

Munches Park House Care Home Service

Barrhill Road
Dalbeattie
DG5 4JB

Telephone: 01556 613260

Type of inspection: Unannounced
Inspection completed on: 14 March 2017

Service provided by:
Community Integrated Care

Service provider number:
SP2003002599

Care service number:
CS2003010795

About the service

Munches Park House is a 29 bedded care home for older people and was originally built as purpose-built care home in 1969. Over recent years the home has been further refurbished. The home is located on the edge of Dalbeattie in a residential area overlooking Colliston Park. It registered to provide care for up to 29 people. The home has two dedicated units providing a total of 14 places for older people with enduring mental health problems and people who are living with dementia; these places are included in the overall numbers.

The home provides accommodation over two floors, serviced by a passenger lift and a staircase, but the majority of residents live on the ground floor. All residents' bedrooms are single rooms and have ensuite toilet and sink facilities. There are communal lounges and dining/kitchen areas. A secure garden area is available for the use of service users living on the ground floor of the home.

The service aims, purpose and function and philosophy of care are clearly stated and give information regarding the service provided at Munches Park House. Overall, the service appeared well organised, with a senior member of staff on duty at all times. They state that the service will deliver agreed person-centred service, which adds value to the lives of the people they support, involving their family, friends, advocates and the local community wherever possible. They provide care and support to meet the needs of the residents.

The service has been registered since 1 April 2002.

What people told us

During our inspection our opportunity to speak with residents was limited largely due to frailty and incapacity issues making it difficult for many individuals to follow conversation or questions we may have had. We therefore mainly relied upon observation of the presentation of residents and their interaction with staff, visiting family members and each other.

We also viewed the responses to surveys and questionnaires given to both residents and their families and letters, cards and electronic correspondence of appreciation sent to the service and staff in particular. From this and other evidence we formed the impression that the service provided to residents, many of whom had complex needs, was not only of a high standard but was most appreciated by both residents and their families. In particular, the service was complimented for the way in which they delivered palliative and end of life care ensuring that wherever possible residents could live out their final hours at 'home' and with dignity and respect. This greatly mattered to relatives.

Self assessment

Self-assessment was fully completed and submitted in good time.

From this inspection we graded this service as:

| | |
|--------------------------------------|---------------|
| Quality of care and support | 5 - Very Good |
| Quality of environment | 5 - Very Good |
| Quality of staffing | 5 - Very Good |
| Quality of management and leadership | 5 - Very Good |

What the service does well

We considered that in terms of care and support the service performed in a needs-based and person-centred way. Although it was not possible to fully engage in conversation with most residents, we observed their presentation and interaction with staff, relatives and each other in a variety of settings. We also noted comments made in surveys and questionnaires completed by residents, families and others. From this we formed the opinion that residents were comfortable, well cared for and happy in their home. Despite the challenges, considerable effort was made to engage with residents and secure their participation in the day-to-day operation of the home. We sat in on a residents' meeting during which activities, outings and menus were discussed. Despite a degree of understandable confusion and ambivalence during such consultation, the service still considered it right and proper to do so taking every opportunity to seek ideas and opinions from residents, involving them whenever possible.

During our inspection we toured the premises examining areas including lounges, dining areas, informal seating areas, corridors, bedrooms, bathrooms, laundry and medication room. We also examined files and records pertaining to the maintenance and service of equipment, fixtures and fittings including the lift, hoists, kitchen equipment and water temperature testing. We noted that all areas of the home had a pleasant and warm ambience. Cleanliness and hygiene were of a good standard. Communal areas were bright, airy and well-appointed and were popular with residents. Bedrooms were nicely decorated and comfortable and were adorned with personal items making residents feel at home. We noted a number of 'dementia friendly' features around the home designed to reduce confusion, stress and distress. These included good lighting, bright paintwork, door signage and memorabilia pictures and prints on the walls. The home had a generous garden area designed for residents to enjoy during the better weather.

During our inspection we observed staff supporting residents in a variety of settings including taking meals, support to mobilise and one-to-one practical and emotional support while seated and in bed. We noted comments made in surveys and questionnaires completed by residents and their families. We also spoke with a number of staff holding different positions. We formed the opinion that staff were properly trained and skilled for their role. We learned that further specialised training had been planned. The service had adopted the 'You Can' supervisory system which utilised 'You Can - Catch Up' (supervision) and 'You Can - Plan and Development' (appraisal) formats. This was evidenced by the training and supervision records we examined. We found staff to be knowledgeable, caring and motivated to support and care for residents in a dignified and respectful way improving their quality of life wherever possible.

We spoke with the service manager and senior support workers at length and found them to be knowledgeable regarding the needs and wishes of individual residents and their families.

Quality assurance systems were in place to facilitate the monitoring, control and supervision of day-to-day care and support, staff, buildings and equipment all with a view to improving the quality of service provision. We found that managers had high professional standards which they also expected from their staff thus ensuring that a high level of quality was maintained in all aspects of service provision to residents. Our examination of staff meetings, supervision and other related records evidenced this.

Managers adopted an open door policy which contributed to a good and trusting rapport with residents, families and staff alike. Managers were attuned to the prevailing challenges regarding retaining quality staff, budget constraints and developing and maintaining good working relationships with all relevant agencies. We found that they were however resolute in their determination to improve the quality of life and opportunities for the residents whose had made Munches Park House their home.

What the service could do better

We examined both the original and new care plan formats and considered that the new 'My Care and Support Plan' had lost some of the positive features and information included in the original format. We considered that these plans would also benefit from a full index and that the 'One Page Profile' could be further developed.

In terms of 'Outcomes' there was a confusion between 'Personal Outcomes' such as 'visiting my old school' or 'taking up drawing again' and the more generic 'keeping well, eating healthily and improving personal hygiene' which are the expected results of proper care. Sections of the care plan fully described the way in which the person was to be cared for and supported and would not normally be documented in terms of 'Personal Outcomes'. An 'Outcomes Index or Tracker' would also make it easier to monitor progress.

Despite there being a first floor unit accommodating five residents there was no functioning bathing facility on that floor. This necessitated residents being taken to the ground floor, via the lift, to be bathed in one of the bathrooms there. This had implications in terms of distress, dignity and staff resources. There was a bathroom on the first floor but it was not operational or fit for purpose at the time of our visit. We learned that a refurbishment plan for all bathrooms was planned subject to funding and strongly suggest that the reinstatement of the first floor bathroom be prioritised as part of that plan. We made a recommendation regarding this. **See recommendation 1.**

We examined the medication room and found it to be well organised and compliant. We did however note that both reusable and disposable medication beakers were in use. These were sterilized and then dried upon a radiator. We advised that no beakers should be dried in this way due to hygiene issues. The sterilizer appeared to be past its best and disposable beakers should not be reused. The service should decide between using reusable beakers which must be properly cleaned after every use and disposable beakers which must be discarded after use. We made a recommendation regarding this. **See recommendation 2.**

We examined staff related documents and records and noted that staff meeting minutes gave the impression of a structured but management driven agenda and proceedings with little evidence of staff participation. Having spoken to staff and managers we were satisfied that staff did in fact participate more fully than indicated. The service should ensure that the minutes of such meetings accurately reflect issues, comments, ideas and complaints raised by staff and the subsequent response to them by managers. This will give the process more effectiveness and relevance to those attending.

The service may wish to consider the creation of 'champions' in specific areas of care and support. This will aid quality and monitoring as well as giving staff ownership of important areas of service provision and in doing so aid their personal and professional development.

During our inspection of records and documents we noted that various surveys and questionnaires were in use by the service to monitor quality and effect improvement. In particular we noted the use of the residents' questionnaire 'People We Support'. While we acknowledged the limited ability and understanding of some residents, we considered this format to be very simplistic using a 'smiley face' or 'sad face' to respond to basic questions. We felt that this was not fit for purpose with little justification for its use as some residents' ability was potentially well above this level and others could be supported to complete a more meaningful questionnaire by relatives or staff. Our examination of the revised 'My Care and Support Plan' indicated that a review of its format and content by managers may be desirable prior to its full implementation as much of the quality and content of the previous document had been lost. This reflects the importance of this 'go to' document. We were led to understand that this process was already being considered.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should consider the re-deployment and refurbishment of the first floor bathroom to facilitate the bathing or showering of residents residing on that floor.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 14 - Facilities in care homes

2. The service may wish to decide whether re-useable or disposable medication beakers are to be used and ensure that re-useable beakers are hygienically cleaned and disposable beakers are not reused and are safely disposed of after use.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 14 - Facilities in care homes

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|---------------|
| 12 Jan 2016 | Unannounced | Care and support | 5 - Very good |
| | | Environment | 5 - Very good |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 19 Jan 2015 | Unannounced | Care and support | 5 - Very good |
| | | Environment | 5 - Very good |
| | | Staffing | 5 - Very good |

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|---------------|
| | | Management and leadership | 5 - Very good |
| 25 Feb 2014 | Unannounced | Care and support | 4 - Good |
| | | Environment | 5 - Very good |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 15 Mar 2013 | Unannounced | Care and support | 4 - Good |
| | | Environment | 5 - Very good |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 29 Oct 2010 | Unannounced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 7 Jun 2010 | Announced | Care and support | 5 - Very good |
| | | Environment | 5 - Very good |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 11 Feb 2010 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | Not assessed |
| 7 Aug 2009 | Announced | Care and support | 4 - Good |
| | | Environment | 5 - Very good |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 4 - Good |
| 25 Feb 2009 | Unannounced | Care and support | 4 - Good |
| | | Environment | 4 - Good |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 16 Jun 2008 | Announced | Care and support | 4 - Good |
| | | Environment | 4 - Good |
| | | Staffing | 4 - Good |

| Date | Type | Gradings | |
|------|------|---------------------------|----------|
| | | Management and leadership | 4 - Good |

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