

Netherton Court Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 May 2024

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010587

About the service

Netherton Court Nursing Home is situated in a residential area of Wishaw in North Lanarkshire and is provided by Thistle Healthcare Limited.

Netherton Court provides care and support for up to 63 older people with physical and cognitive impairment. It is accessible to public transport link routes, local shops, and community amenities.

The home is purpose built over two levels with a passenger lift providing access to the first floor. All rooms provide single, ensuite facilities, with access to communal bathrooms, dining rooms, and lounges on each floor. The ground floor provides access into a well maintained enclosed garden area, with seated areas for residents and visitors to use.

The service states its aims and objectives are to "Ensure that residents, including those who live with dementia, are supported in a person-centred environment, feel valued and respected as individuals. We acknowledge that people may experience levels of frailty, however, our aim is to support you to manage your symptoms and improve your quality of life as well as promoting your independence."

About the inspection

This was an unannounced inspection which took place on 20 and 21 May 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 since the last inspection.

In making our evaluations of the service we:

- Spoke with nine people using the service and nine of their family members
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The service met the requirement and area for improvement from the previous inspection.

- staff are highly thought of by people living in the home and their family members
- communications with families should improve
- the plan to deal with the breakdown of the lift should continue
- improvements had been made to the environment
- we have made some areas of improvement

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?	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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

People we spoke with were happy with the care and support they received. They had high praise for staff and told us 'the girls are all nice', 'staff are brilliant' and 'Can't speak too highly of the care given to me it's been great'.

People were happy with the food choices and the environment.

One relative we spoke with told us 'the home is fantastic.' while another said 'my relative is well looked after'.

There had been an ongoing issue with the lift and it had not been fully functional since 26 April. As a result, this had restricted the movement of people who lived upstairs preventing them from accessing the garden or community events. It also prevented visitors with mobility issues accessing the first floor to visit their relative. Whilst the service had done what they could to get the lift operational again, they were still waiting for the repair to be completed.

There was no contingency plan to consider if some people were able to use the stairs with staff support. However, on the second day of inspection, we were provided with a contingency plan which showed some people would have been able to use the stairs enabling them to exit the unit.

We discussed our concerns with the management team who informed us that they had a plan for a permanent solution. Although the lift was now working again, there was no guarantee this was a long-term fix. We were advised a stairlift will now be installed in one stairwell and a handrail in the other stairwell to allow people to move freely between the floors should the lift be out of order again in the future. The provider is assessing if a new lift needs to be installed.

(area for improvement)

Whilst we were impressed by the vast improvements made around activities, there was still some work to do around supporting people to leave the home. Being part of the community mainly seemed to involve bringing the community into the home with nursery children and entertainers visiting but there are community events and resources that some people may enjoy going out to.

The resident meeting held in March asked for people's ideas about where they would want to go with a list written of their requests. Some trips had been planned but cancelled due to the lift not working so we hope to see outings planned again to give people opportunities to be out in the community.

(area for improvement)

There were hydration stations around the units however, there were no glasses available for people to help themselves. We were pleased to see everyone in their rooms had a jug of juice which supported good hydration.

Food/fluid charts were being completed. People's weights were also being monitored and we could see input from dieticians if any concerns.

Nutrition reports provided information about what people liked to eat and drink. We observed the chef speaking with people and asking their views on the food.

There were lots of gaps in daily health charts which meant it was unclear if people had been supported with personal hygiene, oral health or skin checks. These charts were part of a very recent move to electronic care plans and for all staff there may be a need for further training to ensure they know what they should be recording. People did not look unshaven or unclean but there was a need to better record people were getting their personal hygiene needs met.

(area for improvement)

The dining experience could be improved by ensuring people are offered choices of food and drink. We were told people decided what they wanted for lunch in the morning. However people living with conditions such as dementia may not remember what they had chosen earlier so should be reminded and asked if it is still what they want. We asked the management team to carry out dining observations to get a clearer picture of people's experiences across the units.

(area for improvement)

Areas for improvement

1.
To ensure people can freely access all areas of the home and outside space the provider should fully implement the contingency plan for the lift.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'You will be able to move around easily in the house and its grounds.' (HSCS 4.1)

2. To ensure people have opportunities to be out in the community the activity plan should continue to develop.

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

3. To support people's health and well-being the provider should ensure recordings of daily health charts are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

4. To support people's health and well-being the provider should improve the dining experience.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We had a concern raised to us by a family member. We checked daily notes and found the issue had been recorded but had not been reported to the manager. This meant there had not been a notification made to the Care Inspectorate as we would expect due to the issue raised. There had also not been an Adult Protection submitted to the social work department. We asked the manager to submit the relevant notification to both of these bodies and this was done immediately. Staff training should be improved to ensure they are clear what needs to be passed on to the management team.

(area for improvement)

A family member also told us they had made a complaint to a senior member of staff but this had not been dealt with. We were unable to find a log of this complaint and brought this to the attention of the manager who assured us they would investigate this matter immediately. They also agreed to update us on the outcome of investigation. It is very important staff pass on families concerns and complaints to the management team so that they can be dealt with effectively. An example noted above.

Communication with families would be improved by keeping everyone up to date with what is happening in the home. An example was around notifying families the lift was out of order. Families were not informed for at least a week which could have resulted in visitors not being able to get upstairs and having to leave without seeing their family member.

(area for improvement)

We could see from staff meeting minutes that when staff raised issues they felt actions were not taken. An action plan should be developed from issues raised at staff meetings with progress discussed at the next meeting to assure staff they are listened to.

Monthly clinical risk assessments were a good overview covering all areas of people's health and wellbeing such as accidents/incidents, wounds and infections. These assessments also identified when most of the falls were taking place and where in each of the units. This information was used to try to identify actions that could be taken to try to reduce falls across the home.

The home's improvement plan followed the Care Inspectorate framework and detailed what the service will do to meet each part. Whilst this was well written there were no timescales identified, no-one identified as responsible for any of the actions nor any updates to show progress. The plan should be SMART to ensure progress of the identified areas for improvement. This would ensure the service continued to develop and improve.

Areas for improvement

1. To ensure people and their families feel listened to and are kept up to date with what is happening in the home the provider should improve communication.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'The home deals with concerns and complaints quickly and sympathetically, and provides full information about what will happen as a result of the complaint.' (HSCS 11.3)

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We spoke with a range of staff across all units and from different roles. There was positive feedback that staff felt supported by the management team, they felt they could approach other staff if they were unsure of something who were happy to help them. We observed staff to be working well together, supportive of each other and staff we interviewed told us there was good teamwork. This had resulted in a relaxed atmosphere which benefitted people living in the home but also the whole staff team.

There was work progressing at the moment around the new safer staffing legislation and welfare of staff and we look forward to hearing about this being rolled out in the near future.

The skill mix of staff needs to be carefully considered when there are so many new staff and also agency staff. New staff depending on their previous jobs, may not have the experience and skills to simply start offering care and support which means there may be shortages of key skills and knowledge in the units which has to be managed effectively. In addition there may be agency staff who have not worked in the home before and do not know the needs of the people living here.

We have asked the management team to look at the morning staffing in the downstairs unit. There were a number of people who required the assistance of two staff which can take time to safely support their needs. We observed some people sitting around in pyjamas for a long time who wanted to get dressed. There has to be consideration of how this can be managed in a way that means that people who are up and about can also be supported to get on with their day.

Training in malnutrition was completed by 60% of staff, Infection Protection Control and attention to detail was 72% and dementia skilled level 55% completed. We would expect these figures to be higher to ensure all staff have been trained in these important areas. This would ensure they have the necessary skills and knowledge to offer effective support.

(area for improvement)

Areas for improvement

1. To provide staff with the necessary skills to support people, the provider should ensure levels of completed training improve.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) 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)

and

Scottish Social Services Council (SSSC) code 6 which states: 'As a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills.'

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We walked around the home and found it clean with no malodours. We observed adequate numbers of domestic staff on duty and, when we spoke with them, they were knowledgeable about the correct solutions to use to ensure effective cleaning.

There were new sensory items on the walls to encourage people to pause as they walked along the corridors. The corridors had been redecorated and were brighter and fresher than our previous visit.

There were adequate numbers of Personal Protection Equipment (PPE) stations around the home to ensure staff had easy access to these.

There was a lovely garden area for people to sit and get some fresh air and we observed the garden being used during our visit.

We raised some issues around repairs as we found one door out of order and another that could not be opened with no sign to warn anyone. When we looked at the repair log it looked like the doors had been repaired but they had not. We asked the management team to monitor this.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Digital care plans were now in place with information currently being transferred from paper plans. There was live tracking of people's health and wellbeing and close monitoring for those where health and wellbeing concerns were evident.

There was some good information in the 'who am I' around people's past such as their job, their family, life history. These provided topics for chat and reminiscence and helped staff see people as individuals.

When we looked at wound plans, they were well completed with health professional guidance being closely followed. Nutritional plans were also well completed with good information around each individual's needs.

We have asked the management team to consider how to improve the way meals are recorded on the digital system. The system notes the time staff make the entry rather than allowing them to change it to when the meal was eaten. This does not provide an accurate record of when people are eating and how long they have gone between mealtimes.

Everyone had a named visitor plan. This means the person's named visitor will always be allowed to enter the home even if there is an outbreak.

Completed six monthly review documents were well written. They gave a clear picture of the individual's last six months with actions identified for the next six months. These reviews gave everyone involved in the person's care the opportunity to discuss their support and if the current plan continued to meet their changing needs.

There were four reviews out of date. The service have a legislative obligation to hold a six monthly review of all care plans. We have suggested if reviews continued to be delayed an in-house review was held to discuss the effectiveness of the current plan. Families may be able to take part in phone reviews if they are unable to attend the home. This would ensure their views and feedback on the service continued to be part of the six monthly review.

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

Requirements

Requirement 1

By 7 August 2023 extended to 31 March 2024 the provider must ensure new staff have fully completed the induction programme and there is evidence they are deemed competent.

This is to comply with Regulation 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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.' (HSCS3.14)

This requirement was made on 1 May 2023.

Action taken on previous requirement

We looked at inductions for four new staff which were fully completed. We spoke with some new staff who told us about their induction. They told us the induction had been good and they felt it had prepared them with the skills to support people.

This has been met.

Met - within 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

To support people's health and wellbeing the provider should continue to develop care plans.

This is to ensure care and support is consistent with Health and Social Care Standard (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)

This area for improvement was made on 26 September 2023.

Action taken since then

Stress/distress plans had more person centred guidance for staff to try to defuse stressful situations for example topics to chat about to distract people rather than 'reassure' that we found before. This should lead to better outcomes for people when they are distressed.

This has been met.

Complaints

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
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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