Clinton House Nursing Home
Care Home Service

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Type of inspection:
Unannounced

Completed on:
1 June 2022

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 eight 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 24 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."

About the inspection

This was an unannounced inspection which took place on 30 May 2022 and 31 May 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 people using the service, their families, staff and management, visiting professionals, reviewed documents and observed practice and daily life.

Key messages

- We observed kind and caring interactions between people using the service and the staff.
- The people living in the home and their families were positive about their experience in relation to the care from the staff and food options.
- The environment was clean, tidy and homely.
- The staffing levels prevent staff from being being able to offer responsive support in a way that promotes continence as opposed to managing incontinence.
- The provider needs to review the safer recruitment process to ensure that management are evaluating key documents.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

We found the performance of the service in relation to this quality indicator was adequate. We made this decision following a review of a range of evidence including discussions with those using the service and staff.

The service has appropriate person centred care plans and related risk assessments for everyone using the service. The service reviews the person's health and care needs and decisions in relation to end of life care or 'Do not attempt cardiopulmonary resuscitation' (DNACPR) are made as part of a person-centred assessment. Residents' and families are involved in this process along with reviews which are held within a six months period. This enables staff and visiting professionals to have accurate and up-to-date information to inform how they provide care and support. (This was a Requirement - this has been met).

The service has developed strong links with health and social care professionals and we saw that residents had good access to a variety of professionals including physiotherapists, dentists, tissue viability nurses, podiatrists and their local GP and nurses. This enables people using the service to obtain the specialist support and advice when required. (This was an Area for Improvement - this has been met).

People should be treated with compassion, dignity and respect. We saw caring relationships and support being provided by the staff team who were patient and kind with the residents. People receiving care appeared at ease with staff and we observed positive interactions between the residents and staff in care, domestic and catering roles.

We observed staff warmly connecting with people in the service demonstrating good listening skills. People benefit from staying connected with friends, family and their local community via a variety of methods including the use of technology. We observed friends and families visiting the service and these connections are actively supported by the service. We also observed staff taking the time to facilitate interactions between residents.

There are safe systems and processes in place to support individuals with the medication needs which is an essential health need for the people living in the service.

Mealtimes were an important part of every person's day and can have a significant impact on a person's experience, health, and wellbeing. We observed people enjoying their meals in an unhurried, relaxed atmosphere and we observed staff gently prompting people to eat their food including giving the physical assistance where needed. The meals looked appetising, and there were regular hot and cold drinks, snacks and cakes throughout the day.

An outstanding requirement is in relation to supporting people with their continence needs. It was our observations that due to the high dependencies of the people living in the home that at times were unable to be responsive to people's needs. This was particularly evident with toileting/continence care needs. The staffing levels were preventing staff from being able to promote continence or provide continence care that upheld the individuals dignity. The provider should ensure that the service promotes continence as opposed to relying on managing incontinence. (This Requirement is unmet - See Outstanding Requirements for further information).

It was our evaluation that the staff levels were preventing staff, at times, from being able to be responsive to people's needs or provide supervision/monitoring in shared social spaces within the home. The management use a dependency tool to calculate the required staffing levels. We pointed out to the management that they should place greater emphasis on what they observe and the feedback from the residents and the staff. Therefore, the provider must review staffing levels and how staff are deployed to ensure people are receiving the care and support to meet their needs in a way that is dignified and respectful. (See Area for Improvement 1).

Having meaningful things to do during the day is important for maintaining interests and having a sense of wellbeing. An activity coordinator is employed however due to staffing problems, this worker is often employed for other duties. The service is actively recruiting for care and nursing staff. Facilitating meaningful and stimulating activities is essential in improving the emotional and physical welfare of the people living in the home.

There were well stocked PPE stations throughout the home and we observed staff putting it on and taking it off appropriately. We highlighted concerns over the arrangement for disposing of PPE, as staff were unable to dispose at point of use and had to travel to a sluice to bin it. This was leading to poor practice in the use of clinical bags therefore before the inspection concluded the manager ordered clinical waste bins which will be placed at each PPE station.

The environment was clean and tidy and the domestic and care staff had clear directions on protocols and procedures which reflected best practice guidance. People benefit from the clear systems in place to prevent the spread of infections.

Areas for improvement

1. The service provider should review the staffing levels in the home to ensure that there is sufficient staff numbers available to meet the health and care needs of the people living in the home.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

How good is our leadership? 3 - Adequate

We found the performance of the service in relation to this quality indicator was adequate. We made this decision following a review of a range of evidence including discussions with those using the service and staff.

A new manager was appointed just a few weeks before the inspection and she is being supported and guided by the provider during her probationary period.

The service adopts a range of quality assurance methods and audits to evaluate all areas of operations and obtain feedback from the residents, their families and other professionals. This information is analysed and action plans have been developed. We encouraged the management to develop an improvement plan which incorporates all of these action plans and identifies the priorities with timescales.

A number of management activities such as audits, observations of practice, supervisions and meetings have been postponed due to recent covid-19 outbreaks and staff shortages. The management recognise the importance for these activities and expressed commitment to these restarting. We encouraged the management to review how they involve staff in some of these activities as this promotes responsibility, accountability and leadership skills. Staff shared that they feel comfortable giving feedback to management and indicated that they feel confident that the management will respectfully listen to their issues and welcome any suggestions. Residents and families spoke positively about the management team.

We found some gaps in the Safer Recruitment process (outlined in How good is our staff team) and there is an outstanding requirement for promoting continence (outlined in outstanding requirements and How well do we support people's wellbeing).

How good is our staff team? 3 - Adequate

We found the performance of the service in relation to this quality indicator was adequate. We made this decision following a review of a range of evidence including discussions with those using the service and staff.

There is a stable staff team which means that the people benefit from this continuity of care. We observed caring and compassionate support from staff who clearly know the people very well. Friends and family visiting the service testify to feeling welcome and supported by the management and staff. They all spoke very positively about the communication with the staff team. The feedback was very positive from people who live there and from their friends and families.

During our safer recruitment audit we found a number of management actions and evaluations had not been carried out. This is essential to ensure the safety of the people living in the service, therefore we have made a requirement for this. (See Requirement 1).

People experiencing care should feel confident those providing their care and support have the right skills and knowledge. We found that a significant number of refresher training had not been completed. Observations of practice were limited to infection prevention and control practice and these had not been completed since February 2022. The service had offered some group supervisions, however individual supervisions had not taken place in some time. The management recognised these issues and expressed commitment to seek resolutions and reinstating opportunities for staff to identify learning and development needs. (This is an Outstanding Area for Improvement that has not been met).

Requirements

1. By 1 July 2022, the service provider must ensure that safer recruitment practice is followed at all times.

This is to comply with Regulation 9 (1) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24)

Areas for improvement

1. The service provider should ensure staff access mandatory training including refreshers and are supported through supervision, to identify areas where support is required to improve practice. This should include observed practice and competency checking.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS4.11).

How good is our setting? 4 - Good

We found the performance of the service in relation to this quality indicator was good. We made this decision following a review of a range of evidence including discussions with those using the service and staff.

The home should be clean and well maintained to ensure that residents are supported to live in a safe environment. The home appeared clean, there was no unpleasant odours and it was homely. There are a variety of social spaces within the home and bedrooms are nicely personalised. The dining room and quiet room had recently been refurbished and the provider has a rolling plan for refurbishing other areas in the home.

The service had taken steps to minimise the risk of Covid-19 infection by implementing enhanced cleaning regimes. There are a number of measures in place to ensure that the environment and equipment is frequently monitored, maintained and safety checks completed. We encouraged the management to review the sluice rooms to ensure that these are used as intended and not used to store equipment and supplies. There is a risk of splash back and therefore cross contamination. The standard of cleanliness in these rooms needs to be improved therefore we have made this an area for improvement. (See Area for Improvement 1).

We were able to observe the people living in the home freely moving around the environment. Weather permitting, the staff support individuals to access the garden area which is accessed via a ramp. We encouraged the management to review how the environment could be adapted to enable residents to access the outside space freely when they choose to. This would have a positive impact on people's health and sense of wellbeing.

There is a nurse call system in place which people use to alert staff that help is required. We pointed out to the management that the sound of the alarm is very invasive particularly for the people whose rooms are close to the speakers. In addition, there is only one nurse call panel on the ground floor which limits staff being able to quickly identify the individual who has pressed for support or indeed if a fall mat/beam has been triggered which should be responded to without delay. The management recognise the impact of both these points and expressed commitment to finding solutions.

Areas for improvement

1. To reduce the risk of cross-contamination of equipment and supplies, the provider should ensure that the sluice rooms are de-cluttered and cleaned.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS5.22).

How well is our care and support planned? 4 - Good

We found the performance of the service in relation to this quality indicator was good. We made this decision following a review of a range of evidence including discussions with those using the service and staff.

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 that improvements have been made. The care plans included comprehensive assessments of the person's previous social history, health and social care needs, anticipatory care planning, legal considerations and the application of recognised good practice tools. Monthly evaluations were being completed and care plan reviews were being undertaken within the six month requirement. These documents all demonstrated meaningful involvement with the residents and their families/representatives. We encouraged the service to continue to offer training to staff for these plans to become more outcome focussed and to develop staff knowledge in relation to care planning for stress and distress behaviours.

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 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 Standard which states that: '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 (SSI 2011/210).

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.

In addition, there was audits carried out looking at the environmental barriers that prevent individuals accessing toilets independently. However, it is clear that the high dependencies of the current people using the service means that the current staffing levels struggle to respond to the continence needs, never mind promote 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. Also, 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 1 September 2022.

Not met

Requirement 2

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 reflect 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 that states 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) and "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 Regulation 4(1)(a) Welfare of users and Regulation 5- Personal plans (b)(iii) of the Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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 that these included comprehensive assessments of the person's previous social history, health and social care needs, anticipatory care planning, legal considerations and the application of recognised good practice tools. Monthly evaluations were being completed and care plan reviews were being undertaken within the six month requirement. These documents all demonstrated meaningful involvement with the residents and their families/representatives.

Met - outwith 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

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 to ensure care and support is consistent with the Health and Social Care Standard which states that: '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 introduced systems and processes to develop and compile anticipatory care plans.

This area for improvement has been Met.

Previous area for improvement 2

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 to ensure care and support is consistent with the Health and Social Care Standard which states that: '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
Since the last inspection, the service has carried out a number of audits examining the environment for safety issues as well as areas for improvement that would enhance people's experience and independence within the home. The dining room and quiet room have been refurbished and their is an action plan outlining the priority areas to be considered in the rolling plan of refurbishment.

This area for improvement has been Met.

Previous area for improvement 3

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 to ensure care and support is consistent with the Health and Social Care Standards which states that: '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 management carried out the Kings fund audit which identified areas of the environment that could be improved for the benefit of the people using the service. The maintenance action plan has been developed to incorporate some of these findings and we would encourage the service to involve other independent bodies in assessing the environment.

This area for improvement has been Met.

Previous area for improvement 4

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 which states that: 'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

This area for improvement was made on 30 July 2021.

Action taken since then

During the inspection we sampled care plans which contained information regarding referrals and subsequent actions taken by other professionals. We found that there were a variety of referrals being made including dietician, physiotherapy, tissue viability, dentist and podiatrist. These records reflected the ongoing involvement of professionals and directions for staff to follow. We also spoke to visiting professionals who spoke highly of the efforts from staff to comply with any instructions given.

This area for improvement has been Met.

Previous area for improvement 5

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 the Health and Social Care Standard which states 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).

This area for improvement was made on 30 July 2021.

Action taken since then

See 'How Good is our Staff Team' section for further information.

This area for improvement has Not 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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