

Deanston House Nursing Home Care Home Service

36 Lefroy Street
Coatbridge
ML5 1LZ

Telephone: 01236 449 920

Type of inspection:
Unannounced

Completed on:
19 March 2025

Service provided by:
Enhance Healthcare Ltd

Service provider number:
SP2012011938

Service no:
CS2016349381

About the service

Deanston House Nursing Home is located in the Blairhill area of Coatbridge. It provides care and support, including respite care, for up to 33 older people.

The home has two floors with a passenger lift providing access to the first floor. There are two communal lounges, a dining room and conservatory on the ground floor. There is an enclosed garden area at the back of the building.

At the time of our inspection 29 people were being supported by the service.

About the inspection

This was an unannounced follow up inspection which took place on site on the 19 March 2025. The inspection was focused on previous requirements and recommendations made at the previous inspection. 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 and information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people the service supported;
- spoke with one visiting relative;
- spoke with a number of staff and management;
- observed practice and daily life;
- reviewed documents;

Key messages

- The home had met all requirements made at the previous inspection.
- There was further improvement to be made in managing stocks of over-the-counter medicines.
- We agreed with senior managers to remove one room from service until the bathroom that served it was redecorated.

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 staff team?	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?

4 - Good

The provider demonstrated improvement in the required areas we asked them to focus on. This included improving support with medication and people's initial assessment documentation.

Further information on the improvements we evaluated can be found in this report under the headings "Outstanding requirements" and "Outstanding areas for improvement."

People were receiving the medicines they needed in line with prescriber's instructions. It was noted that high strength pain medication was being given effectively and recordings of the same were accurate. However, 'over-the-counter' medicines, such as paracetamol, in a couple of cases did go out of stock for a period of two days in the records sampled. The service had recognised this and were planning on putting measures in place to ensure stocks were maintained appropriately. This had yet to be implemented at the time of inspection so we have made an area for improvement in this regard (see area for improvement 1).

Due to the level of progress made during the follow up inspection, we have re-evaluated the grade of 3 (adequate) to a grade of 4 (good).

Areas for improvement

1. To ensure people have access to all medicines they require the service should put in place a system to ensure stocks of 'over the counter' medicines are appropriately maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24).

How good is our staff team?

4 - Good

The provider demonstrated improvement in the required areas we asked them to focus on. This included addressing any staffing deficits and improving recruitment processes. Staffing levels had increased since the previous full inspection undertaken in November 2024.

We observed residents to be content and supported well by a competent, well recruited staff team that worked well together.

Further information on the improvements we evaluated can be found later in our report under the heading "Outstanding requirements" and "Outstanding areas for improvement."

Due to the level of progress made during the follow up inspections, we have re-evaluated the grades of 3 (adequate) to grades of 4 (good).

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

Requirements

Requirement 1

By 03 February, 2025 to support the health and wellbeing of residents, medication must be managed in accordance with the prescribers' instructions.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 20 November 2024.

Action taken on previous requirement

We sampled medicine administration records and could see that high-strength pain medicines were being given in line with prescriber's instructions. It was identified, however, that stocks of 'over-the-counter' medicines such as paracetamol did go out of stock for a small number of residents for a couple of days in the sample of documentation assessed at inspection. The service had recognised this and were planning on putting measures in place to ensure stocks were maintained appropriately. This had yet to be implemented at the time of inspection so we have made a further area for improvement accordingly in this report under key question 1 'How well do we support people's wellbeing?'

Met - within timescales

Requirement 2

By 03 February 2025, the provider must improve the admission process to ensure that proper provision for the health of new residents is made. In order to achieve this, the provider must:

- (a) Ensure that the pre-admission/admission process includes a full and detailed assessment and how needs will be met.
- (b) Ensure that at all times suitably skilled, qualified and experienced staff are following up the assessed care that is appropriate for the health and welfare of people who use the service.

This is order to comply Regulation 4(1)(a)(Welfare of users)and 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state "My future care and support needs are anticipated as part of my assessment" (HSCS

1.14) and "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 requirement was made on 20 November 2024.

Action taken on previous requirement

We saw in records for those admitted since the previous inspection that pre-admission assessments had been completed well. These records were detailed and included a comprehensive breakdown of clinical needs, wishes and preferences completed, in each case, just prior to a respite stay indicating their relevance. Most staff we spoke to informed us that staffing levels and mix of skills were appropriate. Some felt there were pinch points in the mornings where the deployment of staff could be improved. It was also suggested that some communications across the team could be better. This information was shared with the management team. The service had successfully recruited more nursing staff since the previous inspection.

Met - within timescales

Requirement 3

By 03 February 2025, the provider must ensure people can be confident staff who support and care for them had been appropriately and safely recruited. In order to do so, the provider must ensure:

- a) The provider's organisational recruitment policy and procedures are compliant with current relevant legislation and reflect good, safe practice;
- b) There is a robust recruitment system in place which tracks recruitment tasks, including pre-employment checks;

This is to comply with Regulation 9 (1) (Fitness of employees) of the Social Care and Social Work (Requirements for Care Services) Regulation 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which Inspection report Inspection report for Deanston House Nursing Home page 7 of 11 state: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24)

This requirement was made on 11 February 2022.

Action taken on previous requirement

We could see in documentation provided since the previous inspection that all key elements of the service recruitment processes met the standards of good practice. People were subject to an interview process that tested their values and knowledge. Appropriate pre-employment checks were in place, including gaining appropriate references and completing Right To Work and Protection of Vulnerable Groups (PVG) checks in line with relevant legislation.

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 ensure the voices of people who cannot speak for themselves are heard, views should be gathered from relatives or welfare appointees during reviews to ensure their care and support continues to be right for them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services." (HSCS 1.28) and "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

This area for improvement was made on 11 November 2024.

Action taken since then

We saw in the care review documentation sampled at inspection that these had been carried out with the individual and any relevant relatives or representatives as needed. Other than a date being recorded inaccurately we had no other concerns in this regard. This area for improvement had been met.

Previous area for improvement 2

To support people making informed choices, menus should be provided and plated options should be offered to residents who need this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS1.33)

This area for improvement was made on 11 November 2024.

Action taken since then

We carried out a mealtime observation and could see that choice was promoted visually through photos of the food choice and written options. This information was shared with people prior to meals and included those people that took their meals in their rooms. Feedback from people we spoke to regarding food quality and choice was positive. This area for improvement had been met.

Previous area for improvement 3

In order that people's care needs are met consistently and at the right time, the assessed staffing levels should be in place at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state "My needs are met by the right number of people" (HSCS 3.15).

This area for improvement was made on 11 November 2024.

Action taken since then

On reviewing staffing rotas there appeared to be sufficient staff across shifts although an occasional dip in night shift due to staff absence was noted. Most staff we spoke to informed us that staffing levels and mix of skills were appropriate. Dependency tools completed by the service (these calculate the number of staff needed against the assessed needs of people in the service) were supplemented by staff review audits carried out by the service that canvassed staff views on staffing levels. From these tools the service calculated staffing levels. Although some staff felt there were pinch points in the mornings where the deployment of staff could be improved, this did not lead to any significant detriment in people's care. This information was shared with the management team. The service had successfully recruited more nursing staff since the previous inspection. This area for improvement had 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.

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 staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.