

Greenhills Care Home Care Home Service

Broughton Road
Biggar
ML12 6HA

Telephone: 01899 229 111

Type of inspection:
Unannounced

Completed on:
29 October 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. The garden provides seated areas for residents and relatives, with lovely views over the surrounding countryside.

At the time of the inspection 38 people were living in the home.

About the inspection

This was an unannounced follow up inspection which took place on 29 October 2024 between 10:30 and 15:00 hours. 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 four people using the service and observed interactions with other people
- spoke with one relative visiting
- spoke with staff and management
- observed practice and daily life
- reviewed documentation

Key messages

- Staff and residents told us that there had been improvements since the last inspection
- The provider should continue to progress parts of the environment and associated improvement plans
- Two requirements and three areas for improvement made at the last inspection had been met.

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 and detail within personal plans had been improved, detailing individualised support to meet the needs of people before consideration of pharmacological intervention. We found daily records reflected support given in line with people's personal plans.

Met - within timescales

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

A review of the external areas of the property had been carried out and details were recorded within the home improvement plan. Painting work had been completed on the handrails and seating around the home. We could see that ramps and pathways were now accessible.

Uneven slabs had been lifted and replaced with tarmac which ensures safer mobility for people living at Greenhills. The gates around the home had now been made secure to reduce the risk of vulnerable people leaving the home.

People told us the garden area looked lovely and they were happy with the improvements made.

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

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

We saw evidence of accident and incident forms including a lessons learned section. We could see that monthly clinical governance reviews captured learning from adverse events.

Analysis of quality assurance such as nutrition and falls had taken place as part of monthly oversight and actions had been recorded.

This area for improvement has been met.

Previous area for improvement 2

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

Consultation had taken place, and views had been sought from residents and relatives. Minutes of monthly resident and relatives' meetings were available which showed consultation. A recent Kings Fund Tool audit was available, and an action plan created to show planned improvements.

During the inspection we carried out a walkaround of the home, we could see improvements had been made to some areas. Window restrictors were now in place on all windows and redecoration of one of the dining/seating areas had been completed.

The home should continue to ensure identified improvements progress within planned timescales.

This area for improvement has been met.

Previous area for improvement 3

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

We could see people's care reviews had taken place. The reviews recorded detailed discussions about people's personal plans, any changes, and outcomes in place for a person.

Personal plans had been updated to ensure these were personalised to people's assessed needs. We discussed ensuring people remain involved in their personal plan and ensuring this is accessible to them.

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.

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