Clinton House Nursing Home
Care Home Service

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Shawsburn
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Type of inspection:
Unannounced

Completed on:
19 August 2021

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

Service provider number:
SP2003002417

Service no:
CS2003010566

About the service

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 20 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 an unannounced inspection by two inspectors from the Care Inspectorate to evaluate how well people were being supported. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care.

What people told us

We spoke with residents and relatives during the inspection. Feedback about staff and the care and support people received was positive. Relatives particularly appreciated the efforts made by staff during the pandemic to keep contact with their relatives. One family shared their observations and appreciation due to the improvement in presentation of their relative since moving to Clinton House.

Some of the comments received:
'the food is great.... It is nourishing'
'the care is splendid'
'[carer name] is tremendous. So very kind and is the same to everyone'
'everyone is very good to me.'

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

Overall, we evaluated how well staff supported people's wellbeing as adequate. There are some strengths but these just outweigh weaknesses.

We observed staff interactions with people and found them to be warm and respectful. Staff consistently treated people with compassion, dignity and respect. It was obvious that staff knew the people they were caring for.

We observed that people were well presented and this supported their dignity. Residents were freely walking around the building accessing different communal areas and their bedrooms. We observed staff supporting this in an unhurried and caring manner. Residents experience support that promotes dignity and privacy.

Residents and their families told us that they feel connected as they are supported to maintain relationships within and outside the care home.

Having meaningful things to do is important for maintaining interests and having a sense of wellbeing. The home's activity worker is currently absent however staff continue to deliver some group and individual activities. We encouraged the management to impress upon the staff of the importance of promoting independence and enabling residents to access the outside spaces and fresh air.

Relatives told us they could telephone at any time to see how their loved ones were coping during the pandemic. They also used technology to support face-to-face meetings and were kept up-to-date with any changes to visiting or restrictions. Residents are benefitting from the indoor and outdoor visits as well as some outings.

The home has a robust medication management system. This is important to make sure that people's medical needs are taken into account and that they have the correct medication at the right time to support them with any healthcare needs.

The menu is varied and people are encouraged to choose what they wanted to eat and drink.

The home has referred residents to external health practitioners including dietician, podiatrist and community psychiatric nurse (CPN) which means that any changes in people's health and care needs are being addressed.

Personal plans should give clear direction about how to deliver people's care and support, and how their needs should be met. We sampled some care plans and found recognised good practice tools were being used, however improvements are needed in the quality and content of assessments, recordings and evaluations. (See Outstanding Requirement 4).
People, along with their relatives and representatives, when appropriate, should be offered regular meaningful opportunities to discuss their care and care plan to make sure plans reflect people's health, safety and wellbeing needs and are implemented in a way that supports people to achieve good outcomes that matter to them.

Anticipatory care planning is important to ensure that residents and their families are involved in deciding on what care and support they required should their health deteriorate. The management need to review how this is rolled out across the service to ensure that people's wishes are known and respected. (See Outstanding Area for Improvement 3).

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

3 - Adequate

We reviewed how good infection control practices supported a safe environment for both staff and people experiencing care, we concluded that the service was practising at an adequate level.

The home was clean, tidy and enhanced cleaning schedules were in place and staff were aware of infection prevention and control practice. This ensured that frequently touched surfaces such as doors, toilet handles, bed tables, care equipment and bed rails were cleaned appropriately to minimise the risk of cross infection. However, we did find some equipment that was rusty or worn and encouraged the new management to complete an audit of the environment and full assess each item of equipment to decide what needs to be repaired or replaced. (See Outstanding Areas for Improvement 4 and 6).

There was a good supply of personal protective equipment (PPE) available to staff, residents, and visitors to the home which was readily available throughout the home. Staff were seen to wear, use and dispose of PPE and there was ready access to hand sanitiser to support good hand hygiene. This helped to reduce the risk of cross infection within the home and kept people safe.

We reviewed how staffing levels were responsive to the changing needs of people experiencing care and found the service to be practicing at an adequate level.

We noted that staffing levels were responsive to the changing needs of people and were regularly assessed. This allowed for people being supported in their rooms, supporting pre-planned visits, and additional measures to maintain good hygiene and infection control practices. During the inspection there were enough staff to keep people safe and meet their health and care needs. It was obvious that staff knew the people they were caring for.

People experiencing care should feel confident those providing their care and support have the right skills and knowledge. Staff had completed training in infection prevention and control, Covid-19, PPE and hand hygiene although some refresher training was outstanding. We recommended that the manager documents observations of practice to ensure that staff are able to keep themselves and people experiencing care safe. Staff demonstrated their knowledge, skills and values in the way they supported people. This meant people could have confidence in staff to maintain their health and wellbeing.

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.

This requirement was made on 13 November 2019.

Action taken on previous requirement
We looked at how the service manages it medication and examined some medication administration records. The service was able to demonstrate that they had safe systems and processes in place for management medication and appropriate protocols were being adhered to for 'as and when required' medications.

Met - outwith timescales

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

This requirement was made on 13 November 2019.

Action taken on previous requirement

The service has made some progress in care planning for individuals continence needs and this information includes the individual's preferences. However, the service has yet to introduce some form of monitoring of staff practice in order to move from continence management to promoting continence. Promoting continence aims to maintain a person's continence by regularly encouraging them to use the toilet or altering the environment to prevent disability incontinence. Observations of practice would enable staff to reflect on their practice and value the importance of promoting continence.

We have extended the timescale for this requirement to 31 January 2022.

Not met

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.

This requirement was made on 13 November 2019.

Action taken on previous requirement

There have been a number of changes in the management structure over the last two years. In this time, the service has benefitted from support provided by the local health and social care partnership. More recently, a new manager was been appointed and we were able to observe the stabilising effect this has had on the service. The manager recognises the improvements that are required and is committed to working with other professionals to achieve these.

Met - outwith timescales

Requirement 4

The provider must ensure that individuals' personal plans are up-to-date and clearly capture the current level of support required. The manager and staff should continue to review and improve the plans to ensure that they reflects people's needs and wishes and how these are to be met. Where there has been a change in need this must be recorded legibly within all the appropriate sections of the plan to avoid confusion to the reader.

This is to ensure 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" 2.17. "I am fully involved in developing and reviewing my personal plan, which is always available to me" HSCS 2.17. And, The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users. Regulation 5- Personal plans (b)(iii)

This requirement was made on 13 November 2019.

Action taken on previous requirement

Personal plans should give clear direction about how to deliver people's care and support, and how their needs should be met. We sampled some care plans and found recognised good practice tools were being used however improvements are needed in the quality and content of assessments, recordings and evaluations. The service also needs to ensure that each resident has an anticipatory care plan which outlines the support they required should their health deteriorate. Care planning should demonstrate meaningful involvement from both residents and their families.

We have extended the timescale for this requirement to 31 January 2022.

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

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).

This area for improvement was made on 19 June 2020.

Action taken since then

The service has introduced a risk assessment when care planning for residents who cannot recognise the need for social distancing. The chairs in the lounge have been social distanced and we encouraged the service to review its dining arrangements to facilitate this further for instance to have two mealtime sittings. **This has been met.**

Previous area for improvement 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).

This area for improvement was made on 19 June 2020.

Action taken since then

The service facilitates visiting in line with the current national guidance and we saw evidence of this having been shared with staff, relatives and residents. Relatives are given information so that they are clear about issues such as wearing PPE and testing. Inside and outside visiting is taking place daily and residents are also being taken out on trips by relatives.

This has been met.

Previous area for improvement 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).

This area for improvement was made on 19 June 2020.

Action taken since then

The service has adopted the NHS Lanarkshire good practice Anticipatory Care Planning documentation. However, the content of these needs to be improved and shared with the GP's. This in important to ensure that people's expressed wishes are known and respected in the event that their health deteriorates, and decisions need to made about their health and care needs.

This has not been fully met.

Previous area for improvement 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).

This area for improvement was made on 19 June 2020.

Action taken since then

The service has removed and replaced some equipment however there needs to be a thorough review of all the equipment in the home and if any correction action is required this is recorded.

This has not been met.

Previous area for improvement 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).

This area for improvement was made on 19 June 2020.

Action taken since then

Since this area for improvement was made there have been further changes in the management structure. The registered manager is an experienced nurse who has spent many years in the care sector therefore has a sound knowledge of good practice guides and processes. The management changes within the home have resolved this issue and therefore this area for improvement has been met.

This has been met.

Previous area for improvement 6

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 November 2019.

Action taken since then

The service has not carried out a Kings Fund Audit therefore this continues to be an area for improvement.

This has not been met.

Previous area for improvement 7

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 November 2019.

Action taken since then

The activity coordinator had developed an activity programme and we saw evidence of a range of group and one-to-one activities. The activity coordinator has been absent for some time however during the inspection we observed meaningful interactions/activity between staff and residents. We encouraged the service to explore how they could make the outside spaces more freely accessible for residents.

This has been met.

Previous area for improvement 8

Made following complaint which was upheld 30 July 2021.

To ensure people experiencing care can have confidence their health care needs are met, the service provide should liaise regularly with medical professionals, in particular, in response to changes to health care needs of people experiencing.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 30 July 2021.

Action taken since then

We saw evidence where the service had liaised with a range of health care professionals and this was documented in a range of documentation. The evaluations of these interventions could be recorded more clearly and this has been captured in Outstanding Requirement 4.

This has been met.

Previous area for improvement 9

Made following complaint which was upheld 30 July 2021.

The service provider should ensure they are adhering to advice issued by health professionals and they should liaise to ensure any instructions are followed up about their effectiveness. This includes, but is not limited to, guidance from Physiotherapy and Speech and Language Therapy.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

This area for improvement was made on 30 July 2021.

Action taken since then

Due to the tight timescales between this complaint being upheld and the inspection, we were unable to explore this fully. We will examine this further at the next inspection.

This has not been met.

Previous area for improvement 10

Made following complaint which was upheld 30 July 2021.

To ensure people can have confidence in the care service, the service provider should ensure they adhere to their own complaints policy/procedure when responding to issues raised with them. In order to do this the provider must ensure:

- all complaints are logged and acknowledged upon receipt
- complainants receive a copy of the complaints' procedure where requested
- effective communication with complainants to ensure understanding of the issues for investigation
- all complaints are fully investigated and the outcome of the investigation is sent to the complainant.

This is to ensure care and support is consistent with Health and Social Care Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 30 July 2021.

Action taken since then

The service was able to demonstrate that they had adhered to their own complaints policy/procedure following a concern/complaint. This will continue to be a core assurance that will be explored at each inspection.

This has been met.

Previous area for improvement 11

Made following complaint which was upheld 30 July 2021.

In order to ensure that people experiencing care have their needs safely met by staff who have the necessary skills and competencies, the service provider should ensure that staff experience training and refresher training when required.

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 30 July 2021.

Action taken since then

Due to the breadth and depth of guidance changes, it is important that staff remain up-to-date in their practice to help minimise risks to their lowest practicable level. The service was able to demonstrate that they continue to offer face to face and online training to staff. However, some refresher training was overdue therefore this area for improvement has not been met.
This has not been met.

Previous area for improvement 12

The service provider should ensure that residents and relatives' rights are protected. Communication systems must be improved to ensure that important and required information is shared with relatives, as appropriate to individual resident's needs, preferences and legal status.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 30 July 2021.

Action taken since then

We examined a sample of care plans and found good information in relation to legal status and communication with relatives. However, as noted earlier, improvements are needed in anticipatory care planning which would make this more robust.
This has been 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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