# Clinton House Nursing Home
## Care Home Service

1 Ayr Road
Shawsburn
Larkhall
ML9 3AD

Telephone: 01698 883043

**Type of inspection:**
Unannounced

**Completed on:**
19 June 2020

**Service provided by:**
Clinton House Strathclyde (Care Homes) Ltd

**Service provider number:**
SP2003002417

**Service no:**
CS2003010566

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

Clinton House Nursing Home is a care home in Shawsburn near Larkhall. The home is registered to provide support to a maximum number of 26 people, with up to 8 who are not yet 65 years old.

The majority of the bedrooms benefit from ensuite facilities. There is an upstairs which is accessible by passenger lift or stairs. There is an enclosed garden space and a large car parking facility for visitors. At the time of inspection there were 13 residents.

The home aims "to deliver care in a professional manner and adopt a holistic approach to care, while affording dignity and respect to each individual resident".

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and an infection prevention and control nurse.

## What people told us

We spoke with two residents during the inspection and six relatives by telephone. All told us they were satisfied with the care and support provided. Relatives were quick to praise staff for their good communication during this difficult time. People were looking forward to more clarity on how visits could be re-established. Some residents were keen for hospital and other appointments to become available again as they had important health issues which needed external support to address.

## 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 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 care and support during the COVID-19 pandemic? 3 - Adequate

**7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.**
Our focus in this inspection was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We found some strengths that just outweighed weaknesses in this area of inspection. These strengths ensured people's physical and mental wellbeing were being supported to enable a positive impact on their experiences and outcomes.

We observed very caring interactions between staff and residents. Staff knew residents well and the activity organiser was proactive in both individual and group activities. There were records of these taking place with attention to social distancing. This meant most residents had meaningful interactions on a daily basis.

People told us they could keep in touch with phone calls, Facetime and some limited window/patio visits had taken place. Staff were good at keeping in touch with relatives by phone and email.

Residents' health needs were monitored and there were links with the local health team to support this. Care plans were up to date and reflective of personal preferences for care.

Residents benefited from healthy meals and a good range of snacks. The chef was proactive in catering for individuals. Staff kept good records to ensure people's nutrition and hydration needs were met.

Although staff were mindful of social distancing this could be difficult for residents who walk with dementia. To ensure staff have clear plans of support to follow this could be assessed and agreed more clearly.
**See Area for improvement 1.**

Further development could take place to ensure everyone is aware of new visiting arrangements.
**See Area for improvement 2.**

Although plans of care included preferences for care in the event of sudden deterioration these had not been communicated with the local GP practice to ensure inclusion in the out of hours electronic system.
**See Area for improvement 3.**

**7.2 Infection control practices support a safe environment for both people experiencing care and staff**
Our focus in this inspection was to establish if the setting was safe and well maintained in relation to COVID-19. We found some strengths that just outweighed weaknesses in this area of inspection. We observed positive practice and compliance of staff wearing Personal Protective Equipment (PPE) and posters were on display to remind staff of the correct procedure for putting it on and taking it off.

Following a visit completed on 1 May 2020 by representatives of the Health and Social Care Partnership, the Care Inspectorate issued a letter of serious concern to the provider in relation to infection prevention and control standards within the care home.

During this inspection the service was able to demonstrate that they have addressed all elements of this requirement. We suggested to the management that the environmental audit should be used more rigorously across all areas of the home and that management should evaluate the effective use of this tool. We also offered further suggestions as to how the standards of cleanliness could be improved and staff practices

monitored in order to improve infection prevention and control standards within the care home. For instance, removal of all non-essential items from the domestic trolley and increase the regular and robust cleaning of 'touch points' and regularly used 'hard surfaces' (such as door handles, handrails, bed rails tables, and keypads) to minimise potential transmission of the virus.

Overall, the environment was clean and fresh with limited clutter. There were a number of pieces of equipment which were not clean, some of these were infrequently used and some in poor state of repair. A review of equipment in the care home should be carried out and identify what is required. Any items not required or in a poor state of repair should be removed. All remaining equipment should be included in the cleaning schedule/ audit to ensure it is not missed.
**See Area for improvement 4.**

Many residents were socially distancing in their rooms. Those who preferred to be in the communal areas had safe spacing in place in both the lounge and dining areas.

Where people were isolated in their rooms there was good signage to prompt staff to use the appropriate PPE and a supply was readily available.

**7.3 Staffing arrangements are responsive to the changing needs of people experiencing care**
Our focus in this inspection was to establish if the staff team had the right competence and development, knowledge and skills to support people in relation to COVID-19. We found some strengths that just outweighed weaknesses in this area of inspection. These strengths had a positive impact on people's experiences and outcomes.

Following a visit completed on 1 May 2020 by representatives of the Health and Social Care Partnership, the Care Inspectorate issued a letter of serious concern to the provider in relation to the lack of effective leadership and management within the care home.

We established that the service has engaged with the support from the Health and Social Care Partnership and measures have been taken to try and stabilise the management within the home. The clinical lead post has been filled and the member of staff is expected to join the team in the next couple of weeks. There remains some division of duties between the incoming and outgoing manager and we would expect that the new manager acquires a comprehensive overview of the systems in place to monitor, assess and evaluate all areas of service delivery. We highlighted the need for management presence throughout the day to observe staff practices and to offer guidance regularly in relation to Public Health Scotland guidance. This includes increasing the frequency of the cleaning of regular touch points and assessing the competence of staff practice to determine that PPE was being used correctly.
**See Area for improvement 5.**

The manager confirmed that all staff had mandatory training regarding COVID-19, infection control and the use of PPE. Staff generally adhered to current best practice regarding infection control procedures. We asked the manager to encourage staff to maintain this best practice and remain cautious in their approach to infection prevention and control.

We observed staff providing support to residents in a way that was caring and demonstrated strong values and good knowledge of the residents' needs and preferences. Staff were able to identify and respond to changes in people's health and wellbeing, including identifying possible typical and atypical symptoms of COVID-19.

## Areas for improvement

1. The service provider should ensure residents who cannot recognise the need for social distancing have this identified on a risk assessment and an agreed support plan is put in place to ensure staff are guided appropriately.

This is consistent with the Health and Social Care Standards which state 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6). 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

2. The service provider should ensure a visitors' policy is developed to take account of national guidance and share this with staff, relatives and residents so they know how this will change over time. This should ensure visiting by exception is clearly available as soon as possible.

This is consistent with the Health and Social Care Standards which state 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18).

3. The service provider should ensure anticipatory care plan summaries are shared with GP's for inclusion in the out of hours electronic system.

This is consistent with the Health and Social Care Standards which state 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

4. The service should ensure that all communal equipment used for residents is clean and maintained in a clean and intact condition. A review of the equipment in the care home should be carried out to identify what is required. Any items in a poor state of repair should be removed and the remaining equipment included in the cleaning schedule/audit to ensure it is not missed.

This is consistent with the Health and Social Care Standards which state 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

5. The management will ensure that they are familiar with their own processes/protocols and external good practice guides/processes to ensure that people living in the home are provided with the care, support and protection that they require.

This is consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19). 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## 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 there is a safe system and processes for medication management and provision in the home. Where "as and when required" medications have been prescribed protocols must be in place. The provider must also ensure that the practices being undertaken by those responsible are safe and effective.

This is to ensure that the quality of the provision is in line with the Health and Social Care Standards which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

It is also necessary to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

**Timescale: 31 December 2019.**

**This requirement was made on 13 January 2020.**

**Action taken on previous requirement**
Focussed COVID-19 inspection. Due to the focus of this inspection, this requirement was not reviewed and will be reviewed during the next inspection.

**Not assessed at this inspection**

#### Requirement 2

The provider must ensure that the team are actively promoting continence for all residents who are not self managing. To do this they must:

(a) introduce continence care plans for the residents who require assistance to ensure that these detail how staff should promote continence with and for individuals.

(b) ensure that for those who are fully dependent on staff support have detailed in their care plan/risk assessment the frequency within which this support should be provided.

(c) Practice observations must be undertaken to confirm that all staff are actively promoting continence and providing safe care in this area.

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

It is also necessary to comply with Regulation 4 (1) (a) and 4 (1) (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011

**Timescale: 28 February 2020.**

**This requirement was made on 13 January 2020.**

### Action taken on previous requirement

Focussed COVID-19 inspection. Due to the focus of this inspection, this requirement was not reviewed and will be reviewed during the next inspection.

### Not assessed at this inspection

## Requirement 3

The provider must ensure that there is strong and competent leadership within the home to ensure that all staff are working together consistently to provide safe and effective care to all residents.

This is to ensure that the quality of the leadership is in line with the Health and Social Care Standards which states 'My care and support is consistent and stable because people work together well' (HSCS 3.19) and 'I use a service which is well led and managed' (HSCS 4.23).

It is also necessary to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

**Timescale: 31 January 2020.**

**This requirement was made on 13 January 2020.**

### Action taken on previous requirement

Focussed COVID-19 inspection. Due to the focus of this inspection, this requirement was not reviewed and will be reviewed during the next inspection.

### Not assessed at this inspection

## Requirement 4

The provider must ensure that all residents have a personal plan which sets out how their health, welfare and safety needs are to be met, including where risks have been identified. They should demonstrate consultation with the resident and/or relative/representative. Reviews must be carried out as and when required, but no less than every six months.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which states 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

It is also necessary to comply with Regulations 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**Timescale: 15 March 2020.**

**This requirement was made on 13 January 2020.**

### Action taken on previous requirement
Focussed COVID-19 inspection. Due to the focus of this inspection, this requirement was not reviewed and will be reviewed during the next inspection.

### Not assessed at this inspection

## 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

The provider should carry out a Kings Fund Audit with the aim of developing the environment to be more inviting, user-friendly and therapeutic. An action plan should be devised with clear timescales of when improvements will be achieved. Involvement of residents, families and staff should be encouraged.

This is consistent with the Health and Social Care Standards which state 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

**This area for improvement was made on 13 January 2020.**

### Action taken since then
Focussed COVID-19 inspection. Not assessed at this inspection.

### Previous area for improvement 2

The provider should develop an activity programme based on individual residents' interests, needs and abilities. They should regularly evaluate the activities on offer to ensure they are meeting individual resident's needs. The provider should ensure that all staff understand their individual and collective responsibilities in relation to this.

This is consistent with the Health and Social Care Standards which state 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 13 January 2020.**

### Action taken since then
Focussed COVID-19 inspection. Not assessed at this inspection.

## Detailed evaluations

| 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 |

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

### Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.