

# Lower Johnshill Care Home Service

New Trows Road  
Lesmahagow  
Lanark  
ML11 0JS

Telephone: 01555 890 993

**Type of inspection:**  
Unannounced

**Completed on:**  
2 May 2024

**Service provided by:**  
MHA Auchlochan

**Service provider number:**  
SP2008010194

**Service no:**  
CS2013322705

## About the service

Lower Johnshill a care home registered to provide a care service to a maximum of 78 older people. The service can support two identified individuals who are under 65 years.

The home is located close to the village of Lesmahagow in Lanark.

The accommodation is over three floors and provides people with bedsit style rooms, with full bathrooms and small kitchen areas, where people can make snacks and drinks if able. Each unit has its own living and dining space. The home has an enclosed garden for people using the service.

There are communal areas within the building for residents to access, as well as a dining area for meals. Lifts are available between floors.

The service is provided by MHA Auchlochan who have gone into administration. Administrators have appointed Healthcare Management Solutions to oversee and run the service.

During this inspection there were 60 people living in the service.

## About the inspection

This was an unannounced inspection which took place on 30 April, 1 & 2 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations, we:

- Spoke with 14 people using the service.
- observed staff interactions with people.
- spoke with seven family members / visitors.
- spoke with 17 nursing, care and ancillary staff.
- spoke with the regional director and the management team.
- reviewed documentation.

**Key messages**

Staff were respectful and responsive to people's changing needs.

People supported benefited from positive relationships with staff who knew them well.

People supported and their relatives were overall happy with the care and support received and of the staff who provide the support.

Care documentation needed to improve to reflect people's current needs and wishes.

The management team were keen to progress the improvements needed within the service.

**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?	3 - Adequate
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement.

We observed there to be genuine warm and nurturing relationships developed with people supported and staff. Staff clearly knew people well and their preferences and wishes. Staff addressed each person respectfully and by their preferred name.

People being supported and relatives had confidence in the staff team, and this meant that they felt safe, secure, and well-cared for. Some of the comments from people supported included: "It's brilliant living here". "I am well looked after". "Food is nice and there's always a choice". "I prefer to stay in my room but get invited to join activities".

Families we spoke to, told us that staff kept them well informed and involved in their relative's care. Several relatives told us they were 'always contacted if anything changed in their relative's health or wellbeing.' Comments from relatives received included: "I am happy with the care and support delivered". "Staff are fabulous". Some less positive relative comments included "Not aware of any care reviews taking place" and "Often my relatives' clothes don't return from the laundry". The management team were committed to address these concerns which was reassuring.

We saw that people had access to regular fluids and snacks in between main meals as well as appropriate staff support where required. Staff spoken with were aware of which people required additional monitoring which contributed to people receiving the care that was right for them.

People told us that they were happy with the quality of meals, with alternatives on offer and special diets catered for. A meeting was planned to review the menu with people supported and the cook.

Mealtime experiences we observed were positive with good staff support, a nice atmosphere and appetising meals. To allow people to make an informed choice, people were offered a visual choice of the meals on the menu.

A range of activities had been developed both within and out with the home through the process of assessing the needs, wishes and abilities of people using the service. The social activity coordinator was very enthusiastic about their role and was aware of the positive impact meaningful activity can have on an individual's well-being.

People benefitted from a dedicated music therapist being able to offer individual and group input and there were many positive comments received about this.

Regular newsletters were shared with relatives to inform and highlight events and happenings in the service.

The service used a range of recognised assessment tools to identify changes in the health and wellbeing of people supported. Assessments were used to develop individual personal plans. However, the information available within some support plans sampled, was not up to date and accurate. We also noted for some of the people requiring encouragement to eat and drink, targets for their fluid intake was inconsistently recorded. This meant that the staff could not always refer to this to be clear on how best to support some individuals. An area for improvement has been made under Key Question 5 'How well is our care and support planned.

A weekly General Practitioner visit took place in the service. This helps to support, monitor and assess people's health and wellbeing.

When people needed support with medication, they were assisted by appropriately trained staff. Staff adhered to good practice in medication management. Records were accurate and up to date. This ensured people got the right medication, in the correct dosage at the correct time.

Staff had access to sufficient personal protective equipment (PPE) and this was being used appropriately. This helped protect individuals from the risk of infection.

## How good is our leadership?

### 4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement.

People can expect to use a service that is well led. Feedback received from people supported and relatives was positive about the communication and responsiveness of the staff and management team. This helped to make people feel valued.

Systems and processes were in place to gather feedback from people supported, relatives and staff. This included meetings and surveys to give their views. The service should consider how stakeholder feedback is consistently used to help shape the service improvement plan.

The service had a range of quality assurance tools which helped with monitoring in a wide range of areas the quality of service provided. There was evidence of good monitoring and actions taken following audits and analysis of incidents and falls. This included, in the service's own self-evaluation, an action plan devised to improve on falls within the service, this has led to a reduction in falls experienced in the service. This helped drive improvements and shape the future of the service.

The service used a lesson learned approach to ensure learning was taken from unplanned incidents and occurrences to reduce these events from occurring again.

A service improvement plan was in place and used the findings from audits and quality assurance to shape the content and identify priorities of the service.

Partnership working was being achieved through a multi-disciplinary team approach with external agencies with the placement of people within the service.

People could be assured that staff had been recruited in a manner that followed best practice guidance.

Staff supervision and appraisal was planned for on a regular basis. Staff wellbeing was a focus in supervision. On sampling records, we could see that these were reflective discussions and allowed staff time to reflect on their own development and practices. This ensured that staff had access to development opportunities and guidance to assist them in their role.

We saw evidence that the managers had undertaken regular competency reviews of individual staff members.

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

A high number of staff have worked in the service for many years. The management team had worked hard at recruiting permanent care and nursing staff and the use of agency staff had significantly reduced. This meant that residents were cared for by people that knew them well.

Staff were very positive about their role and described very strong teamwork, both within and across teams. Staff worked well together and engaged positively with people. We received a number of positive comments from people who used the service and their relatives. These included "Staff are kind and friendly to me" and "staff are fabulous". "The staff know my relative very well". We were also told "Staff work hard, but not always enough of them".

A monthly dependency tool was completed, and the staff rota showed that minimum staffing levels had been consistently maintained and on occasions exceeded. A high proportion of the people supported receiving dementia and general nursing care were assessed as requiring two members of staff to assist them to move. The rooms where this care is provided were situated in long corridors. Staff told us that at busy times it was difficult to respond quickly to residents who required assistance, when minimum staffing was in place. This was particularly the case for those staff with responsibility for administering medication and completing paperwork. Some staff told us that this led to multi-tasking which was stressful.

We found that the staffing levels in the service were adequate to provide safe and effective care of people. However, it was noted that the tool used to calculate staffing needs did not take into account the physical layout of the building, which could present some challenges for staff. To ensure that the staffing arrangements support positive outcomes for people, the service should consider all the factors identified in the Staffing Method Framework in assessing the staffing requirements of the service (see area for improvement 1).

## Areas for improvement

1. In order to ensure good outcomes for people experiencing care, the manager should ensure staffing levels are informed by the direct and non-direct care and support needs of people being supported, that takes into account the lay out of the environment.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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 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.

People should expect that their environment is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment. Although, communal lounges and dining areas were nicely decorated, clean and odour free, some areas of the home would benefit from redecoration and investment. It was acknowledged that this was a challenge under the current financial circumstances of the service.

We found cleanliness was of a good standard, and effective systems were in place to assess and check the cleanliness of the home in terms of infection prevention and control.

People's rooms were personalised to their own taste, with some people bringing specific items of furniture from their homes to make their room more individual.

People benefitted from having access to a well-maintained garden and wider extensive grounds surrounding the care home set in the countryside.

Laundry staff were familiar with infection prevention and control good practice guidance for the safe handling of laundry which reduced the risk of transmission of infection.

The management team and maintenance worker ensured the environment was being well maintained and in a good state of repair. The home benefitted from a dedicated maintenance person, who was well known to people living in the service. Audits were used to check that the environment was safe and any areas which needed to be addressed had been included in action plans.

A range of contracts were in place with external companies which meant equipment had been serviced and maintained aligned to manufacturer and legal guidance.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service was in a transitional phase in migrating information from paper personal plans to an electronic plan using the Aspire documentation. A phased approach had been used to allow staff to become fully familiar with the system. We sampled records and noted that information was being recorded in a person-centred way. Assessments had been completed but these did not consistently translate into associated care plans to guide staff practice (see area for improvement 1).

Where needed, referrals were made to other agencies such as the Speech and Language Therapy team or the GP service. The outcome of referrals was recorded and if needed, the person's care plan was updated. This ensured people's health needs were met.

We found there was inconsistency in peoples planned care reviews that had been completed with input from families or representatives. A previous area for improvement around this area is repeated. See area for improvement 1 under What the service has done to meet any areas for improvement we made at or since the last inspection.

Personal plans included any required supporting legal documentation. This ensured that people's rights were protected, and that people supported and/or their representative were involved in making decisions and choices where necessary.

## Areas for improvement

1. The service should ensure that people's personal plans set out how their health, welfare and safety needs are to be met, and are regularly updated.

In order to do this the provider should ensure that all residents have personal plans which:  
- accurately reflect all their current needs by ensuring care plans are reviewed once in a six-month period. This should include all aspects of health, social and emotional care and include the views of any appointed family member involved in people's care.

This is to ensure that care and support is consistent with Health and Social Care standards "My personal plan (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 individuals and their families have confidence in the support provided, the care provider should ensure effective care planning is paramount. To support this the care provider should ensure individuals and their families are involved in the review of care and support provided.

This is to ensure care plans contain accurate, up to date, detailed information.  
This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

**This area for improvement was made on 15 January 2024.**

#### Action taken since then

We found that there had been care reviews taking place in the service, though there was inconsistency in the involvement of families and relatives in some of the peoples care reviews. We have repeated this area for improvement.

This area for improvement has not been met.

#### Previous area for improvement 2

To keep individuals safe and promote their wellbeing the care provider should improve the recording of person centred risk assessments, ensuring they are regularly monitored and contain accurate, up to date, detailed information.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

**This area for improvement was made on 15 January 2024.**

#### Action taken since then

The management team had a risk register that was regularly evaluated. We did see that within care plans sampled risk assessments were taking place and these were being evaluated on a regular basis.

This area for improvement has been met.

## Previous area for improvement 3

To ensure individuals and families have confidence in the people providing their support the care provider should ensure the ongoing support and development of staff through regular supervision and monitoring staff practice.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

**This area for improvement was made on 15 January 2024.**

### Action taken since then

Staff supervision and annual appraisals with staff were taking place. Staff spoken to reported these to be supportive. Observations of staff practices were regularly carried out by the management team to help improve outcomes for people receiving care.

This area for improvement has been met.

## Previous area for improvement 4

To ensure individuals and their families have confidence in the complaints process, the care provider should ensure all complaints are investigated and responded to in line with company procedures. All responses should offer a clear record of what was investigated, how it was investigated, if upheld or not and the action the service has taken in response.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 6 February 2024.**

### Action taken since then

We reviewed the concerns the service had received and investigated. We could see that these has been handled and responded to and in line with the providers complaints procedures.

This area for improvement has been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
1.3 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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