

# Greenhills Care Home Care Home Service

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Biggar  
ML12 6HA

Telephone: 01899 229 111

**Type of inspection:**  
Unannounced

**Completed on:**  
30 July 2024

**Service provided by:**  
Thistle Healthcare Limited

**Service provider number:**  
SP2003002348

**Service no:**  
CS2003010577

## About the service

Greenhills Care Home is registered to provide a care service to a maximum of 45 older people. The provider is Thistle Healthcare Limited.

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

The home is purpose built split into three areas all on one level. All bedrooms have full ensuite with showering 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 people and relatives to use. There are plans to create a café for residents and visitors to use. The garden provides seated areas for residents and relatives, with lovely views over the surrounding countryside.

At the time of the inspection 39 people were living in the home.

## About the inspection

This was an unannounced follow-up inspection which took place on 30 July 2024 between 08:45 and 18:00 hours. The inspection was carried out by one inspector and a team manager 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. To inform our evaluations we:

- spoke with five people using the service and observed interactions with other people
- spoke with two relatives visiting the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documentation.

## Key messages

- Four out of the seven areas for improvement made at the previous inspection had now been met
- Staff were observed to support people in a kind and caring way
- Personalised protocols for people relating to management of medication and stress and distress required to be improved
- Environmental maintenance and overview still required to be addressed
- Improvement was being made in ensuring support was in place for hydration needs
- Increased supervision was taking place with staff
- People enjoyed increased opportunity for activities
- We have repeated two previous requirements and three areas for improvement made at the last inspection.

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

### Requirements

#### Requirement 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).

**This requirement was made on 4 April 2024.**

#### Action taken on previous requirement

The provider used an online system to record medication administration and medication needs were also recorded in personal plans.

People were supported by relevant health referrals where they experienced stressed and distressed behaviours. Monitoring records were in place to support assessment of potential triggers to inform strategies to implement for that person.

People at times received as required medication to support any stressed or distressed behaviour. The protocols in place did not detail individualised support to meet the needs of people before consideration of pharmacological intervention.

Personal plans for people who experienced stressed and distressed behaviours required to be improved. Strategies to support a person at times of distress were not personalised. The provider told us of plans to review stress and distress plans for all people to include personalised strategies to guide staff.

This requirement has not been met and we have agreed an extension to 18 October 2024.

**Not met**

## Requirement 2

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).

**This requirement was made on 4 April 2024.**

### Action taken on previous requirement

The provider was unable to share evidence of a review of the external areas of the property. Some painting work had started on the handrails at the front of the home, however this work had not continued. Repair or replacement had not taken place on external ramps or steps.

Work had been carried out on pathways, however this had not addressed the concern where they remained uneven. Since the inspection the provider had advised that maintenance to ensure slabbing is even in the garden had started.

Garden fencing had been introduced to the rear of the home. This made the garden area safer for people living there. Maintenance work had been carried out to maintain the grass, bushes and trees so pathways were accessible. There were several areas of the garden that could be used, however some of the seating available required to be repaired or replaced.

There were gates on both sides of the home allowing access to the garden area. However, this also meant there was a risk of vulnerable people leaving the home. These must be made more secure for the safety of people ensuring they are still accessible where required.

A review and action plan for the external areas of the property was needed. This would allow the provider to have clear oversight of ongoing maintenance required, timelines for completion and outcomes.

This requirement has not been met and we have agreed an extension to 18 October 2024.

**Not met**

## 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 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).

**This area for improvement was made on 4 April 2024.**

#### Action taken since then

The provider had a quality assurance system in place called RADAR which assists in compliance and risk management. This was used to review any incidents that had taken place, using a lessons learnt approach to improve outcomes for people.

There were missed opportunities to demonstrate that a lessons learned approach had been taken to adverse events. This meant that learning had not taken place, which would prevent any future reoccurrence of risk. An example of this included where the necessary works had not been carried out to make the home secure for vulnerable people.

There was insufficient evidence to meet this area for improvement at this time.

#### Previous area for improvement 2

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).

**This area for improvement was made on 4 April 2024.**

#### Action taken since then

The provider had made good progress in the planning and participation of staff supervisions. There was evidence of a plan of supervisions where recent meetings had taken place. A further plan was in place for future supervisions. Staff told us of attendance at supervision and were aware of their assigned supervisor. Some staff told us they were unsure when they should receive supervision. Staff should be made aware of the supervision policy in place and expected frequency of these meetings.

This area for improvement has been Met.

### Previous area for improvement 3

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)

**This area for improvement was made on 4 April 2024.**

#### Action taken since then

There was a recent resident and relative's meeting and we were told people gave positive feedback on the recent improvements in the home. A dining area and some people's bedrooms had been painted. The provider had not made surveys available to all residents and relatives. This resulted in not gaining regular feedback from people and relatives on the development of the home.

The provider told us of their use of the Kings Fund environmental tool, however we could not see evidence of this with a related action plan.

The environment within the home required ongoing attention. There had been some minor decorative improvements with several parts of the home still requiring maintenance and repair.

During the inspection we carried out a walkaround of the home where we highlighted further areas of concern in relation to the environment. Window restrictors were in place on some windows, however not all. Where they were in place we seen one to be broken. We advised the manager to complete walkaround of the home to assess window restrictors required and maintenance of those in place.

Nurse pull cords and alert systems were used within the home. These were for people to use when they required assistance. We could not always see that these were accessible to people in their own room or communal areas. Since the inspection a review of the nurse call systems had taken place. All alert systems in people's rooms were accessible and in working order. The alert systems for people in communal areas were on the walls. There were plans to review the placement of nurse call alert systems in the communal areas. This would ensure they are accessible to people.

Taps in bathrooms required attention. In one toilet the water appeared to run warmer than would be expected. Hot and cold-water taps were situated on alternate sides in different toilets or bathrooms. Some did not have clear colouring to guide if this was a hot or cold tap. This placed people at risk of potentially being scalded or disorientated in the environment.

Since the inspection checks were carried out on the hot water within the rooms of the home. All checks showed temperatures were within recommend guidelines. These temperatures are checked regularly as part of the Health and Safety audit. The manager has further requested maintenance work to be carried out on taps to ensure they are situated correctly and marked clearly.

This area for improvement has Not been Met.

## Previous area for improvement 4

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).

**This area for improvement was made on 4 April 2024.**

### Action taken since then

People had personal plans, also referred to support planning in place. Where assessed needs had changed this was recorded in reviews, however this was not always updated within a person's personal plan.

We could see people's care reviews had taken place. The reviews did not reflect outcomes in place and any relevant updates for a person.

The service told us of plans to review and update personal plans. This would be to utilise further parts of the personal planning system to ensure these were personalised to people's assessed needs.

As personal plans were held in an electronic system, and not routinely available in paper format it was not clear how people accessed their personal plan. We encouraged the provider to review how people's personal plans were accessible to people, in a way that they chose and supported ongoing involvement.

This area for improvement has Not been Met.

## Previous area for improvement 5

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 4 April 2024.**

### Action taken since then

The provider's hydration and nutrition policy had been reviewed in February 2024. This was accessible to all staff within the service.

People had access to snacks and fluids throughout the day in their own room or communal lounges and dining room. Within the communal areas there was an arrangement that fluids were made available at times that suited people.



People's hydration needs were recorded in their personal plan. Staff kept this updated with fluid intake throughout the day. Since the last inspection a new process had been put in place to monitor fluid intake and highlight concerns where required. This was shared with staff and managers within the service. Where there was ongoing concern for a person's fluid intake, we could see relevant referrals being made.

This area for improvement has been Met.

### Previous area for improvement 6

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 improvement made in relation to activities with the appointment of an activity coordinator within the home. A weekly plan had been implemented, this incorporated one-to-one activities and meaningful connections with people. This allowed for dedicated time to spend with people who did not enjoy taking part in group activities.

At the time of our unannounced inspection there was a garden picnic taking place and a piper visited the home. People were seen to enjoy this. We were told of more regular walks and access to the local town where people enjoyed visiting local shops and cafes. Staff told us people enjoyed this and they could see the benefit of this for people in their health and wellbeing.

To ensure continuous improvement on activities and meaningful connections, this should be included in the service's work on self-evaluation.

This area for improvement has been Met.

### Previous area for improvement 7

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 4 April 2024.**

#### Action taken since then

Anticipatory care planning, now known as future care planning, had taken place. This was recorded for people in their personal plans.

Since the last inspection we could see reviews had taken place with people and their families in relation to future care planning. This took place in regular intervals to ensure the person and relatives' wishes were recorded and up-to-date.

This area for improvement has been Met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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