

Morningside Care Home Care Home Service

41 School Road
Morningside
Newmains
Wishaw
ML2 9QW

Telephone: 01698 389 310

Type of inspection:
Unannounced

Completed on:
28 October 2024

Service provided by:
Morningside Carehomes (Scotland)
Limited

Service provider number:
SP2010010997

Service no:
CS2006133086

About the service

Morningside Care Home is owned and managed by Morningside Carehomes (Scotland) Limited. The home is registered to provide care and support for up to 64 people. The home is situated within a residential area of Wishaw and is accessible to public transport links and local amenities.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. Both floors have communal bathrooms, dining rooms and lounges, with smaller quieter areas for people to use as an alternative to the busier lounges. The ground floor has a hairdressing room and access into a maintained, enclosed garden area with seated areas, greenhouses and raised flower beds for residents and visitors to use.

The aims of Morningside state:

"We acknowledge that you are entitled to live a full and active life and we are committed to supporting you the "older person" living here at Morningside Care Home to conserve your place in society. By recognising you as a unique individual we aim to enable you to exercise your rights, make your own choices and decisions, participate within the wider community, maintain and develop your relationship, enjoy valued, meaningful activities and empower you to achieve your full potential and remain as independent as possible".

About the inspection

This was an unannounced inspection which took place on 28 October 2024, starting at 09:30 and finishing at 16:30 hours. The inspection was following up on a requirement which was made following a complaint investigation in 2024. This 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, information submitted by the service and intelligence gathered since the last visit to the service. In making our evaluations of the service we spoke with six people using the service and two families. We spoke with three staff and two managers. We observed practice and daily life and reviewed documents.

Key messages

The provider has developed a service improvement plan which has encompassed all identified areas for improvement in the service. The improvement plan is reviewed frequently to ensure the actions for improvement are progressing.

Senior management are working with quality assurance and learning and development colleagues to ensure staff are being supported to make improvements in the service.

We could see progress in key areas described in the improvement plan.

Staff are feeling supported and are keen for improvements to be made.

Since the last visit staffing levels have been reviewed and increased as the service felt appropriate to meet people's needs.

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

Requirements

Requirement 1

By 24 January 2025, the provider must provide a varied program of meaningful activities to support their health and wellbeing.

To do this the provider must at a minimum provide:

- a) an activity plan developed from people's interests and hobbies
- b) a range of meaningful activities for people living in the service
- c) opportunities for people to be out in the community.

This is to comply with Regulation 4 (1) (a) 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 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 requirement was made on 31 July 2024.

Action taken on previous requirement

This Requirement was not assessed at this inspection as the timescale given is 24 January 2024.

Not assessed at this inspection

Requirement 2

By 24 January 2025, the provider must ensure new staff have fully completed the induction programme and there is evidence they are deemed competent.

This requirement was made on 31 July 2024.

Action taken on previous requirement

This Requirement was not assessed at this inspection as the timescale given is 24 January 2024.

Not assessed at this inspection

Requirement 3

By 21 October 2024, the provider must demonstrate that written information is recorded, is accurate and up-to-date. In order to achieve this, the provider

must, but not limited to:

- a) Provide training to staff to ensure they are aware of their responsibility in maintaining accurate records when using the electronic system and using this information to take appropriate action to ensure good outcomes for people;
- b) Ensure information is reflective of how people's needs are being met;
- c) Demonstrate that staff follow policy and best practice about record-keeping and documentation;
- d) Ensure that quality assurance systems are assessing and monitoring the quality and accuracy of records;
- e) Ensure that the information is reviewed, evaluated, and used to inform an overview and what action requires to be taken to minimise risks to people and providing good outcomes.

This is in order to comply with:

Regulation 4(1)(a) 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 Standard 4.23: I use a service and organisation that are well led and managed.

This requirement was made on 23 August 2024.

Action taken on previous requirement

The manager has arranged training for staff on the importance of accurate record keeping and how this information is input to the electronic care planning system. There has been a responsible person appointed in a role which is to monitor the accuracy of the information and to support staff if they are unsure of how to operate the hand held devices and how the alert system should be used to identify key tasks in ensuring people are being supported well.

The auditing of care and support plans is ongoing and we saw that there had been improvements in areas such diabetic support and management. Management have recognised that this is an ongoing improvement and there is still work to be done to ensure staff are familiar and competent in accurate recording and record keeping.

Healthcare risk assessments are being reviewed to ensure they are accurately completed and are reflective of people's required support with the aim of reducing risks.

There is now an ongoing management overview of record keeping and how this information is being used to inform care and support plans; providing guidance to staff on how people's needs are to be met.

We were encouraged by the progress which has been made, however we are not confident that this Requirement has been fully met. The timescale will be extended and followed up after 24 January 2025.

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

In order to ensure positive outcomes for people experiencing care, the provider should ensure people's care and support plans clearly detail the falls reduction strategies in place. This should include, but is not limited to, the proactive support needed from staff to reduce the risk of falls, and any details of assistive technology in place.

This area for improvement was made on 11 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 2

To provide high quality care, the service should, in consultation with relevant staff, consider and regularly review staffing levels across all units day and night to ensure people's needs can be met.

This area for improvement was made on 11 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 3

To ensure staff consistency stress and distress care plans should be further developed to provide additional guidance.

This area for improvement was made on 11 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 4

Staff should be knowledgeable on what skin and feet checks are required to be undertaken to ensure people's feet are kept healthy. Regular checks should be made on people who are diabetic, and accurate recordings made.

This area for improvement was made on 23 August 2024.

Action taken since then

The manager informed us, staff have received training on the importance of checking people's feet regularly. However, this area for improvement was not fully assessed at this inspection.

Previous area for improvement 5

People's care and support plan should reflect accurate information on how people should be supported when they are diabetic. This information should be shared with care staff to provide guidance and to be made aware of any potential risks.

This area for improvement was made on 23 August 2024.

Action taken since then

The care and support plans for people who are living with diabetes have been reviewed and more specific information is now recorded on how people are to be supported and regular checks are carried out. We concluded that some of the information was not always specific to that person. The management have recognised this and the information will be reviewed to become more person centred to each individual. This area for improvement has been met.

Previous area for improvement 6

People should be assured staff are knowledgeable and skilled when using a pain assessment tool and what action requires to be taken when people are experiencing pain.

This area for improvement was made on 23 August 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 7

People making complaints should be confident staff have knowledge on how to escalate and process complaints. Staff should be provided with awareness training on complaint handling and have knowledge of how to escalate and report any concerns received.

This area for improvement was made on 23 August 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

To find out more

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