North Merchiston
Care Home Service

34 Watson Cresent
Edinburgh
EH11 1HF

Telephone: 0131 347 9100

Type of inspection:
Unannounced

Completed on:
27 September 2018

Service provided by:
Tamaris (Scotland) Limited, a Member of the Four Seasons Health Care Group

Service provider number:
SP2007009153

Service no:
CS2008182700

About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in North Merchiston experienced. The standards describe what people can expect from care and support, they can be accessed at http://www.gov.scot/Publications/2017/06/1327/downloads

This service registered as a care home for 60 older people with the Care Inspectorate on 1 April 2011. The service is provided by Tamaris (Scotland) Limited, a member of the Four Seasons Health Care Group who are national providers of private health care.

The home is in a residential area of Edinburgh, close to local transport links, amenities and near to the city centre, there is parking within the home. It is purpose built over three floors with two units on each floor. There are ten rooms with en suite facilities in each unit. Access to outside areas is available on all floors, with small verandas off the sitting rooms on the upper floors. There is a communal garden with seating and pathways around planted areas.

The ground floor units are called Fountain and McEwan and are for people with specific needs relating to dementia. The first floor units are called Abbey and Younger and are for people with frailty who may also have dementia. Nurses and carers support people in these four units. The third floor units are called Caledonian and Lorimar and are currently for people with frailty, including dementia but who do not need nursing care. They are supported by Senior carers and carers. Caledonian is becoming a respite unit for people and at the time of the inspection it was closed.

The service's aim and objectives include:
" Making care special is at the heart of North Merchiston Care Home in Edinburgh. Our philosophy starts with getting to know each person as an individual and understanding what they need, so we can provide the right kind of care to match. It's simple: the more we know, the better we care. Our aim is to help people stay as well as they can for as long as they can".
For more information about the service visit their website at https://www.fshc.co.uk/north-merchiston-care-home/

What people told us

During the inspection the service was providing care and support to 48 people. We spoke with 35 people and 14 relatives. We received responses to questionnaires from seven relatives. We also spoke to 23 staff and one visiting professional during the inspection and received staff questionnaires from four staff.

To make sure we involved as many people as possible in the inspection we used the short observational framework for inspection. This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home.

People commented on a range of things, like the staff, food and facilities. Overall they told us that the care and support offered to them, or their relative was good. They felt the staff attitude was very good, comments included:

"Staff are always smiling and happy to help. I never feel worried when I leave. It's reassuring to know she is getting looked after so well" (relative)

"What sold this place for me was when the manager said....."I'm inviting you to move in with us into our home, we'd love to have you".....my room is airy and plenty of space, I'm settling in"
"I'm looked after very well, they come at your beck and call"
"There's nothing for me to do, but that's it, I'm just not able now"
"The staff are busy, especially in the morning and after 8pm at night when there are far fewer staff on, I often have to wait too long for help, it's not their fault"
"For the most part it's like Buckingham Palace here!"

Other comments and views have been included within the report.

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?	3 - Adequate
How good is our leadership?	5 - Very Good
How good is our staffing?	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? 3 - Adequate

We evaluated how well people's wellbeing was supported and concluded that there were strengths and some areas of improvement.

People experienced compassion, dignity and respect. We saw warm, positive relationships between people living in the home and staff, for example, a carer and person sitting together, not speaking but using facial expressions that conveyed friendship and understanding.

"It's better than it used to be, there's a friendlier atmosphere" (a person who had lived in the home for a while).
"....I'm delighted with it, I would say the staff are incredible, the way they engage with mum, they are just all so helpful" (relative of another person).

Staff were working hard to help people get the most out of life. People felt safe and trusted staff. Staff knew about the Health and Social Care Standards and the manager had promoted activities that got people more involved and active. Comments included;

"Main improvement is the activities my mum takes part in. She is often outside in the garden, she really enjoys the BBQs" (relative).

People were supported to take medication and the nurses led reviews to make sure they didn't take more than necessary. Continuity of care was good, and staff were developing skills around dementia to care for people well. Other professionals supported staff about the best ways to care for people with specific needs.

People felt the food was good and there were plans to install a greenhouse and get people involved in growing vegetables.

"the food.....it must be good, I eat it all!" (person living in the home - laughing).

Some improvements are needed to maximise wellbeing. While staff demonstrated compassion, at times they were too busy to have quality time with people they cared for. There is more about this under the staffing section.

"The carers are all very nice, but they don't have much time to spend with you, rushing to get everyone seen to". (person living in the home).

To help people get the most out of their life staff should think about how they can support them to do things they enjoy and would not normally manage. Several people felt they would like to get out more, some felt there wasn't really that much going on, comments included:

"I was always on the go, I loved the dancing"
"what would make it better .....is more to do, look outside, it's a lovely day and I'm stuck in here"
"I think I'm not happy, but that's nothing to do with the staff. I'd rather be at home, doing things for myself"

By thinking creatively about how to support people, for a daily walk or a weekly treat, could help people feel more satisfied with life. Knowing about people's aspirations and wishes is essential to supporting them. One relative felt a short walk, even to get a paper from the corner shop would feel like such an achievement to their mum. While this kind of activity may need one on one support, the manager could provide support for people to access additional provision similar to other services like hairdressing (see improvement area one). Thinking about using SMART technology to support people's independence is also possible. This support should be demonstrated in the care plan.

To promote health and wellbeing the manager had some ideas; a cat, rabbits, and hens in the garden to entice people into the garden whatever the weather. Along with the green-house these would collectively improve people's health and wellbeing further.

Areas for improvement

1. 1. To make sure people get the most out of life and are healthier, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important. This may include helping people access regular

additional support over and above that provided by the home. Advocacy or a befriender may help ensure access is appropriately planned.

The Health and Social Care Standard's principle of wellbeing state:
* I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
* I am encouraged and helped to achieve my full potential.
* I am supported to make informed choices, even if this means I might be taking personal risks.
The standards also say:
I am confident that people are encouraged to be innovative in the way they support and care for me. **HSCS 4.25**
I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. **HSCS 5.1**

1.2 and 1.3 - People get the most out of life and People's health benefits from their care and support

How good is our leadership? 5 - Very Good

We concluded that quality assurance and improvement was led very well within the service. Since the last two inspections things had improved. Then everyone felt a sense of hope and linked this to the manager, now the manager's values and approach was inclusive and people said:

"No matter which role the staff have in the home; They all treat her with respect, dignity and engage with her" (relative).
"I wish to record my thanks to all staff who show great care towards my husband.....I have no fears about leaving him in the excellent care of all staff at North Merchiston" (relative).
"I'm very fond of all the staff, they are so kind" (person living in the home).

As part of a bigger organisation, quality assurance processes were often undertaken by external managers and results analysed and shared with the home. The North Merchiston manager used these reports to inform and improve practice.

There was information about how to complain available to everyone and an electronic feedback in the entrance foyer, welcoming any comments from people. This information was analysed and used to inform improvements. Some areas of quality assurance analysis could be used more and reflect things that are important to people.

The quality assurance process for care planning was standardised and measured things that were not always important to the person or reflective of their needs/wishes. Complimenting and/or replacing some of these measures with more in depth things like how well a plan reflects a person's wishes and how helpful and accessible it is to staff would be an important improvement and relates to care planning section.

Analysis of falls should cover an in depth review of practice that includes risk enablement. As well as introducing an alarm system to alert staff someone was up in their room, they might also consider having furniture and equipment arranged that supported people to walk around their room more safely. Risk assessments should inform a plan of care that promotes and enables people to do as much as they want, even if that has associated risks. Reviews of risk assessments need only be updated if the planned care was not working out for people (covered in the planning section).

How good is our staff team? 4 - Good

We evaluated the number and mix of staff and concluded that overall this was good. We were in the home between 5.45am and 11.30pm over three days and most of this time people experienced attentive care because there was enough staff. The turnover of staff was less than before and people felt consistency had improved. All staff we spoke to felt valued and able to raise or suggest improvements. They were working well together; they tended to stay within a unit helping, meaning they knew people well.

"so many changes before, it was upsetting, but now much better" (person living in the home).
"It's important to everybody that staff know you - know which way you like your hair brushed - it's important" (person living in the home).
"Staff's name.....she just knows him so well. The manager and deputy; they're great too" (relative).

The atmosphere was warm and welcoming and we saw positive relationships between staff and people experiencing care.

"It's a happier place, a wee bit of turnover, but they have got to know dad" (relative).

Important improvements related to certain times when the staff were stretched and the quality of care and support was compromised. While the morning was busy, the time we felt was most compromised was between 8pm and 11pm. People liked to stay up, but because staff had to help others who wanted to go to bed several people had to wait a long time for help.

"I'm wanting to go to bed now but I need two carers and a hoist so I have to wait, look ....pointing to her clothes which needed changed.....I often have to wait, what can I do but wait" (person living in the home -10.50pm).

During the evening staff were rushing about trying their best to care well for people. Two units shared a carer and sometimes they were needed in both at the same time. Having new people move into the home also placed stresses on usual staffing levels because they need time to settle and staff to get to know them.

Using audits, people's preferences to remain up till later and new people moving in should better inform the number and mix of staff needed. See improvement area one.

In the units with nurses and carers there were set things that each role covered. Supporting carers to develop and undertake some areas like care planning and medications could free up nurses' time to be more involved in care, lead on audits and undertake health screening/check-ups for people.

Areas for improvement

1. 1. To make sure people's needs and wishes are met staffing levels should be carefully reviewed and analysed across the 24 hour day. Building in flexibility to times of day and night staff changeover, adding in a twilight shift and/or having activity coordinators work shift patterns are possible ways to improve. However, these are only suggestions, the manager and provider have responsibility to ensure people experience compassionate care that meets their needs and wishes 24 hours of the day and it is important that this is improved as a priority.

The Health and Social Care Standard's state:
My needs are met by the right number of people. **HSCS 3.15**
People have time to support and care for me and to speak with me. **HSCS 3.16**
I am confident that people respond promptly, including when I ask for help. **HSCS 3.17**

I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty. **HSCS 3.18**

How good is our setting? 4 - Good

We evaluated how the setting promoted people's independence and concluded that there were important strengths with some areas for improvement.

The environment had recently been decorated and people were involved in choosing themes for the units. The rooms were large and some were very homely and personalised with small sofa and/or chairs and pictures.

The units on the ground floor were locked, but people were not distressed by this because they could walk about the unit freely. Signage and good lighting promoted independence and because the units were small people got to know their way around. All the units have access to small outdoor verandas some with seating, plants and ornaments (some verandas could be developed more). The large garden had twisty paths with seating and colourful scented plants and had been used over the summer for communal events. As mentioned, the manager had further plans for the garden that gives people a reason to visit it. With support from staff it should be possible to think of ways to enable more people to independently access the garden.

There were some areas of garden ground that needed attention:

"I'd give them 10/10 for the gardens if only they weeded the paths and some of the other paved areas" (relative)

The large bedrooms that had not been personalised were stark. One person didn't recognise their room as there was very little personalised belongings. Staff should support people to purchase things that make the room their own. This could involve visiting shops and/or online shopping; helping people make the most of the spacious rooms. See improvement area one.

Other improvements relate to supporting people to remain connected to the local community and make the most of the area around the care home. These are highlighted in other sections of the report and include risk enablement and positive risk taking.

Areas for improvement

1. 1. To make sure people have rooms that feel like their own, supporting them to personalise their rooms would be an important improvement. For people with dementia this can help them recognise their rooms and familiarise themselves more with the environment around them.

The Health and Social Care Standard's state:
If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible. **HSCS 5.13**

How well is our care and support planned? 3 - Adequate

We evaluated that assessment and care planning for the most part reflected people's needs and wishes. However, there were some important improvements needed.

People had a comprehensive health and screening assessment by a nurse prior to and following them moving into the home. This assessment included screening for nutrition, skin condition, risk of falls and blood pressure. It considered medications and medical conditions and needs of the person. A profile and social history aimed at detailing what the person did, who are important to them and should be involved in their care. The assessment then to some extent informed the care plan.

We evaluated the care planning. There was a short plan outside people's rooms and a large plan with the assessments in the office. Some information was informative, however much was repetitive, meaningless to people and did not always identify what was important to them.

The Four Seasons system set out processes and form filling that meant plans were often developed and assessments repeated unnecessarily and without the person's involvement. For example, there were monthly repeats of assessments for one person when their needs and planned care had not changed. Audit and quality control systems measured these things meaning staff had to fit the person into the systems rather than letting the person's needs and importantly their wishes drive the process.

We showed some people their plan and they were confused by them. While staff told us they had learnt a lot about the person through reading their plans, they admitted this took a long time and wasn't very practical.

We concluded that while needs were usually planned for, wishes were often lost. For example, if people loved the outdoors and walking we saw no plans to support them to do this, adding quality to their life through risk enablement and positive risk taking.

We also felt end of life wishes were not always addressed in the assessment and then care plans. Some people told us that the assessments were too generalised and not tailored:

"They asked me about things that clearly at my age are no longer relevant" (person living in the home).

The senior management team were very open to reducing duplication and making the plans more personal and user friendly. They were committed to piloting different plans that addressed what was important to the person and we will support these pilots and innovations.

The meaningful and measurable work available at the personal outcomes collaboration could help develop planning and recording systems that reflect what is important to people, see https://personaloutcomes.files.wordpress.com/2014/03/recording-mm.pdf

Areas for improvement

1. 1. To make sure people's planned care reflects things that are important to them they should be involved and central to planning care and support. The plans should only cover needs and wishes and be concise and easy to read. The plans should include, but not be limited to supporting people to:
A) maintain hobbies which may involve positive risk taking;
B) be as independent as possible which will involve risk enablement;
C) highlight what is important to them and understand what staff feel must be included; and
D) feel safe and well supported as well as cared for.

The Health and Social Care Standards states:
I am supported to participate fully as a citizen in my local community in the way that I want. **HSCS 1.10**
I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. **HSCS 1.12**
My future care and support needs are anticipated as part of my assessment. **HSCS 1.14**
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**
I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. **HSCS 3.22**

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

We made recommendations in September 2017 and followed these up in March 2018. These areas still needing some work were: access to care planning, personalising rooms and people being supported to access the outdoors.

This area for improvement was made on 10 November 2017.

Action taken since then
We have picked up these recommendations in the areas for improvement identified in this report. These will now be the areas we will follow up at the next inspection.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good

1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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 cànain eile ma nithear iarrtas.

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.