

Menstrie House Care Home Service

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Telephone: 01259 762482

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Clackmannanshire Council

Service provider number:
SP2003002713

Service no:
CS2003011556

About the service

This service has been registered since 2002.

Menstrie House is a single storey purpose built residential establishment for older people. It is owned and operated by Clackmannanshire Council.

The home can accommodate 40 people and is located in the village of Menstrie and is close to local amenities and transport links.

The home has single bedrooms with en-suite facilities spread over five units. Each unit has its own sitting room and dining room. Residents have access to secure gardens.

The central aim of the service is to provide high quality care in a residential setting offering support which is appropriate to individual needs.

What people told us

People we spoke with during the inspection were happy with the care and support they received at the service. Comments included:

"It's lovely here"
"We are very lucky, it's a nice place"
"It's nice, I enjoy it here"
"It's all good. The staff are nice"
"I've no complaints at all"
"The food is a bit monotonous"
"It's fine, they look after us fine"
"The food is all good. I like the porridge"
"Staff are very nice. I would like to go out more"
"It's lovely"
"I'm quite happy and content living here"
"I like the place fine".

Completed Care Standards Questionnaires we received from people living in the home indicated they were happy living there. Comments included:

'Care is second to none. Excellent. Friendly, comfortable environment. Lots of activities, music, outings'
'Very clean and fresh'
'The home is wonderful overall'.

A relative we spoke with during the inspection stated "Things could be better" and that there was room for improvement. They felt staffing numbers could be improved.

Completed Care Standards Questionnaires we received from relatives were mostly positive. Comments included:

'I have no worries whatsoever about the care my relative receives'
'Menstrie House is in my opinion the best care home in the county'
'The residents have various social activities, great food, drink and snacks'

'The place is kept clean and tidy and all staff go above and beyond to assist and care for all who live there'
 'The staff are exceptional in their care to my relative. Extremely supportive to my family. Can't praise them highly enough'
 'More attention to the décor and repairs within rooms are required'
 'Heating in bedroom does not work all the time and bed linen is of poor standard. Food offered is very poor. The staff ratio should go up'
 'Relative often does not have hearing aids in. I feel staff don't encourage my relative to wear them during waking hours'.

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?	4 - 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?

4 - Good

People should be able to expect that their care and support meets their needs and is right for them. From this inspection we concluded that the service was performing at a good level.

Staff showed care and compassion to people. Support and assistance was provided at a pace suitable for the person's abilities. Interactions between staff and people living in the home were warm and respectful. People's usual daily routines were supported where possible.

People's wellbeing benefitted from meaningful activities which were provided within the home and in the local community. People's experiences living in the home would be enhanced with a stronger focus on activities linked to their skills, abilities, choices and preferences.

Proper systems were in place to keep people's money and valuables safe and secure. The service should review their procedures when they are appointed to manage a person's finances. This is to make sure the person is not at a financial disadvantage in relation to benefit entitlements.

Although additional support in relation to staffing numbers was in place during the inspection, the service should continue to fully review staffing in relation to people's dependency needs, to make sure staffing numbers and skill mix remain adequate.

The service should review their accident and incident procedures to make sure actions to prevent the accident or incident recurring are documented and completed. Staff should be aware of when the Care Inspectorate require to be notified of these. The service should develop a protocol for unexplained bruising which would provide advice and guidance for staff and strengthen the management of this type of incident. (see areas for improvement 1)

We discussed some improvements to the medication administration practice in the home with the manager. There were plans to action these.

Areas for improvement

1. The provider should review and further develop their accident and incident procedures.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21)

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

People should be able to expect that their personal plan (sometimes referred to as a care plan) is right for them because it sets out how their needs will be met, as well as their wishes and choices. From this inspection we concluded the service was performing at a good level.

People's personal plans provided a suitable level of information and guidance for staff on how to support the person appropriately. Our observations of staff practice, showed that they followed the guidance in people's plans.

Regular reviews of people's personal plans provided an opportunity for people to be involved in their care plan and give their views on the care they received.

The service was responsive to people's needs and wishes and it was good at adapting to people's changing circumstances. It made sure it had the necessary, important information about people's health and wellbeing needs.

People were supported to keep safe and well and were encouraged and supported to make their own choices and decisions about their day-to-day life in the home where possible.

We discussed some improvements to people's support plans with the manager. The service should review people's plans to provide a stronger level of person-centred information in relation to their abilities, skills and daily support needs.

A stronger focus on the information in support plans and staff practice in relation to pain management and end of life care would further improve positive outcomes for people.

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 did not see in some instances required consents being obtained if a person was unable to agree to a course of action due to their incapacity to make decisions. This mainly related to methods of restraint such as bed rails or monitoring of movement being used, for example door and mat sensors. The service should obtain the consent of the welfare appointee in these circumstances.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 2.12 which states 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative are sought and taken into account.'

This area for improvement was made on 9 November 2018.

Action taken since then

Consents were in place for equipment classed as restraint. Legal status in relation to any Power of Attorney or Guardianship had been recorded.

This area for improvement had been met.

Previous area for improvement 2

We heard that when the activity staff member was absent, residents did not appear to have continuing meaningful structure to their day. We also heard that not all staff felt this was part of their duties, or that staff had time to spend with people outwith their care tasks. The service should ensure that all staff demonstrate willingness and participation in this area, and in particular, evidence a structured programme when the activity staff member is absent.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.25 which states 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.'

This area for improvement was made on 9 November 2018.

Action taken since then

Meaningful activities were provided within the home and the local community. Staff provided some activities when the activity co-ordinator was not on duty.

This area for improvement had been met.

Previous area for improvement 3

In order to maintain and promote dignity and independence for people, the service should undertake thorough continence assessments and review regularly when the needs of people change. It should be demonstrated how continence is promoted, including how people are orientated within the environment using dementia friendly signage and contrasting toilet equipment where possible.

This is highlighted in 1.15 of the Health and Social Care Standards that states "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."

This area for improvement was made on 9 November 2018.

Action taken since then

Fluid charts and short term care plans were used to co-ordinate people's care when they had an infection. Continence reviews were updated when people's needs changed. Some improvements had been made to the signage within the home, further improvements on-going.

This area for improvement had been met.

Previous area for improvement 4

We noted that there were a number of residents who were cared for in their beds. Some of these people were unable to use the call bell for help. Care plan information stated that people were to be regularly checked and supported, however in discussion with staff this was not evidenced routinely and some of the care tasks were not written up in the daily notes until the end of the day. These were also at times, lacking in detail regarding what actual support had been provided. However, we did not have concerns that people were not receiving a good level of care and those people that we spent time with in their rooms looked content. We also took the views of relatives into account which were overall, positive.

Record keeping should routinely demonstrate that both the care and physical safety of people have been met, in particular for people who cannot summon assistance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.23 which states 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.'

This area for improvement was made on 9 November 2018.

Action taken since then

Recording of the care delivered to people when they are in bed had been reviewed and improved. A recording sheet had been trialled and the service felt this was working well. Some people used pendant alarms to summon staff assistance when they needed them.

This area for improvement had been met.

Previous area for improvement 5

The audits could be strengthened by undertaking observations of staff practice in a variety of areas, this could include the delivery of personal care, meal times and how people are assisted with their mobility or medication.

This is an opportunity to confirm and evidence staff competency, highlight if additional training is identified and also to discuss and reflect on practice during supervision.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states '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.'

This area for improvement was made on 9 November 2018.

Action taken since then

Observations of staff practice were planned to be carried out. The recording of these and any actions were being planned. Improvements had been made and further improvements were in progress.

This area for improvement had been met.

Previous area for improvement 6

We were not able to see how the views of people living in the home were gathered if they did not attend meetings, or if people needed additional support from either advocacy or welfare appointee to express their views. The service should consider linking the Health and Social Care Standards to their audits and subsequent development plan. Gathering the views of people should take into account a variety of methods if people are unable to attend meetings.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 2.11 which states 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.'

This area for improvement was made on 9 November 2018.

Action taken since then

Some work had been made in relation to this. Further work was planned in relation to obtaining the views of people who are unable to attend residents' meetings.

Previous area for improvement 7

As part of the audit process relating to staffing levels and demonstrating whether current numbers meet the needs of people, the views of staff, relatives and residents should also be undertaken alongside observations to include staff practice and presence. (Reference is also made under 'How good is our staff team')

This is order to ensure that care and support is consistent with Health and Social Care Standard 419 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 9 November 2018.

Action taken since then

Discussions had taken place through the care home managers' forum in relation to the best ways to capture the evidence of adequate staffing numbers. Further work was planned in relation to this and the dependency tool used by the home.

Previous area for improvement 8

We were unable to see from information provided to us, how staffing levels were calculated based on the needs of residents. This was also not undertaken each month as required that would take into account the fluctuating needs of people.

The service should endeavour to improve on how the current needs of people are gathered and effectively demonstrate how the staff numbers meet these.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.15 which states 'My needs are met by the right number of people.'

This area for improvement was made on 9 November 2018.

Action taken since then

Further work was planned in relation to this area for improvement.

Previous area for improvement 9

We previously recommended that cleaning records should indicate the frequency of cleaning tasks and demonstrate when deep cleaning has been undertaken in line with infection control procedures. We did not see the improvements we expected and we have therefore asked the service progress with this without further delay.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 5.22 which states 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.'

This area for improvement was made on 9 November 2018.

Action taken since then

The home environment was fresh, clean and tidy during the inspection. Cleaning records indicated the programme of cleaning within the service. Furniture and equipment had been regularly serviced and was well maintained.

This area for improvement had been met.

Previous area for improvement 10

The service must ensure that all supporting, statutory maintenance documentation is kept within the home and made available and in addition, if there are changes in contractors for any statutory maintenance, this should be immediate and ongoing without gaps or delays in the maintenance programme. This ensures that the health and safety of residents is paramount in line with legislation.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 5.17 which states 'My environment is secure and safe.'

This area for improvement was made on 9 November 2018.

Action taken since then

Property and maintenance certificates were available and the service were able to access these promptly.

This area for improvement had been met.

Previous area for improvement 11

We did not see information recorded on how care would be delivered should someone's health deteriorate. Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people. This ensures that in the event of an unexpected decline in health, there is a plan in place to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.7 which states 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.'

This area for improvement was made on 9 November 2018.

Action taken since then

The service met six monthly with the local GP and anticipatory care plans were reviewed. These were in place, but would benefit from a greater level of information and guidance would support effective planning in relation to end of life care.

Previous area for improvement 12

From the sample of care plans we looked at, it was not evidenced in some instances, who held welfare powers for an individual, although named appointed persons were recorded in the file. It is important that a legal framework regarding welfare decisions is clearly evidenced to ensure people's wishes and choices are being made by the legally appointed person. In addition, we did not see meaningful views of residents or appointed persons being recorded for the six monthly reviews for those who were unable to have input. A focus should also be made regarding forward planning and how this improves quality of life for people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 2.12 which state 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative are sought and taken into account.'

This area for improvement was made on 9 November 2018.

Action taken since then

Support plans we reviewed documented when the person had a Power of Attorney (POA) or Guardianship in place. Where this was the case, the POA or Guardian had been consulted and involved in decisions about the person's care and support. Progress was on-going in relation to gathering their views through the six monthly reviews.

This area for improvement had been met.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - 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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