care inspectorate

Main's House
Care Home Service

Main Street
Newtonmore
PH20 1DF

Telephone: 01540 673888

Type of inspection: Unannounced
Inspection completed on: 13 February 2017

Service provided by:
Main's House Ltd

Service provider number:
SP2005007335

Care service number:
CS2005089940

HAPPY TO TRANSLATE

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Main's House is located within a large, three storey Victorian building, situated at the southern end of the village of Newtonmore.

The service is registered to provide a care service to a maximum of 31 older people. Bedrooms, which are located on all three floors, are bright and spacious. There are rooms which can accommodate people who wish to share, if this is required. All bedrooms have en-suite facilities and there are assisted bathing facilities on all floors.

The service aims to provide care, which enables service users to live in a safe and comfortable environment and to ensure that needs and values are respected in a flexible and non discriminatory way, whilst respecting each service user's right to independence, privacy, choice, fulfilment and the right to make informed choices and to take risks.

There were 27 residents in the service at the time of the inspection.

What people told us

We spoke with people using the service and were invited to take part in lunch.

Overall people told us that living in the care home was good and that they were happy to be there. Some said that the staff were very kind and attentive. Others were very happy with the meals that were provided although "not as good as home cooked!"

There were some who were able to go out and about into the local village, or for a walk and they enjoyed doing this. Others said that they could take part in the arranged activities if they wanted to. Everyone was happy with their environment and said that their bedrooms were nice and that staff helped them to keep these clean and tidy.

Five people gave their views via our care service questionnaires, which were handed out prior to the inspection. All agreed that they were happy in the care home and that staff met their needs. Individual comments included:-

"Staff do a wonderful job, they are very caring and gentle. There are lots of smiling faces and they are great"

"All things discussed are looked after"

We spoke with three relatives during this inspection and feedback was varied. We were informed by one relative that they were not happy with the level of care and support and we spoke with the manager and provider about this.

Other relatives were happy with the care and support, with one relative who wanted to "fly the flag for this home" as they had effectively cared and supported their mother during a recent illness.

One relative said that they felt that the activities were provided could be better, but they were able to voice this as they attended the relatives' meetings on a regular basis.

Four relatives gave their views via our care service questionnaires, which were handed out prior to the inspection. All bar one were happy with the quality of care. This was in relation to specific staff training in relation to their relative's needs. In addition they felt that some of the staff were not as good as others. This was shared and discussed with the manager at the feedback following the inspection.

Self assessment

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self assessment process.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

We found this service was performing to an adequate standard with regard to the quality of care and support provided.

People who lived in the service were complimentary about the staff and said that they were kind and considerate. They were able to take part in arranged activities if they wished to do so and some people were supported to get out and about into the local community. Some people attended meetings and copies of minutes were shared so that people knew what was happening.

Some relatives we spoke with were complimentary about the staff and the level of care and support that was offered. They said that they were involved with formal reviews and were encouraged to air their views. Some attended the relatives' meetings, which they said were informative and helpful.

The service used a range of healthcare assessments that were used to develop care plans. There was some evidence within the care plans that people were offered care and support based on their preferences and in these there were elements of choice and flexibility in how they would like to be supported.

We could see that other healthcare professionals were being involved with the care and support where needed. Staff were using an NHS Highland Allied Healthcare Pathway, which supported them with decision making and who they were to contact for referrals. Relatives told us that staff kept them informed of any changes to

healthcare needs. One relative was particularly pleased that due to the good care and attention from the staff, their mother had "pulled through" when she was poorly.

An audit on the information about people's legal status and who their appointed representative was had resulted in all relevant information being in place and easily accessible for staff.

Mealtimes were fairly pleasant and staff were supportive and knew residents likes and dislikes well. The food forum continued to take place; this was a good way to gain people's views on the food and menus. One resident said that "the cook always comes out to speak with us during a meal".

Various methods were used as a way to assess the quality of the overall provision of the service. Meetings were arranged and held with people who used the service, their relatives and staff so they could gain views. Audits were undertaken with regard to the environment, care planning and medication. Staff supervision was used as a way to assess the quality of their performance, which then could lead to improved outcomes for people using the service. Management meetings were held regularly and the provider had recently introduced a staff representative at these meetings as a way to increase staff's awareness of how to improve overall outcomes for the people who lived there.

What the service could do better

We found that some of the care plans lacked person centred details in how to support people with their individual needs and preferences. This was across both physical, social and mental health needs. In one case, no care plans had been developed for a person who had been admitted several weeks before and it had been identified that they had specific healthcare needs. In order that the service was able to meet individual healthcare needs effectively and in line with people's individual personal preferences and choice, they were to ensure that the care plans were in place for all healthcare needs. Once these had been developed they were then to carry out regular and effective reviews and amend and update these care plans as needed. **See recommendation 1.**

Whilst we could see that staff were assessing people in relation to their nutrition and hydration the care plans did not always support a person centred approach. We found that staff were not always developing specific care plans for those deemed as high risk or those who may have a cognitive or visual impairment. We found that staff were not always taking weights in line with the use of the assessment tool and where it had been identified that weights were to be taken more often. People who were at risk were not always being reviewed to assess how the support led to improve outcomes. The use of the food and fluid intake charts were not in line with best practice in terms of identifying target amounts, or what staff were doing when targets were not achieved. In addition the care plans made no reference to the use of these charts. **See recommendation 2.**

We found that the overall management of medication could be improved. This was in relation to the following:-

The service was to introduce the use of protocols to support staff's decision and use of "as and when needed" medication. The service was to introduce the use the Mental Welfare Commissions (MWC) covert medication pathway for those people who had difficulty with taking their medication. This was so that there was a multidisciplinary approach to the planned care with clear guidance about its review. The provider was to ensure that all staff responsible for the administration of medications did so in a way that followed best practice guidance. This was specifically to the recording of when medicines were taken and the written amendments to records. We shared this best practice document with the manager at the inspection. The provider was to ensure that there were robust and effective monitoring systems in place to address any shortfalls. Action plans were to show how any inaccuracies or other issues were fully addressed. **See recommendation 3.**

The way that the service managed the activities was to be further developed. We felt that the meetings that were held with people did not always result in changes to the programme and that they tended to concentrate on special occasion days, rather than day to day activities. The information within the social care plans was not very detailed and there was lots of reference to people "joining in" with what was on offer, rather than a person centred approach. There were periods of time during the evening where people were not being actively engaged by staff. The activity coordinators were not on duty during the inspection and there appeared to be a lack of direction for staff as to their roles when this was the case. Once a review had taken place the service was to look at how they promoted the activities in the home. At present, the weekly plan was not positively promoted within the home. **See recommendation 4.**

The recommendation with regard to the overall management of accidents, incidents and falls had not been fully addressed. We found that the monthly reviews did not effectively link with the reviewing, updating and development of associated care plans and risk assessments. Not all current care plans and associated risk assessments in relation to falls showed how staff were supporting people with their safety and lacked detail as to what actions needed to be taken. We could find no evidence of the outcomes from the monthly review being shared with staff for their information. **See recommendation 5.**

We found that the systems and processes used to assess and plan for improvement had not been wholly effective in bringing about positive change. This can be borne out in the fact that we have made further recommendations across a range of issues and the grades for the service have been affected as a result. The service was to be more specific in terms of the content of the action plans that had been put in place, what actually needed to be achieved, by whom and by when. Action plans were then to be revisited to ensure that the improvements planned for had been achieved. **See recommendation 6.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 6

1. The provider should ensure that care plans are further developed. These should contain personal and unique information across all healthcare needs such as, but not limited to grooming and hygiene, oral health, continence, mental health, wound care and medication. Care plans were to influence how they supported people in their day to day life and make a positive difference. Care plans were then to be effectively evaluated, reviewed and updated, to ensure that the information was a current reflection of people's needs.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements.

2. The provider should ensure that care plans for nutrition and hydration are further developed. These were to contain person centred information about how to support people with their individual needs. Reference was to be made to the use of food and fluid charts, why they were being used, identify targets of fluids and what staff were to do to support those who did not reach their daily target. Care plans were then to be effectively evaluated, reviewed and updated, to ensure that the information was a current reflection of people's needs. In

addition the provider was to ensure that there were systems in place to ensure that food and fluid charts were being regularly completed.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements
Standard 13: Eating well.

3. The provider should ensure that they make proper provision for the administration, dispensing, recording and storage of medication. This is specifically in relation to the use of protocols, covert medication pathways and ensuring that those staff responsible were made aware of and then followed best practice guidance. The provider was to then ensure that there were robust and effective monitoring systems in place to identify and then address any shortfalls.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements
Standard 15: Keeping well - medication

4. The provider should ensure they carry out a review of the provision of activities, in order that they met needs and wishes. This review was to include the people who used the service and their views. They were to further improve the content of the social care plans and personal life stories as a way of developing the activities. They were to develop how they shared the activities that were on offer. The provider was also to develop staff's knowledge and understanding of their roles and responsibilities in relation to activities.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements
Standard 8: Making choices
Standard 12: Lifestyle - social, cultural and religious belief or faith
Standard 17: Daily life.

5. The provider should ensure they further develop the management of accidents/incidents and falls. In order to achieve this the provider was to ensure:

a. that they carried out an effective review of each episode so that patterns, triggers or other factors were highlighted, which would assist in the effective management and possible minimisation of such incidents. They were then to share this information with staff so that the appropriate care and support was discussed and then planned for.

b. that once an effective review had taken place of any falls/accidents/incidents that people's risk assessments and care plans were reviewed and amended accordingly so that they were clear about the person centred care and support that was needed.

National Care Standards Care Homes for Older People.
Standard 4: Your environment
Standard 5: Management and staffing arrangements
Standard 6: Support arrangements
Standard 9: Feeling safe and secure.

6. The provider should ensure they continue to use and develop their quality assurance systems to effectively assess the quality of the service they provide. They were then to develop clear improvement plans to enhance the quality of the service and improve the outcomes for people using the service, their relatives and staff.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements.

Complaints

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

The service had addressed the recommendation made as a result of this upheld complaint.

Inspection and grading history

Date	Type	Gradings	
15 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 5 - Very good
27 Mar 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
22 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
13 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
18 Mar 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good Not assessed

Date	Type	Gradings	
16 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good
1 Sep 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
24 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
17 May 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
21 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
17 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
25 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
7 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good

Date	Type	Gradings

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