

Greenhills Care Home Care Home Service

Broughton Road
Biggar
ML12 6HA

Telephone: 01899 229 111

Type of inspection:
Unannounced

Completed on:
7 March 2024

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010577

About the service

Greenhills Care Home is owned and managed by Thistle Healthcare Limited. The home is registered to provide a care service to a maximum of 45 older people. There were 44 people living in the service at the time of the visit.

The home is situated within a quiet, residential area of Biggar and is accessible to public transport links, local shops and amenities.

All bedrooms have full en suite facilities and people are encouraged to bring in their own furnishings and decorate their rooms to their own preference.

There are two communal lounges and dining areas, as well as a hairdressing salon and pantry area for staff and relatives to use. The garden provides seated areas for residents and relatives, with lovely views over the surrounding countryside.

About the inspection

This was an unannounced inspection which took place on 6 and 7 March 2024. 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 throughout the inspection year.

To inform our evaluations we:

- spoke with six people using the service
- seven relatives
- the new manager
- the depute
- nursing staff, care staff and ancillary staff.

Key messages

- People were satisfied with the care and support provided.
- The management team was committed to making improvements to the service. This included addressing areas identified through the inspection of the service including developing quality assurance systems.
- Improvements were needed to make the environment safe, reduce restrictions on people using the garden and for the environment to be appropriately maintained and made user-friendly for people living with dementia.
- Protocols should be in place to guide support from staff for people who may experience episodes of stress and distress.

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?	3 - Adequate
How well is our care and support planned?	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

We made an evaluation of adequate for this key question. We found that there were some strengths, that just outweighed weaknesses, with some key areas of performance that needed to improve.

We observed warm and genuine interactions between staff and people who used the service. However, there were occasions when staff missed opportunities to meaningfully engage with people due to the pace they worked at and being task-focused.

There should be improvements made to ensure each person's personal care needs are met in a timely manner by staff. This should form part of quality assurance processes used by the management team.

Regular access to meaningful activities is important for keeping well and helping people to have a sense of wellbeing. Whilst there was a number of group activities including religious services and intergenerational visits from a local primary school, we observed occasions when people appeared withdrawn and bored. This can have a negative impact on people's sense of wellbeing.

The management team had plans to extend the range of activities available to people to meet their social, psychological and recreational needs. An area for improvement made at a previous inspection in connection with this area shall be repeated (see area for improvement 2 under What the service has done to meet any areas for improvement we made at or since the last inspection).

Health assessments were completed and used by staff to monitor any changes to the health and wellbeing of each person.

Having the right medication at the right time is important for keeping people well. An electronic medication administration system was in place with inbuilt systems to safeguard people and ensure they get medication when needed.

Whilst staff did not routinely administer medications for people who have been prescribed medication on an "as required" basis for episodes of stress and distress, there were no associated protocols in place. These were needed to guide staff practice. This would also ensure people's rights are upheld and that there is a consistency of approach used by staff (see requirement 1).

Requirements

1. By 31 May 2024, to ensure people experience care and support that is safe and right for them, the provider must, at a minimum:

- Ensure protocols are in place to guide staff practice when supporting people who may experience episodes of stress and distress. Protocols should be individualised to meet the needs of each person and be used before pharmacological intervention is used.

This is to comply with Regulation 4(1)(a) and Regulation 5(2)(b)(i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 "My care and support meets my needs and is right for me" (HSCS 1.19).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths, that just outweighed weaknesses, with some key areas of performance that needed to improve.

There had been changes to the management team since the previous inspection. Feedback from the people we spoke with was generally positive in relation to communication and engagement from the management team. Comments included:

"I have raised concerns with management team around minor issues and these have been dealt with."

"We have been introduced to the new manager - she seems nice and was keen to talk to us."

There was a range of audits and quality assurance systems which, when used robustly, should give the management team a clear and consistent overview of people at risk. This would also demonstrate the effectiveness of interventions to keep people safe. We concluded that further development work was needed including taking a lessons learned approach when there were adverse events such as when individuals leave the building unaccompanied (see area for improvement 1).

It was encouraging to note that the management team had used the quality framework for care homes for older people to self evaluate key areas of performance. This was at an early stage but we could see how this could help identify how positive experiences and outcomes could be achieved to benefit people living within the service.

Areas for improvement

1. The management team should robustly implement the range of organisational quality assurance systems to ensure people are kept safe and protected. A lessons learned approach should be taken when there are adverse events and learning used to reduce risks of recurrence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths, that just outweighed weaknesses, with some key areas of performance that needed to improve.

The management team had actively attempted to recruit new staff to the service to ensure that there is a core group of staff familiar with people's current needs. There remained a significant amount of agency staff use. However, the management team attempted to block book the same staff in an attempt to promote continuity of care. We heard some positive comments in relation to staff including: "They cannot do enough for you."

We also heard some comments from relatives who thought there could be more staff or staff could respond more quickly to the needs of their loved ones. We considered these comments when we carried out the inspection.

A recognised dependency tool had been used to identify staffing levels to meet the needs of people living in the service. Through observations, we concluded that there should be improvements made with the deployment of staff on each shift. We suggested the management team should re-visit the current system used for staff allocation.

Having well-trained and competent staff is important for meeting the needs of people. The service used a blended approach with some training delivered face to face and a good range provided online. Staff shared that they found training beneficial in helping them to improve their knowledge base and build on skills. Over 94% compliance rate had been achieved by staff completing mandatory training. Good support had been provided to staff by the organisation and management team to help them complete training. Protected time for training had been put in place and staff were paid for time taken to complete training.

The management team had introduced staff observations to check if staff were following good practice when providing support. Having regular planned supervision is important for staff to reflect on practice, check understanding on completion of training and have opportunities to raise questions or concerns. The frequency of staff supervisions had not adhered to organisational policy. The management team needed to ensure that this area was addressed (see area for improvement 1).

Areas for improvement

1. To ensure that people are supported by staff who are competent, skilled and supported, the management team should ensure staff supervision sessions are planned and completed, and aligned to organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths, that just outweighed weaknesses, with some key areas of performance that needed to improve.

The home is situated in a rural area and provides an attractive outlook from the communal lounges. There was a range of communal areas which people could use.

Bedrooms were personalised with en suite toilet facilities. This helped staff to promote the privacy and dignity of each person when assisting with personal care.

There had been some minor decorative improvements made to corridors and a communal lounge. A number of areas required attention in terms of maintenance and repair. Externally, this included ramps and steps at exits, patios and the rockery area near the main entrance.

Having access to a secure and well-maintained garden area is important for giving people a sense of freedom and wellbeing. A system should be introduced to allow staff to de-activate the alarmed doors in order that they respond to requests by residents to use the garden. We identified that the garden areas needed to be appropriately secured and made safe for people with restricted mobility (see requirement 1).

The service should re-assess the environment to look at how it could be made more dementia friendly. We suggested that the service consults with people who use the service and uses environmental tools such as The King's Fund tool to help make improvements (see area for improvement 1).

There were plentiful supplies of personal protective equipment and staff were observed using this aligned to good practice. Domestic staff understood the principles of infection prevention and control and followed good practice in the cleaning regime of the home.

Environmental checks were recorded against key areas within the home. We found that there should be improvement made to ensure that checks consistently followed the frequency as directed by organisational policy. The management team should incorporate environmental checks and audits as part of the quality assurance processes.

Requirements

1. By 31 May 2024, to ensure people experience care and support that is safe and right for them, the provider must, at a minimum:

- Carry out a review of the external areas of the property and improve through repair or replacement the following areas: external ramp, steps and handrails.
- Ensure that surfaces are even and suitable for people with restricted mobility.
- Ensure that there is an accessible, safe and appropriately secured garden area with unrestricted access for people using the service.

This is to comply with Regulation 10(2)(a)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes (HSCS 5.18) and "My environment is safe and secure" (HSCS 5.19).

Areas for improvement

1. In order that the environment is used to its full potential and developed to meet current residents' needs, the manager should:

- a) Consult with residents and relatives about how they want to develop their home.
- b) Complete The King's Fund environmental tool.

This ensures that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.18)

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths, that just outweighed weaknesses, with some key areas of performance that needed to improve.

The service had moved to electronic care planning. The Who Am I section helped staff understand people's preferences and direct care. Personal plans took a strengths based approach which encouraged each person to remain as independent as possible when support was provided.

Health assessments and risk assessments were being completed and used to monitor the changing needs of each person, however, these did not consistently inform the associated support plan. We shared examples around people who had specific dietary requirements and people who regularly leave the home unaccompanied (see area for improvement 1).

People were appropriately referred onto external professionals when issues were identified around the health and wellbeing of each person.

Care reviews minutes were completed with the involvement of relatives. These had been stored separately from support plans. We suggested that these be incorporated into existing support plans for improved accessibility.

The service had not captured the outcomes achieved as a result of the care and support provided. These should form part of care review records (see area for improvement 1).

Areas for improvement

1. In order that people receive the appropriate level of support, assessments should accurately and consistently inform associated support plans. Care reviews should reflect what outcomes have been achieved as a result of the support provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

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

To ensure people's wellbeing needs are met, the provider should review policy and procedural guidance to support staff in managing people's hydration needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me (HSCS 1.19)".

This area for improvement was made on 11 December 2023.

Action taken since then

There had been a range of measures put in place to encourage people to drink well including a selection of drinks made available within bedrooms and communal lounges. We examined records of people who had been identified as being at risk of dehydration and identified a need for improvement in staff practice particularly when individual fluid targets were missed. There had been a review of the associated policy, however, at the point of inspection this had not been distributed to staff.

This area for improvement has not been met.

Previous area for improvement 2

The provider should ensure that the range and scope of activities of how people spend their time both inside and outside could be better planned and organised, to ensure people experience a good quality of life.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

This area for improvement was made on 23 August 2022.

Action taken since then

There had been changes in relation to the staff member who delivers activities. A range of activities had been offered to people living within the service with visiting entertainers, school children and pet therapy offered. An activity forum was being set up. Further work is needed to accurately identify people's needs and preferences to inform activities which would be meaningful to each person.

This area for improvement has not been met.

Previous area for improvement 3

The provider should provide plans of how it proposes to ensure that staff are supported to obtain an appropriate qualification in care to maintain their registration with the Scottish Social Services Council (SSSC).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 23 August 2022.

Action taken since then

The system relating to staff qualification and registration had been developed with evidence of staff currently undertaking SVQ qualifications.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure the garden is accessible, secure and maintained to enable people to access the garden independently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1) and "I can independently access the parts of the premises I use and the environment has been designed to promote this" (HSC 5.11).

This area for improvement was made on 23 August 2022.

Action taken since then

We checked the external environment including the garden and found that there had been very little progress made in addressing the area for improvement.

This area for improvement is no longer in place and has been incorporated into a new requirement under How good is our setting?

Previous area for improvement 5

The provider should ensure that personal plans are reviewed as needs change or as a minimum on a six monthly basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

This area for improvement was made on 22 September 2021.

Action taken since then

This area for improvement is replaced with the re-worded area for improvement under How well is our care and support planned?

Previous area for improvement 6

Each resident should have an anticipatory care plan which outlines the support they require, should their health deteriorate. Care planning should demonstrate meaningful involvement from both residents and their families

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

This area for improvement was made on 22 September 2021.

Action taken since then

This area for improvement will be followed up at the next inspection. We did not specifically look at anticipatory care plans.

This area for improvement has not been assessed and remains in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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