risk assessments were not being completed correctly. Some people had been identified as being at risk, but processes were not in place to ensure that staff were checking their skin more regularly to check for early signs of pressure damage.

People who should have had skin integrity and pressure ulcer support plans did not have these in place. This meant that staff did not have access to important information about how to support them safely.

The Care Home Liaison team had spent time with the manager going through the required standards and recognise best practice models for skin integrity and pressure ulcer support care and support. The manager told us that they intended to arrange this training for all staff, but no plans were currently in place.

A wound care training module was available on the provider's online training system, however staff had not been asked to complete this. The manager told us they would prioritise this training and assess staff competence following completion.

Quality assurance systems and processes were not in place to ensure effective and positive outcomes were being achieved for people experiencing care. We signposted the manager to resources that could support them to monitor processes for preventing pressure ulcers and evaluate outcomes for people.

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 ensure safe outcomes for people, the manager should improve quality assurance audits to ensure that they effectively identify areas for improvement in the service. Including, but not limited to, observations of staff infection prevention and control practice and spot checks of equipment and the environment. An action plan should be developed to address any areas for improvement identified.

This area for improvement was made on 1 June 2021.

Action taken since then

Not assessed during this inspection.

Complaints

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

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