

Morar Lodge Nursing Home Care Home Service

54-58 Glasgow Street
Helensburgh
G84 9NS

Telephone: 01436 678009

Type of inspection:

Unannounced

Completed on:

12 June 2019

Service provided by:

Morar Lodge Nursing Home Limited

Service provider number:

SP2003002232

Service no:

CS2003010220

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

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

Morar Lodge is a privately owned care home which is registered to provide care to 30 older people with a range of support needs, including physical frailty and dementia.

The service aims to offer 'a welcoming, caring, comfortable home for its residents' and 'to provide the highest possible quality standard of care in a very traditional and homely environment'. The service's mission statement includes the aim to provide 'care and companionship with warmth, compassion, safety and competence'.

The property is a large Victorian villa and a bungalow situated within a quiet residential area in the west end of Helensburgh. Some rooms on the upper floor provide spectacular views over the Firth of Clyde. The rooms are all single occupancy, but some are large enough to accommodate a couple. The home has gardens and patio areas surrounding the home, including a safe garden area. There is car parking on site, including suitable space for disabled parking.

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What people told us

Before and during our visit, we received six completed care standards questionnaires from residents and three from relatives.

There were 29 residents living in the home at the time of our inspection. During our visit, we spoke with eight residents and two visiting relatives. We spoke with staff throughout our inspection and as part of our general observations. We also carried out a SOFI 2* observation involving residents with limited communication abilities.

Residents, relatives and staff gave us positive feedback about the standard of care at Morar Lodge Nursing Home. When areas for improvement were identified we explored these further and communicated them anonymously to the manager and with a view to supporting improvement if needed. Comments included:

- 'Staff are very pleasant and kind'.
- 'They all seem very competent'.
- 'Pleasant environment'.
- 'There is a harmonious atmosphere at the care home'.
- 'I know my relative looks upon all staff members in Morar lodge as an extended family'.
- 'We have a lovely relationship with the staff. I think their personal care is the best of it'.

- 'I am here for 6 years and I love it here. It's like being in your own home'.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | not assessed |
| How good is our staffing? | not assessed |
| How good is our setting? | not assessed |
| How well is our care and support planned? | 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?

5 - Very Good

Our observations showed that staff interacted with kindness and compassion and kept good relationships with residents and families.

People gave us very good feedback about their experiences of the service. A resident told us: 'It's very nice, very friendly and good fun'. A visiting relative said: 'We are very pleased with everything and we have a lovely relationship with the staff'. Several people commented positively on the relaxed, warm and positive atmosphere in the home and said that it made them feel safe, comfortable and included. We saw that the service had a culture of respect and listening to people. This meant that staff built positive relationships with residents and their families and that the service promoted dignity, respect and compassion.

People told us they were happy with the choice and amount of activities in and outside the service. A resident said: 'We are so busy. I have always got something to do'. There was very good evidence that residents were enabled to be physically active. This included regular exercise, like the daily 'move it or lose it' sessions. Care staff and activity coordinators worked well together to enable residents to keep their interests and their connections to the community. Residents who were able enough to take part had regular opportunities to go to local shops, cafes or restaurants. This meant that the service supported people to be active and to get the most out of life.

We saw that the service worked well and effectively with external health professionals. People told us that they found staff competent and attentive. The management of medication was generally robust, however, we found that care plans for psychoactive medication and 'as required' medication could be further improved. Staff acted at once on our advice and competently addressed these issues during our inspection. This meant that residents benefitted from a very good management of their healthcare needs.

We observed that people enjoyed settled and dignified mealtimes. Staff knew the residents abilities preferences well. People were encouraged and enabled to make choices according to their abilities. Staff showed that they were pro-active and interested in making meals fun. We saw that some residents grew plenty of vegetables in the garden and some enjoyed a spontaneous fish supper in the courtyard to enjoy the sunny weather. This meant that people's nutritional needs were well met and that they were able to enjoy their food and drink in an unhurried, relaxed atmosphere in a setting of their choice.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

We sampled several care and support plans and found that they were generally up to date and completed with good detail. The care plans we looked at showed that staff were interested in getting to know each resident well. Plans included each person's choices and preferences and relevant parts of the person's life story. This meant that care plans reflected the person-centred aims of the service and that they helped staff to care for each resident as an individual.

Managers had existing plans to work with staff on further improving the quality and detail of the care plans. Staff members we spoke to showed that they were aware of good practice guidelines and how to implement them into the care plans. However, we found that some assessments and care plans for people with complex conditions, including pain and stress and distress, lacked detail and enough evaluation. We also found that the existing care plan audit system was not effective enough to consistently drive and support the quality of the care plans. We therefore identified this as an area for improvement (see Area for Improvement 1).

People were invited to take part in reviews of their own or their relative's care plans. A relative told us: 'They keep us up to date and well informed and there are regular reviews'. This meant that residents or their representatives were meaningfully involved and able to contribute to their care plans.

Any necessary supporting legal documentation was in place. This ensured that people's rights were protected and that significant others were involved in making decisions and choices where necessary.

To ensure that people live well right to the end of life it is important that care plans include what is important for them and their wishes for the future. The care and support plans we sampled included some information about people's wishes about their future care. However, we found that the documentation of advanced care plans could be further improved and encouraged managers to include this in their service development plan.

Areas for improvement

1. The provider should improve the quality of people's care and support plans. This should include, but not be limited to:

- ensuring that care plans and assessments are robust, evidence-based and meaningfully evaluated.
- using evidence-based assessment tools to support the meaningful evaluation of care and support plans where applicable, particularly for pain.
- ensuring that the quality and consistency of care and support plans is driven and maintained by effective quality assurance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that my personal plan (sometimes referred to as 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) and any treatment or intervention that I experience is safe and effective (HSCS 1.24).

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 5 - Very Good |
| 1.3 People's health benefits from their care and support | 5 - Very Good |
| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and care planning reflects people's planning needs and wishes | 4 - Good |

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