

Lower Johnshill Care Home Service

New Trows Road
Lesmahagow
Lanark
ML11 0JS

Telephone: 01555 890 993

Type of inspection:
Unannounced

Completed on:
11 June 2025

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

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 communal areas and dining space for meals. Lifts are available between floors.

The home has an accessible and enclosed garden for people using the service.

During this inspection, there were 58 people living in the service.

About the inspection

This was an unannounced inspection which took place on 9 and 11 June 2025 between 07:40 and 17:00. The inspection was carried out by three 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 25 residents using the service and seven relatives
- spoke with 24 staff including members of the management team
- observed practice and daily life
- reviewed documents
- spoke or communicated with six external professionals
- reviewed feedback from nine people living in the home and one staff member through questionnaires issued prior to the inspection.

Key messages

- Staff knew people well and treated them with kindness and respect.
- People supported, and their relatives, were happy with the care and support they received and spoke highly of the staff who supported them.
- The range of activities provided helped benefit people's wellbeing.
- Staff liaised with external professionals to meet the needs of people supported.
- The service was well led with the manager being approachable and supportive.
- Care planning should improve to fully reflect people's outcomes and wishes.

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?	4 - Good
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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

People were supported by care staff who were familiar with their choices and preferences. We observed positive, genuine, nurturing and warm interactions between staff and people living in the service.

Staff were kind, caring and attentive towards people and there were enough staff available to support people.

People being supported and their relatives had confidence in the staff team, and this meant that they felt safe, secure and well-cared for. Some of the comments received from people supported and their relatives included:

"Staff are kind and friendly to me."

"It's great living here."

"There's activities on and lots of things that I enjoy. I like to join in and I'm helped to do this."

"I am well looked after."

"Good communication received about any changes in my relative."

"I am happy with the care and support delivered to my relative."

"Some areas of the home need updated and decorated."

Mealtimes were overall well-managed with people offered choice. Staff provided support in an unhurried way at mealtimes and throughout the day. Management should continue to review the mealtime experiences to enhance it more and promote choice. Drinks and snacks were observed to be offered regularly outwith mealtimes.

Meaningful activity promotes wellbeing. A very good range of activities had been developed around the needs, wishes and abilities of people living within the service. The activities team, with support from care staff, helped people maintain their skills, interests and connect with others in the home and the wider community.

People could be confident their health benefited from their support arrangements. There was a stable staff team who knew people's needs and preferences well. That meant staff were able to recognise and respond to changes in people's wellbeing.

A range of assessments in place meant staff detected changes in each person's health. Staff made appropriate referrals for support from external professionals when a specific need had been identified. There were good links with external health professionals and weekly visits by the GP practice. This helped people to keep well.

People who had been identified as being at risk of not eating and drinking enough were being appropriately monitored with staff providing encouragement and good support.

People could be confident that medication was appropriately managed meaning they received the right medication at the right time. When medication had been prescribed on an "as required" basis, staff followed protocols which promoted the rights of people. Staff consistently recorded the effect of any "as required" medication administered.

How good is our leadership?

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 can expect to live in a service that is well led and managed. The management team demonstrated a good level of knowledge in relation to the current needs of people living within the service.

A range of approaches such as surveys and care reviews had been used to hear people's views to help shape the service. Feedback received was overall very positive in relation to the responsiveness and approaches used by the management team. One relative told us: "I was involved and felt listened to in my relative's recent care review."

The service continued to use a multi-disciplinary team approach with external agencies with the placement of people within the service. This provided a holistic assessment of the needs of people and identified how they could be best met. Professionals we communicated with during the inspection were positive about the management and staff. Comments included: "All management and staff have always presented themselves professionally and respectfully and in a very approachable manner."

A range of audits was being used to give the management team an overview and identify the changing needs of people. These had been used to check the effectiveness of interventions. These included key clinical indicators which helped identify trends. Whilst a range of audits was being used, this did not consistently lead to clear action plans and the management team acknowledged it should be improved on. Regular meetings with key staff were also used to look at the changing needs of people and check if they were being kept safe and well.

Good practice tools had been implemented by staff to monitor key areas including falls, wounds and hydration. Accidents and incidents had been recorded with follow-up reporting to each individual's relative post event.

Complaints received had been recorded and written responses made by the management team.

We saw evidence that team meetings had taken place. This allowed staff to share their views on the service. The management team was approachable and visible within the care home, and available to support staff where required. This made staff feel valued.

The management team was well-supported by the external senior managers in identifying and achieving improvements. The manager had a detailed service development plan in place which reflected our findings throughout the inspection. This form of self-evaluation gave us confidence the management team was proactive in making necessary improvements to systems to monitor the quality of the service being provided.

How good is our staff team?

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 could be confident that new staff had been recruited safely and the recruitment process reflected the safe recruitment guidance.

People should have confidence in the staff who support them. Many of the staff had worked in the service for many years and the use of agency staff had reduced since the last inspection. We received many positive comments in relation to the staff who provided support: "The staff are amazing" and "I enjoy my relationships with the staff. I appreciate the receptionist especially."

Staff consistently told us the management team was approachable and available to support them where needed. This supported a positive working relationship between management and staff teams.

Staff should have the opportunity to reflect on their practice. Supervisions helped provide staff with opportunities to discuss their wellbeing on an individual basis. This time was also used to help staff reflect on their practice and identify any learning and development needs. Staff consistently told us they felt supported in their roles.

Having a well-trained, appropriately skilled and competent staff group is important for keeping people safe and well. A blended approach of online and face-to-face was used for staff training and development. The training records showed high levels of compliance and staff completion of key training undertaken including induction, dementia, food textures, epilepsy, stress and distress and manual handling. Staff feedback was positive about the training.

Observations of staff practices had not been completed consistently. However, we were reassured by the management team that a new system of practice observations was about to be introduced. This should help the management team to ensure staff are performing well and meeting people's needs and wishes.

Regular checks were also completed to ensure that staff employed had professional registrations that were up-to-date.

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 benefited from living in a clean, bright and well-maintained environment. Cleaning schedules were used to good effect with regular audits completed to ensure standards of cleanliness were being maintained. The fabric and fittings within the building were maintained to a good standard. The overall environment would benefit from redecoration and investment in some areas of the home. It was acknowledged that this a challenge for the service in the current financial circumstances.

People's rooms were spacious in size and personalised to their own taste, with some people bringing specific items of furniture. This helped people feel at home.

People who used the service could access the communal lounges, small lounges, activity area on ground floor, hairdressing salon and outside area.

Having access to outside space is important for giving people a sense of wellbeing. A lovely secure garden area was available for people to use. The gardens had been maintained to a good standard and offered people access to a safe and enclosed area.

The management team and maintenance staff had used audits to check that the environment was safe and being maintained. Areas which needed to be addressed had been included in an action plan.

A range of contracts was in place with external companies which meant equipment had been serviced and maintained aligned to manufacturers 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.

Personal plans help to direct staff about people's support needs and their choices and wishes. There was evidence of collaborative work in some of the personal plans sampled, with people using the service and their relatives involved in the production of plans and care reviews.

There was a clear process to complete pre-admission assessments to ensure the service could meet the needs of the prospective individual.

We saw from the personal plans that there was regular input from GPs, speech and language therapists, dietitians and other health professionals. This demonstrated that people's health was being monitored, and appropriate actions were taken to keep people well.

From sampling a number of personal plans, we found there was a need for the service to develop personal plans to be more person-centred, outcome focused and to fully reflect each person's current and future needs, choices and wishes. The management team had recognised improvements were needed in personal plans. A process was underway for all personal plans to be re-written across the care home and we could see that good progress was being made (see area for improvement 1).

Some of the daily notes sampled were found to be task orientated, and we discussed how these should be recorded in a more personalised and outcome focussed way.

Regular evaluation of the personal plans was taking place on a monthly basis. The service used "resident of the day" to review care documentation.

Six-monthly care reviews had taken place in line with current legislation. The manager had a care review matrix to help keep track of when the review meetings were due. This showed that the majority had been completed within the required period.

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. To promote people's wellbeing, the provider should improve its approach to person-centred care planning.

This should include, but is not limited to, people's life histories, likes and dislikes and personal outcomes in the care home.

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).

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 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 layout of the environment.

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

This area for improvement was made on 17 June 2024.

Action taken since then

We reviewed the dependency assessment tool used to help determine the staffing required to meet the need the needs of people supported. Staffing levels were informed by the audits carried out including the call button responses. Throughout the inspection, staff were observed to be responsive to people's needs. This was assessed as being met, but the service needs to continually monitor the staffing arrangements needed.

This area for improvement has been met.

Previous area for improvement 2

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 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 17 June 2024.

Action taken since then

From the personal plans sampled, we could see evidence that care reviews were taking place at least once every six months.

This area for improvement has been met.

Previous area for improvement 3

This area for improvement was made following a complaint investigation.

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 that care and support is consistent with the 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

There was evidence from people directly telling us, and from reading the documentation, of families being involved in the care planning and review of the care and support provided to their relative.

This area for improvement has been met.

Previous area for improvement 4

This area for improvement was made following a complaint investigation.

The service provider should ensure people's personal hygiene needs are well supported in accordance with their care plan with accurate information recorded about the support provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 19 September 2024.

Action taken since then

From records sampled, we could see people had a personal hygiene page recording their preferences, likes and dislikes, for example, shower or bath, to be clean shaven. These were being recorded by staff in a consistent basis and in line with the person's support plan.

This area for improvement has been met.

Previous area for improvement 5

This area for improvement was made following a complaint investigation.

The service provider should ensure activities are person-centred, frequently provided, and planned to support the needs of all individuals, including those who require one-to-one support.

This is to ensure care and support is consistent with Health and Social Care Standard 3.16: People have time to support and care for me and to speak with me.

This area for improvement was made on 19 September 2024.

Action taken since then

Each person had an individual activity log and there was a weekly activity planner for the service. This included 1:1 time and group activities. The activity log gave good information about the person's abilities and monthly evaluations were carried out by the activity staff.

This area for improvement has been met.

Previous area for improvement 6

This area for improvement was made following a complaint investigation.

The service provider should ensure all staff complete the necessary training which is relevant to people's health conditions. In addition, staff should be assessed as skilled and competent to ensure people are well supported.

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 19 September 2024.

Action taken since then

On reviewing the staff training records, we could see training compliance was high in a range of areas relating to people's health conditions. These included dementia, diabetes and epilepsy. The management team had an overview of the training completed. Additionally, staff were encouraged to gain skills and qualifications for professional registration.

This area for improvement has been met.

Previous area for improvement 7

This area for improvement was made following a complaint investigation.

The service provider should ensure effective communication with families/relatives/legal guardians when people experiencing care require support from external agencies for any equipment required to support their care needs.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 5 September 2024.

Action taken since then

From records sampled, we found there was some communication at a care review about an update of equipment an individual was assessed for. In another record, there was no evidence of communication updates to families about assessed equipment.

There was evidence of communication with families/legal representatives around referrals to other professionals/changes in the individual. We have assessed this as being overall met.

This area for improvement has been met.

Previous area for improvement 8

This area for improvement was made following a complaint investigation.

To ensure people experiencing care are well supported in accordance with their needs, the service provider should ensure care plans contain accurate, up-to-date information about exercise programmes in accordance with the advice and guidance from external health professionals.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 5 September 2024.

Action taken since then

We found that there was evidence in the person's personal plan of the advice from external health professional being incorporated into the person's plan. The exercise programme was being supported using the guidance from the professional.

This area for improvement has been met.

Previous area for improvement 9

This area for improvement was made following a complaint investigation.

The service provider should ensure people's care needs with repositioning are well supported and accurately recorded in accordance with their care plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 19 September 2024.

Action taken since then

From the personal plans sampled, we found there was good evidence of people's repositioning needs being met in accordance to their assessed needs.

This area for improvement has been met.

Previous area for improvement 10

This area for improvement was made following a complaint investigation.

To provide reassurance that people's personal belongings are respected, the care provider should ensure accurate records are kept in relation to personal belongings. These records should be updated when required to ensure ongoing monitoring.

This is to ensure care and support is consistent with Health and Social Care Standard 3.2: If I experience care and support where I live, people respect this as my home.

This area for improvement was made on 18 March 2025.

Action taken since then

From the care records sampled, we found there was inconsistency in accurate record keeping. Some of the records were in place and contained good details of individual belongings, however, a number had no information recorded in the form.

This area for improvement has not been met.

Previous area for improvement 11

This area for improvement was made following a complaint investigation.

To ensure people experiencing care are adequately supported with their care needs, the provider should ensure there is clear and timely communication with people experiencing care or their legal representative(s). This should include keeping them informed of any changes to the care and support being provided.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: 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.

This area for improvement was made on 18 March 2025.

Action taken since then

From records sampled and from people spoken with, we were consistently told that good communication was taking place about any changes to people's care and support.

Communication records held within personal plans including visits from external professionals were recorded and were shared with relatives. This was confirmed with relatives interviewed.

This area for improvement has been met.

Complaints

Please see What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld. 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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