Clinton House Nursing Home
Care Home Service

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Shawsburn
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Type of inspection:
Unannounced

Completed on:
25 October 2023

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 en-suite 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.

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 23 to 25 October 2023. 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 people using the service and their family and friends.
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

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.
- The dining experience is a positive one for the people living in the service.
- The environment was clean, tidy and homely.
- The management have taken the necessary actions in order to meet the requirements made at previous regulatory activity.
- The record keeping can be improved when monitoring a health or care need.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
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? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

1.1 People experience compassion, dignity and respect.

People should experience personalised care and be treated with dignity and respect. During the inspection we observed staff engaging positively with the people living in the service. Staff knew residents well and were respectful and attentive, taking the time to support people at their own pace. We observed staff calling the residents by their names and responding to their particular needs, this demonstrated that people were valued and treated as individuals.

We observed staff responding positively to the individual needs respecting the individual's privacy for instance when supporting with washing, dressing and toileting needs. We observed people using the nurse call system and this was promptly responded to by the staff team.

People we spoke to were very complimentary about the staff and the care provided. Some of the comments offered from people living in the service were:
'the staff are 1st class'
'they can't do enough'
'they are great.'

Families and friends offered some positive observations of the care offered and their own experience of being welcome in the home:
'[name] has only improved since she came .... her hygiene levels, ability to engage and being active.'
'The service will phone me if there is a problem.'
'Care has been wonderful, from the care givers, management and nurses. They are top notch, so friendly, professional and approachable.'
'I'm so glad my [relative] is here.'
'My [relative] is well kept.'

1.2 People get the most out of their life

There is an activity coordinator and a range of planned activities on offer to enhance the residents' quality of life. At the entrance of the home there is a range of information for people living in the home and their families. The care staff recognise that it is everyone's responsibility to engage in activities and social engagement within the service. People enjoyed a range of activities both in the home and local community. These included small group activities, music, pampering and arts and crafts. There is a walking group which supports some residents to walk around the local area benefitting from the exercise and fresh air. In addition, the service has developed links within the local community which had enhanced the experiences for residents. During the summer the service held a fete which was widely supported by the local community. During the inspection a local church group visited and some people were observed enjoyed attending this. Later in the week, a Halloween parade by the local children was planned.

The dining experience is a key activity which can offer both health and wellbeing benefits for people living in the home. We observed the dining experience to be a positive one. The service has introduced a staggered meal time allowing the staff more time to offer the support needed for people who remain in their bedrooms. Good quality meals and snacks were available for people throughout the day. The meal options were nutritious and attractive, and people were shown the plated food options available in order to allow then to make a choice. This enabled some people to make a choice and without this visual prompt they would have been unable to communicate their preference. People could choose to eat their meals in the communal dining room, lounge, or in their own room. People living in the service spoke positively about the food available and we observed people enjoying their dining experience.

There are variety of formal and informal methods adopted to encourage communication between the service and the people living in the service and their families. This includes newsletters, surveys, meetings, care plan reviews and social events. There was a steady flow of visitors coming and going and staff supported people to keep in touch with relatives and friends.

1.3 People's health and wellbeing benefits from their care and and support.

The staff team employed a variety of tools to share good communication with each other about the needs of the people living in the home and any actions that were necessary.

The information held in the personal plans, sometimes referred to as care plans, had been monitored regularly and people were referred to other health professionals as needed. We spoke with one visiting health professional, they felt that people were well supported and that staff had actioned their recommendations. We sampled some medication records and found that these reflected that individuals were receiving the support needed to receive their medication as prescribed. Medication audits were also being carried out. This helped to resolve any issues with the supply, storage, administration and return of medications.

We observed people living in the service being supported to use any visual, hearing or walking aids to improve their quality of life and reduce any associated risks.

When people needed to have additional monitoring in relation to some health or care needs, the recording of this planned support could be improved. In our conversations with people living in the service and the staff, we were reassured that the support had been given however it had not always been recorded. We encouraged the management to clarify this process with staff, highlighting the importance of accurate record keeping. This should be regularly monitored by the management team and corrective actions taken to improve the record keeping across all monitoring records. (See Area for Improvement 1).

Areas for improvement

1. To ensure that people's health and care needs are monitored effectively the provider should ensure effective systems are in place to record, monitor and review an identified area of health or care need.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

How good is our leadership? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

2.2 Quality assurance and improvement is led well

The service adhered to the Care Inspectorate's notification guidance for reportable events, and kept records of any concerns and comments made by people living at Clinton House. When incidents and accidents occurred, these were reported on, reviewed, and analysed. This helped the management team to identify trends and actions that will reduce the risk of reoccurrence and protect people from future harm.

The provider had effective systems in place to provide oversight of the service and address any issues that had been identified. We saw evidence of regular monitoring and audit processes which were part of the service's quality assurance processes. These covered the environment, staffing, and key elements of service provision such as medication, health, care needs, social activities, care planning, and reviews.

Family members told us that they had regular calls from staff to keep them updated on their relative's welfare. Relatives told us that they felt that they could speak to one of the senior staff, or the manager if they had any concerns. They told us that when any issues were raised, these were addressed promptly.

At the time of the inspection the management were planning a process of self-evaluation in order to bench mark the service's performance against the Care Inspectorate's Quality Framework. The provider planned to develop an improvement plan taking into account the information from quality assurance and audits to have a clear vision for the future of the service and drive improvements.

How good is our staff team? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

3.2 Staff have the right knowledge, competence and development to care for and support people

People living in the home benefited from the support from a stable nursing and care support team. Staff demonstrated a good knowledge of the needs and preferences of the people they supported. Interactions between staff and residents were seen to be warm and nurturing. People benefited from overall positive relationships, and this made the care home a homely place to live.

People have the right to have their needs met by the right number of staff who have time to support and care for them and to speak with them. The manager used a dependency tool monthly to determine the amount of staff needed. We encouraged the management to expand on this assessment by including qualitative information, such as regular observations at different times of the day and increased opportunity to capture feedback from the people living in the service and the staff of their experience of the staffing levels. The service agreed to keep safe staffing under regular review.

Staff were recruited safely, and staff supervision and team meetings took place on a regular basis. Staff also had access to core and specialist training both online and in person. Observations of staff practice were completed to assess the effectiveness of learning and competence.

We encouraged the management to increase the frequency of these and for the findings from these observations to be discussed with staff, both individually in supervision and in team meetings. This is to ensure that staff have the relevant knowledge and skills to care for people in a way that meets their individual needs.

The dementia training should be linked to the 'promoting excellence framework.' The manager should ensure that all staff are trained to an appropriate level including non-direct care staff. This will ensure improved outcomes for those residents with dementia. In addition, we encouraged the management to review how it offers training to staff in relation to health and care needs, specific to the residents that they care for, for instance, Parkinson's and Epilepsy.

The service has staff champions who have a key area of focus to keep abreast of any developments and drive any improvements that are needed. The provider also has a staff recognition scheme and recognises and celebrates best practice across the staff team.

How good is our setting? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

4.1 People experience high quality facilities

The home is split over two levels, upstairs has resident bedrooms and staff rooms. Some of the bedrooms have ensuite facilities whilst others rely on a shared bathroom. People living in the service were surrounded with their own belongings and photographs. We saw that some bedrooms have been personalised and that people chose where to spend their time.

At the entrance of the building there is a large lounge and a quiet room. The lounge has been identified as an area for planned refurbishment with a view to creating a range of different spaces including a space for people living in the service and their families to make themselves refreshments. We saw relatives being welcomed in to visit at various times during the inspection visit.

People living in the home should have confidence that the environment is being monitored to ensure that it is safe for anyone living there. The home benefits from a maintenance man who offers daily responses to any problems identified. Staff record any fault or broken equipment and these were being fixed by the maintenance man or by other trades as required. We saw that the equipment within the home is being serviced to ensure that it is safe to use.

The home was clean and had a fresh smell throughout. Corridors were clean and free of clutter. Housekeeping staff and care staff had access to the right equipment, including cleaning materials and personal protective equipment (PPE) to minimise the risk of infection transmission.

The management have used the King's fund tool to assess the environment and areas for improvement have been identified from this. It is the management's intention to use the self evaluative improvement plan to capture this and drive the improvements in the environment that are necessary.

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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans, sometimes referred to as care plans, are documents which outline how people's care needs will be met. The service had personal plans in place which were reviewed and updated regularly. Care plans overall provided a good level of detail to guide staff about how to support people safely. The service used best practice risk assessments and these are reviewed monthly.

Where people were unable to share their views, their representatives helped shape their support in line with their known preferences. It was positive to see regular involvement from a range of health and social care professionals. We saw evidence that risks in people's lives were fully assessed and clear guidance was implemented for staff to follow.

There is a resident of the day system which ensures that there is a planned review of each individual in the home to ensure that all areas of their experience are reviewed and any changes needed are actioned.

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

Requirements

Requirement 1

Requirement made following an upheld complaint.
To be completed by: 21 July 2023. For the safety and wellbeing of people experiencing care, the provider must ensure an effective falls prevention and management system is in place and that staff are confident in taking prompt actions where a fall results in a head injury.

To achieve this the provider must ensure, as a minimum:
a) all staff are familiar with and implement the policy on falls prevention and management.
b) all care staff receive training and guidance on falls prevention and management and the pathway for responding to head injuries.

c) appropriate action is taken to seek medical advice and guidance for people who have experienced a fall resulting in an injury.

This is in order to comply with: Health and Social Care Standard 3.17: 'I am confident that people respond promptly, including when I ask for help.' Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 1 May 2023.

Action taken on previous requirement

The management have introduced best practice guidance for managing falls within the home. We sampled a number of care plans and saw that the multifactorial fall tool was being completed in the care plan. We also looked at the recordings of falls and recognised audit tools for monitoring and evaluating falls within the home.

We examined the documentation following a recent fall and found that the staff team had responded appropriate, including the observations necessary following a suspected head injury and also seeking medical advice when necessary. Staff have received training in falls management.

Met - within timescales

Requirement 2

Requirement made following an upheld complaint.
To be completed by: 21 July 2023. The provider must ensure that the health and wellbeing of people experiencing care is carefully monitored and that any change in physical health which is observed or reported, results in prompt action to seek medical assistance.

This is in order to comply with: Health and Social Care Standard 3.17: 'I am confident that people respond promptly, including when I ask for help.' Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 1 May 2023.

Action taken on previous requirement

We sampled a number of care plans and were able to confirm that when there was a change in the individual's presentation, advice was sought from medical professionals. We were also able to see evidence that regular referrals are made to other health and care professionals for instance physiotherapy, podiatry, dietician, dentist and optician.

Met - within timescales

Requirement 3

By 1 April 2023, extended from 1 September 2022, 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 1 June 2022.

Action taken on previous requirement

We sampled a number of care plans and were able to confirm that there is care planning around toileting needs and information around frequency and any continence aids that are required. Staff were able to offer some examples of how they anticipate and look for behaviours in order to support individuals without the verbal ability to ask for support with their toileting needs. Throughout the inspection, we observed staff supporting residents to access the toilets. Management had also commenced practice observations to monitor staff practices around toileting needs in the home.

We encouraged them to continue with these assessments, taking the necessary corrective action to ensure that a culture of promoting continence is embedded within the service.

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 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).

This area for improvement was made on 1 June 2022.

Action taken since then

We observed caring and compassionate support being given by the staff members with the people living in the service.

It was our observation that the staff knew the residents well and both residents and their families provided positive feedback on the care that they receive. The management have staggered the meal time provisions to ensure that people have the right support with their dietary needs. In addition, the management have commenced observations in the service to assess the staffing levels. This is a fluid situation and requires a fluid response depending on the needs and abilities of the people in the service. The service will explore additional methods by which they can capture the views of people in the service, their families and staff. See 'Staffing' for further details.

This Area for Improvement has been MET

Previous area for improvement 2

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).

This area for improvement was made on 1 June 2022.

Action taken since then

The management have improved their systems to provide an overview of staff training (mandatory and refresher training) and there has been a concerted effort from all staff to increase the completion of a variety of training courses. The manager is providing regular supervision opportunities enabling staff to reflect on their practice and identify their own learning and development needs. The management have also introduced observations of staff practice in order to have confidence that staff have the necessary competencies to undertake their roles. We encouraged the management to expand this method of assessment. See 'Staffing' for further details.

This Area for Improvement 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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
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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