Sir James McKay House
Care Home Service

18 Ravelston Park
Edinburgh
EH4 3DX

Telephone: 0131 315 2841

Type of inspection:
Unannounced

Completed on:
24 October 2019

Service provided by:
Scottish Masonic Homes Limited

Service provider number:
SP2012011848

Service no:
CS2012308689

About the service

This service has been registered with the Care Inspectorate since 2012.

Sir James McKay House is registered to provide a care home service for 20 older people. There were 18 residents in the home at the time of the inspection. The provider is Scottish Masonic Homes Limited.

The service is provided in a large, detached, stone villa, located in an attractive residential area and is in keeping with the neighbouring properties. It is close to bus services. There is a well maintained garden and a small car park.

Accommodation is provided on three floors. Access to the upper floors is by stairs or a lift. Resident accommodation comprises bedrooms, a sitting room, an activity room, a quiet room, a conservatory and a large bright dining room overlooking the front garden.

The manager is responsible for the day-to-day running of the home and supervision of staff.
The home's philosophy of care is "to provide a high standard of person-centred care and support for residents."

During this inspection the new quality framework for care homes for older people and the Health and Social Care Standards were used to look at the care people received. These standards focus on the experience of people using services and describe what they should expect, these can be found at http://www.gov.scot/Publications/2017/06/1327/downloads

What people told us

During the inspection we supplied ten care standard questionnaires to the service for residents and ten for relatives, to give us their views of the service.

We did not receive any questionnaire responses from residents or from relatives, but we spoke with most of the 18 residents during the inspection. We also received the views of six relatives visiting during the inspection. All of the residents and relatives spoke highly of the service, the staff and the management of the home. People told us they received very good care.

Residents told us:
"I think its one of the best places around. The young people (carers) are wonderful.",
"There would be something very wrong if I wasn't well here, because they are so good."

All 6 relatives told us that they were happy with the quality of care their relative received. Comments were complimentary about the staff, the care, the management and the cleanliness of the home. They also told us that regular reviews of care took place which were meaningful.

Comments we received included:
"This place is absolutely superb. The staff are wonderful and there is no staff turnover. I looked at a lot of other homes and there is nowhere like this. This place is first class.",
"As a family we are really happy with the place. The staff are so caring. Staff are consistent, so kind and considerate. The communication is good, staff know (my relative) well and know what to do."

We also received positive comments from health care professionals involved in the home.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection. This observes staff interactions with people and helps us evaluate experiences of people who cannot always verbally tell us what it is like to live in the care home. During our observations we saw that residents were highly regarded by the staff who took time to help them in a discreet and dignified way. Residents appeared very comfortable with staff and staff were aware of how much support to offer to meet residents fluctuations in mood and abilities.

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?	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?	5 - Very 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

Staff demonstrated the principles of the health and social care standards in their day-to-day practice. This means residents experienced care and support given with compassion and understanding. There were warm, nurturing and positive relationships between staff and residents.

We could see genuine affection for residents who were treated with high regard by staff. Residents care was tailored to their needs and they told us they felt safe in the home. The home had a relaxed atmosphere and residents care and conversations were not rushed.

Residents said that they felt respected and listened to. There were examples of residents receiving support that promoted their independence, dignity, privacy and choice.

The importance of maintaining relationships with family and friends was recognised. Staff helped residents maintain existing relationships and make new friendships. Families were encouraged to visit and were welcomed by staff.

Residents were helped to get the most out of life with options to maintain and renew their interests. There were structured weekly activities as well as ad hoc activities such as bowls, movement to music and bingo which help keep people active, interested and engaged. Over the summer, bus outings had taken place and residents told us

they loved going out in the bus. In the past each individual resident was encouraged to choose a wish or aspiration which the staff could help them to achieve. When residents spoke about fulfilling these wishes their eyes shone with delight. This activity gave residents a sense of achievement and a sense of freedom. We suggested that this way of helping people to set personal goals provided lasting benefits to wellbeing and residents could be encouraged to do this again. Some residents were less confident in choosing an aspirational activity and needed help to think about what they could choose which we discussed with the manager.

Residents we spoke with felt safe. There had been no adult protection concerns. Since the last inspection staff had received up to date training in Adult Support and Protection. Staff had access to the relevant contact number to ensure that any adult protection concerns were reported appropriately.

Accidents, incidents and falls were closely monitored by staff with management overview. Care plans were reviewed following any events and the service appropriately informed the Care Inspectorate as they are required to do.

Residents had access to a range of healthcare professionals and residents and relatives said that staff were good at knowing when to call them for support and advice.

Medication was generally well-managed. Some of the recording for topical creams and ointments should be improved so that we can be sure these treatments have been given as prescribed. Where a hand written entry has been made to a medicine administration chart, this should follow best practice guidance which will help ensure against potential errors. We have also suggested that the very good care plans for residents who had symptoms of stress and distress were also available in the "as required" medicine protocol. This means that this very good, personalised information was available to ensure medicine was used only when necessary. **See area for improvement 1.**

To prevent potential damage to residents skin profiling beds and high risk foam mattresses had been supplied for most residents. There were no residents with skin damage caused by pressure. A suitable tool which helped staff to assess each resident for their potential risk of damage to their skin was in place at the last inspection. This had not been carried over when paper records were moved to an electronic format. We highlighted this to the manager and it was agreed to reinstate use of the Waterlow screening tool. See **"How well is my care and support planned", area for improvement 1.**

Mealtimes were pleasant and unrushed. Residents told us the food was good. We observed residents being offered choices at breakfast, lunch and an evening meal. The food was fresh and cooked in the home. Staff knew which residents had a poor appetite or had a low weight and monitored this and helped them to maintain or gain weight. The chef and kitchen staff had good knowledge about residents likes and dislikes and made meals according to how residents enjoyed them. Care staff and kitchen staff worked well together. Drinks and snacks were offered throughout the day. Those residents who needed assistance to eat and drink were offered this in a dignified way by staff who stayed with them throughout their meal. The manager agreed to reinstate the nutritional assessment tool which had previously been in place and start an overview log for monitoring weight trends in the home.

Residents who had symptoms of stress and distress received very good care. There was a stable staff group. Staff knew residents so well and were able to intervene early to stop their symptoms escalating. Staff were very skilled at helping residents keep occupied and feel better.

We reviewed the maintenance systems and records. We had no concerns with how repairs or planned work and servicing was carried out. Wooden toilet seats continue to be replaced with more suitable products and pedal bins which are broken continue to be replaced which will ensure infection risks are minimised.

More work was needed to help staff understand power of attorney and other legal proxies including what would trigger its enactment. This ensures residents rights are protected. In discussion the manager said this work was underway.

Areas for improvement

1. The provider should improve certain aspects of medication management in the home. This should include

- improving the recording of the application of topical creams and ointments to show that these were being applied as prescribed.
- improving hand written amendments made to medicine administration records to ensure they include the whole prescription and the name of person authorising the change and date of the change.
- ensuring that the care plans for residents who had symptoms of stress and distress were also available in the "as required" medicine protocol.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "Any treatment or intervention that I experience is safe and effective"(HSCS 1.24), "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" (HSCS 3.14) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

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? 5 - Very Good

Residents benefitted from personal plans which were regularly reviewed, evaluated and updated. People were helped to live well right to the end of life by making it clear to others what is important to them and their wishes for the future, including the use of anticipatory care plans.

The outcomes for people using this service were very good. Residents health conditions were stable and we met residents who had experienced significant improvements to their health and well-being since moving into the home including improved mobility and appetite.

Staff were very good at writing individualised care plans which included consideration of risk and choice. Plans detailed how residents needs should be met. For residents who had symptoms of stress and distress, care plans clearly documented any triggers to be avoided, how and when staff should intervene and when medication was needed or medical intervention should be sought. Although the care plans were very good, not all of residents health conditions or potential needs had a plan. Evaluations of care should identify if the planned care was working and led to the desired outcomes for each resident. Evaluation of care needed to improve to ensure changes in condition were more clearly recorded. **See area for improvement 1.**

The provider was moving from paper records to electronic care plans. During this inspection the service were in a transitional phase, with both paper records and electronic records in use. Some of the risk assessments in place at previous inspections were being use but there was no electronic alternative. **See area for improvement 1.**

Any personal money transactions kept on residents behalf was appropriately logged and receipted. We have made suggestions about how the system could be improved. **See area for improvement 2.**

There were a range of methods used to ensure that people are able to lead and direct the development and review of their care and support plans in a meaningful way. Where people are not able to fully express their wishes and preferences, people who were important to them were involved in shaping and directing their care. Relatives told us that reviews of care were held at least six monthly and these were meaningful opportunities to discuss their relatives care and to make suggestions for service improvement.

Areas for improvement

1. Information from assessment and risk assessment tools should be used to develop comprehensive, individualised care plans which identify needs, set goals, set out clearly the steps that staff should take to achieve these. Evaluation of care should be developed so that the service can clearly demonstrate whether the planned care is working. This ensures care and support is consistent with the Health and Social Care Standards which state " My future care and support needs are anticipated as part of my assessment." (HSCS 1.14), "My personal 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 "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

2. An assessment of a residents ability to manage their money should be carried out on admission, recorded and regularly reviewed. This ensures care and support is consistent with the Health and Social Care Standards which state " My future care and support needs are anticipated as part of my assessment." (HSCS 1.14), "My personal 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 "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	6 - Excellent
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?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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