

Morningside Care Home Care Home Service

41 School Road
Morningside
Newmains
Wishaw
ML2 9QW

Telephone: 01698 389 310

Type of inspection:
Unannounced

Completed on:
9 November 2022

Service provided by:
Morningside Carehomes (Scotland)
Limited

Service provider number:
SP2010010997

Service no:
CS2006133086

About the service

Morningside Care Home is owned and managed by Morningside Carehomes (Scotland) Limited and was registered with the Care Commission (now Care Inspectorate) in April 2011. The home is registered to provide care and support for up to 64 residents with physical and cognitive impairment. The home is situated within a residential area of Wishaw and is accessible to public transport links and local amenities.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. Both floors have communal bathrooms, dining rooms and lounges, a hairdressing room with smaller quieter areas for people to use as an alternative to the busier lounges. The ground floor provides unrestricted access into a well maintained, enclosed garden area with seated areas, greenhouses and raised flower beds for residents and visitors to use.

The aims and objectives of Morningside state;

It is essential that service users are cared for in an environment that is person centred and they and other stakeholders feel valued as individuals. Effective communication is paramount and we must recognise that everyone has individual needs relating to their condition.

About the inspection

This was an unannounced follow up inspection which took place on 9 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents

Key messages

The service met both requirements and two out of four areas for improvements made at the previous inspection.

How well do we support people's wellbeing?

There was a requirement to improve the range of meaningful activities made at the last inspection. The activity co-ordinator had worked hard and we could see vast improvements. We have met this requirement. Further information is detailed in the section 'What the service has done to meet any requirements made at or since the last inspection'.

There were three areas for improvement made at the last inspection. These were around:

- food and fluid charts to be fully completed

- stress and distress care plans

- the dining experience should be improved.

One of these had been met and two have been repeated.

Further information is detailed in the section 'What the service has done to meet any areas for improvement we made at or since the last inspection'

Areas for improvement

1. To support people's hydration and nutritional needs the provider should ensure food and fluid charts are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

2. To support people's stress and distress the provider should ensure there is clear guidance around the use of 'as and when required' medication.

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

How good is our leadership?

There was an area for improvement made at the last inspection around completion of review documentation. Completion of review documentation had improved. We have met this.

Further information is detailed in the section 'What the service has done to meet any areas for improvement we made at or since the last inspection'

How good is our staff team?

There was a requirement made at the last inspection around staff being appropriately trained. Further information is detailed in the section 'What the service has done to meet any requirements made at or since the last inspection'.

As we were satisfied that mandatory training was up to date we have met this requirement. However, we have made an area for improvement that staff receive dementia skilled training and stress/distress training. This would give staff additional skills and knowledge to support people appropriately and help keep them safe.

Areas for improvement

1. To provide staff with the necessary skills to support people, the provider should provide relevant training.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) 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) and

Scottish Social Services Council (SSSC) code 6 which states 'as a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills'

2. To support staff the provider should develop a plan of supervision and team meetings.

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

Scottish Social Services Council (SSSC) code 2.2 which states 'as a social service employer you must effectively manage and supervise staff to support effective practice and good conduct and support staff to address deficiencies in their performance'

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

Requirements

Requirement 1

By 31 July 2022 extended to 8 November 2022 the provider must provide a varied programme of meaningful activities.

To do this the provider must at a minimum:

- a) provide opportunities for all residents to have access to the garden
- b) provide an activity plan developed from people's interests and hobbies

- c) provide a range of meaningful activities for people living in the service
- d) provide opportunities for people to be out in the community.

This is to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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)

This requirement was made on 25 April 2022.

This requirement was made on 25 April 2022.

Action taken on previous requirement

There had been a vast improvement in the range of activities on offer. The activity co-ordinator had spent time gathering information around what each person liked to do. Their preferences had then been developed into a person centred activity plan. This meant people had opportunities to take part in activities they had chosen.

Some male residents had been out to the barbers. This was a regular occurrence and had resulted in relationships being built with people in their local community.

People were provided with sensory stimulation, quizzes and music through the use of Tovertafel. This is a portable interactive games console which was used in people's bedrooms. This may help prevent feelings of isolation and loneliness.

'Playlist for Life' was being developed with the help of families who provide information around their loved ones music preferences. Each person would have their own unique playlist of music that was important to them. This could encourage reminiscence and chat.

We were told of plans to continue the further development of meaningful activities such as a vegetable garden next year.

We were pleased to see evidence of people enjoying a varied, stimulating activity programme and we look forward to seeing how this continues to develop.

Met - within timescales

Requirement 2

By 31 July 2022 extended to 8 November 2022 the provider must ensure all staff have completed appropriate training. To do this the provider must at a minimum:

- a) ensure all new staff complete their mandatory training in the expected timescales
- b) staff have dementia skilled training if relevant to their role
- c) staff are trained to support people with stress and distress

This is to comply with Regulation 15 - staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) 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) and

Scottish Social Services Council (SSSC) code 6 which states 'as a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills'

We have restated this requirement with a new timescale of 8 November 2022
This requirement was made on 25 April 2022.

This requirement was made on 25 April 2022.

Action taken on previous requirement

We looked at training records that showed mandatory training was now up to date.

Dementia skilled training was being rolled out across the provider homes but had not yet started in Morningside Care Home. This training is important to ensure staff have the skills and knowledge to support people living with dementia.

Stress and distress training had not yet started although there was a plan to deliver this. This training will help staff support people in challenging situations which may help keep them safe.

We have made an area for improvement to ensure this training is provided.

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

To support people's hydration and nutritional needs the provider should ensure food and fluid charts are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

This area for improvement was made on 25 April 2022.

This area for improvement was made on 25 April 2022.

Action taken since then

We looked at fluid charts and found lots of gaps in recordings. This meant it was unclear how much fluid people had drunk throughout the day.

These charts are essential to ensure people's fluid intake is monitored so that actions can be taken if intake is poor. Therefore this is an area that should improve.
This has been repeated.

Previous area for improvement 2

To support people's stress and distress the provider should ensure there is clear guidance around the use of 'as and when required' medication.

This is to ensure care and support is consistent with Health and Social Care Standard (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)
This area for improvement was made on 25 April 2022.

This area for improvement was made on 25 April 2022.

Action taken since then

There was still work to be completed to provide clear guidance around when 'as and when required' medication was administered. We gave feedback to the management team around how to improve the stress and distress plan guidance.
This has been repeated.

Previous area for improvement 3

To support people's right to informed choice the provider should improve the dining experience.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning' (HSCS 1.33)
This area for improvement was made on 25 April 2022.

This area for improvement was made on 25 April 2022.

Action taken since then

We observed the lunchtime experience. This was relaxed and unhurried with people supported to eat at their own pace. People were offered choices of foods and drinks with visual choices to help them decide.
This has been met.

Previous area for improvement 4

To meet people's changing support needs the provider should ensure review documentation is fully completed.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11)

This area for improvement was made on 25 April 2022.

This area for improvement was made on 25 April 2022.

Action taken since then

We found review paperwork was now fully completed. This meant all the appropriate information was recorded to ensure the review covered all aspects of the persons care and support. This has been met.

Previous area for improvement 5

To support staff the provider should develop a plan of supervision and team meetings.

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

Scottish Social Services Council (SSSC) code 2.2 which states 'as a social service employer you must effectively manage and supervise staff to support effective practice and good conduct and support staff to address deficiencies in their performance'

This area for improvement was made on 25 April 2022.

This area for improvement was made on 25 April 2022.

Action taken since then

Some supervisions had been held but not all staff had had one. This meant they had not had an opportunity to meet with their line manager on a 1-1 basis to discuss any training needs or issues they had.

Although we were told of team meetings that had taken place there were no minutes available. This meant staff who could not attend the meeting had no minutes to tell them what had been discussed and agreed. This 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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