

Lower Johnshill Care Home Service

New Trows Road
Lesmahagow
Lanark
ML11 0JS

Telephone: 01555 890 993

Type of inspection:
Unannounced

Completed on:
10 February 2026

Service provided by:
MHA Auchlochan

Service provider number:
SP2008010194

Service no:
CS2013322705

About the service

Lower Johnshill is a care home registered to provide a care service to a maximum of 78 older people. The service can support two identified individuals who are under 65 years. The home is located close to the village of Lesmahagow in Lanark.

The service is provided by MHA Auchlochan who have gone into administration. Administrators have appointed Healthcare Management Solutions to oversee and run the service.

The accommodation is over three floors and provides people with bedsit style rooms, with full bathrooms and small kitchen areas, where people can make snacks and drinks if able. Each unit has its own communal areas and dining space for meals. Lifts are available between floors.

The home has an accessible and enclosed garden for people using the service.

There were 58 people living in the service at the time of this inspection.

About the inspection

This was a follow up inspection to look at progress in meeting requirements made as a result of a complaint investigation. The visit took place on 10 February 2026. The inspection was carried out by one inspector 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 the manager, observed the premises and reviewed documents.

Key messages

Progress had been made in responding to both requirements which have now been met.
Improvement to the complaint handling procedure were noted.
Steps had been taken to ensure grab rails were being appropriately used.

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

Requirements

Requirement 1

By 6 February 2026, the provider must ensure that all complaints are managed in accordance with the service policy and procedure on complaint handling. To do this, the provider must at a minimum:

- a) acknowledge receipt of all complaints within the service 3 day timescale;
- b) maintain a log of all complaints received and the outcome;
- c) issue a written complaint response in accordance with the service 28 day timescale;
- d) communicate, without delay, with complainants to inform of any delays in issuing a complaint report outcome and provide an explanation for this.

This requirement was made on 6 January 2026.

Action taken on previous requirement

We found that complaint handling had improved, with evidence of the policy and procedure being followed when responding to concerns and complaints being received by the service. From our observation of records, complaints were being logged and acknowledged appropriately. There was evidence of complaint investigation records being maintained and outcomes communicated to complainants, along with any necessary extension to expected timescales. We were therefore satisfied that the service had responded to the requirement on complaint handling. This requirement has now been met.

Met - within timescales

Requirement 2

By 6 February 2026, the provider must demonstrate that equipment is being used safely and effectively throughout the home, without limiting or negatively affecting people's independence. To do this, the provider must as a minimum:

- a) risk assess the position of all grab rails throughout the service to ensure they are suitable and safely located for use;
- b) cease the use of grab rails for hanging towels and provide appropriate towel rails in ensuite facilities;

c) ensure bed rails are not being used unless accompanied by a risk assessment and evidence of consultation with family/representatives and any relevant other professionals.

This requirement was made on 6 January 2026.

Action taken on previous requirement

We found that action had been taken to address the requirement relating to the safe use of grab rails and bed rails. A premises risk assessment was undertaken across the service, and all staff were instructed to cease the unsafe practice of using grab rails for storing towels. Records confirmed that information was communicated to housekeeping and care staff to ensure the practice ceased, and from our walk round of the service we observed signage had been added to all ensuite facilities to reinforce this message. The management team has implemented a 10% daily sampling of rooms to ensure safe practice is being observed on a continuing basis. Towel rings have been purchased for all ensuite facilities, and installation has commenced and should be completed within seven days of this visit. We completed a walk round of the service and checked rooms across both the upper and lower floor, which confirmed that signage was in place in both occupied and currently unoccupied rooms and there was no evidence of towels being stored inappropriately.

The manager confirmed that some of the beds in the home had integral bed rails and when these were not required, they were previously cable tied to prevent their use. As a result of the complaint requirement, a check was made on the use of bed rails across the service, and a decision was taken to remove bed rails from any bed where these were not needed, and no risk assessment was in place. We sampled case files and found evidence of an assessment relating to the use of bed rails was in place, as well as evidence of continuing monthly review to ensure this remained an appropriate aspect of people's care. We noted one case file where the Power of Attorney had not signed to give their understanding and consent relating to the use of bed rails. This was discussed with the manager who will now follow up on this as a priority. This requirement has now been met.

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

This area for improvement was made following a complaint investigation.

To provide reassurance that people's personal belongings are respected, the care provider should ensure accurate records are kept in relation to personal belongings. These records should be updated when required to ensure ongoing monitoring.

This is to ensure care and support is consistent with Health and Social Care Standard 3.2: If I experience care

and support where I live, people respect this as my home.

This area for improvement was made on 18 March 2025.

Action taken since then

This Area for Improvement was not assessed at this visit.

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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