

Menstrie House Care Home Service

Main Street West
Menstrie
FK11 7BT

Telephone: 01259 762 482

Type of inspection:
Unannounced

Completed on:
4 May 2022

Service provided by:
Clackmannanshire Council

Service provider number:
SP2003002713

Service no:
CS2003011556

About the service

Menstrie House is a single storey purpose build residential establishment for older people. It is owned and operated by Clackmannanshire Council. The home can accommodate 40 people. The home 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.

About the inspection

This was a full inspection which took place on 2 May 2022 at 09:15 to 17:30 hours and 3 May at 09:15 to 16:30 hours. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- - Spoke with 15 people using the service.
- - Spoke with 18 staff and management.
- - Observed practice and daily life.
- - Reviewed documents.
- - Spoke with visiting professionals.

Key messages

- The staff team knew residents well and were warm and kind.
- The management team need to fully open up visiting to embrace 'Open with Care' guidance.
- People's health needs were escalated to other health professionals when needed.
- Care planning requires improvement.
- The management team should make improvements when assessing people's nutritional and pressure area care.
- Quality assurance systems requires improvement.
- Staff would benefit from training that is reflective of people's care needs.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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 this key question as adequate, where strengths only just outweighed weaknesses.

We saw some warm interactions between staff and the people they were supporting. People told us "the staff are very nice..... I couldn't do without them" and "staff are caring and pleasant." People benefitted from a stable staff team that knew their needs and preferences well. Recent staff absence meant there was reliance on agency staff.

People had access to relevant professionals to support their health and wellbeing. This helped keep people well.

We reviewed people's support plans and made a previous requirement from our last inspection. Whilst we saw some improvement on the assessment and reviewing of people's nutrition and hydration. Inconsistencies remained with recording, which meant people's health and wellbeing may be compromised. (See Requirement 1).

We observed mealtime, people had a choice of food and drink. Where people were identified as requiring help with eating and drinking, staff provided support in a kind and caring manner. However, staff appeared task orientated and missed opportunities for meaningful interactions.

The home was clean, tidy and free from foul odours. We saw redecoration was underway to improve the environment. Staff had access to sufficient personal protective equipment (PPE) and this was being used appropriately. This meant people were protected from risk of infection. (See Area for Improvement 2 and 3).

The service had a co-ordinator of activities to meet the social and recreational needs of the residents. We saw activities taking place within the units and some people had been supported to access the local communities. However, there was still no variety of internal events having been arranged since our last visit, including a hairdresser. An increase in internal activities/ events, this would improve people's wellbeing and sense of enjoyment. Whilst people were supported to maintain relationships with those important to them, the current booking system for visiting was restrictive and this meant people could not freely visit their loved ones. (See Area for Improvement 1.)

Requirements

1. By 29 April 2022, the provider must ensure that people are supported with all aspects of their nutrition and hydration. To do this the provider must, at a minimum, ensure:

- a) They use their screening tool, Malnutrition Universal Screening Tool (MUST) fully.
- b) Where anyone is identified as at risk of malnutrition, then appropriate actions are followed. This should include, but not be limited to, MUST Step 5.
- c) Where anyone is identified at risk of dehydration or needs increased fluids due to infection, then a fluid chart is in place.
- d) All staff, including kitchen staff, are aware of each person's dietary needs.
- e) Provision of any dietary needs are followed throughout the day.
- f) Training is provided to staff to allow them to support nutritional needs.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

1.19 'My care and support meets my needs and is right for me.'

3.14 '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 requirement has been carried over from the last inspection and as it was Not Met has therefore been extended to 2 September 2022.

Areas for improvement

1. To fully support meaningful contact to resume between adult care home residents and their loved ones, the provider should work within the Scottish Government Guidance - 'Open with Care'. They should also support people to get the most out of life by the re-introduction of external activities and entertainers.

This is to ensure that care and support is consistent with Open with Care, Supporting Meaningful Contact in Care Homes. Published by The Scottish Government, February 2021.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

1.25 '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 has been carried over from the last inspection and as it was Not Met has therefore been repeated.

2. In order to promote an environment that enhances people's quality of life and is a pleasant place to live, the provider should:

Devise a refurbishment plan which identifies priority areas for repair and clearly records actions taken and dates for completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

5.22 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.'

This Area for Improvement has been carried over from the last inspection and as it was Not Met has therefore been repeated.

3. To support good infection prevention and control practices, the provider should:

- a) Ensure that wall mounted alcohol based hand rub is available throughout the care home.
- b) Ensure that all lidded bins can be operated ideally by foot or if not, then without touching the lid.
- c) Ensure that the cleaning of frequently touched areas is recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This Area for Improvement has been carried over from the last inspection and as it was Not Met has therefore been repeated.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The temporary manager had only been in post a short time prior to our last inspection. Although we could see some improvements, we were concerned at the lack of progress in meeting the requirements and areas for improvement which we had made in February 2022.

The management team acknowledged that improvements were needed to ensure that the quality assurance systems informed positive change. The service manager planned to offer additional support and oversight to ensure that the temporary manager had the skills capacity and systems in place to identify risks, and drive improvement.

Team meetings had taken place. This allowed the staff team to share their views on the service. The manager had used questionnaires to gain feedback from relatives and residents. This information was still to be collated and an improvement plan devised to ensure that it was meaningful.

People who use the service can expect that the management team has an overview of their key health outcomes. A quality assurance system had been implemented and provided an overview of key areas of people's care and support. However, there was no clear overview of nutrition and pressure area care, which meant that the manager may not identify any issues with these aspects of people's care. (See Area for Improvement 1).

Areas for improvement

1. To ensure the service remains responsive to changes and develops a culture of continuous improvement, the provider should:

- a) Review the current quality assurance system to include the key areas for auditing such as Nutrition and pressure area care.
- b) The manager to have oversight and ensure actions have been taken.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People could be confident that staff were registered with the relevant professional bodies and were aware and understood their responsibilities for continuous development. All mandatory training was completed and staff knew people well. However, staff would benefit from training that is related to people's care needs. This would help improve people's outcomes and develop a culture of learning that adapts to people's changing needs.

Some newer staff told us that they had been made to feel welcome, but felt they would benefit from more training to be fully competent in their new role. Records showed that staff did not always complete their induction training. (See Area for Improvement 1).

Staff told us that supervision was being carried out along with observations of practice. Senior staff recognised that supervision had been less regular since the recent challenges with the Covid-19 pandemic, but assured us that a plan was in place to address this. This meant staff will have the opportunity to reflect on their practice, skills, knowledge and learning.

Areas for improvement

1.

To ensure that staff are confident and competent to support people and improve outcomes for people, the provider should:

- a) Review current residents and specific care needs, to inform a training plan for staff.
- b) All new staff should have a completed induction and a plan for mandatory training to be completed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

3.14 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.

How good is our setting?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was clean, tidy and clutter-free. People benefited from a comfortable, warm and homely environment where residents were able to sit and chat to each other. People were able to move around the home as they wished and choose where to spend their day. There was access to secured garden areas.

People's bedrooms were comfortable and nicely personalised which helped to give people a sense of belonging. People had their own rooms and en-suites which promoted privacy.

People were supported to find their way around the care home by some signs. However, we asked the service to review this to assist people living with a cognitive or visual impairment. We suggested some best practice guidance which can be accessed at The King's Fund:

https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

Maintenance records and safety checks were carried out. We saw refurbishments had begun, which meant that people were living a safe and well maintained environment.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We made a previous requirement on people's care planning. While we saw improvement had been made, many plans remained inaccurate and did not reflect people's care needs. This meant that there was a risk that people did not have their care needs met. (See Requirement 1).

The manager recognised that improvements were still to be made, and assured us that the standard of care and support planning will be consistent and supported by leadership and quality assurance processes.

Most people and their representatives were involved in care planning, including regular reviews to ensure that they set out people's needs, wishes and choices.

Requirements

1. By 29 April 2022, the provider must ensure that people are supported with all aspects of life and that assessments are holistic and related to the individual's needs and the personal outcomes they seek. To do this the provider must, at a minimum, ensure:

- a) Each service user has a personal plan in place to guide staff on how to care and support them and which identifies any necessary daily supporting documents.
- b) Daily supporting documents are fully completed and senior staff have oversight of these.
- c) Any identified changes to a service user's health are documented, with follow up actions noted.
- d) Care plan evaluations are meaningful and ensure that information is current.

This is to comply with Regulation 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

1.15 '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 requirement has been carried over from the last inspection and was Not Met and the timescale has extended to 2 September 2022.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 29 April 2022, the provider must ensure that people are supported with all aspects of life and that assessments are holistic and related to the individual's needs and the personal outcomes they seek. To do this the provider must, at a minimum, ensure:

- a) Each service user has a personal plan in place to guide staff on how to care and support them and which identifies any necessary daily supporting documents.
- b) Daily supporting documents are fully completed and senior staff have oversight of these.
- c) Any identified changes to a service user's health are documented, with follow up actions noted.
- d) Care plan evaluations are meaningful and ensure that information is current.

This is to comply with Regulation 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

1.15 '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 requirement was made on 24 February 2022.

Action taken on previous requirement

All people supported by the service had individual support plans in place. The plans provided details around healthcare needs and choices. Staff were knowledgeable about the plans and people. However many remained inaccurate and didn't reflect people's current changing care needs which meant that there was a risk that people did not have their care needs met. Reviews had been commenced, which informed changes of care for people. Care planning audits had commenced and informed changes for people, however not all had been completed.

See key question 5, this requirement was not met and have therefore extended the timescale to 2 September 2022.

Not met

Requirement 2

By 29 April 2022, the provider must ensure that people are supported with all aspects of their nutrition and hydration. To do this the provider must, at a minimum, ensure:

- a) They use their screening tool, Malnutrition Universal Screening Tool (MUST) fully.
- b) Where anyone is identified as at risk of malnutrition, then appropriate actions are followed. This should include, but not be limited to, MUST Step 5.

- c) Where anyone is identified at risk of dehydration or needs increased fluids due to infection, then a fluid chart is in place.
- d) All staff, including kitchen staff, are aware of each person's dietary needs.
- e) Provision of any dietary needs are followed throughout the day.
- f) Training is provided to staff to allow them to support nutritional needs.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

1.19 'My care and support meets my needs and is right for me.'

3.14 '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 requirement was made on 24 February 2022.

Action taken on previous requirement

All People had a Malnutrition universal screening tool (MUST) completed and reviewed, however not all were completed accurately. Training had been identified for staff and a date confirmed, however no training had commenced. We saw fluid and food daily charts were completed for people identified at risk, however inaccuracies remained in recordings. We saw a process in place for sharing of information on dietary requirements for people with the kitchen, however on the day of inspection it didn't reflect the current people's dietary needs.

See Key question 1, this requirement was not met and have therefore extended the timescale to 2 September 2022.

Not met

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

To fully support meaningful contact to resume between adult care home residents and their loved ones, the provider should work within the Scottish Government Guidance - 'Open with Care.' They should also support people to get the most out of life by the re-introduction of external activities and entertainers.

This is to ensure that care and support is consistent with Open with Care, Supporting Meaningful Contact in Care Homes. Published by The Scottish Government, February 2021.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

1.25 '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 24 February 2022.

Action taken since then

This area for improvement was reviewed during an inspection on 2 May 2022.

We saw people were supported to maintain contact with their family and friends, with the use of skype calls and room visits however the booking system was restrictive and did not fully embrace Scottish Government's 'Open with Care' guidance.

People told us the activities remain limited to small groups within the home. We saw outdoor activities taken place and the service assured that external activities and entertainers shall commence in the home. When reviewing activity records, some people's activities were limited to watching TV and listening to music.

This area for improvement was not met and therefore repeated.

Previous area for improvement 2

In order to promote an environment that enhances people's quality of life and is a pleasant place to live, the provide should:

Devise a refurbishment plan which identifies priority areas for repair and clearly records actions taken and dates for completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

5.22 '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 24 February 2022.

Action taken since then

This area for improvement was reviewed during an inspection on 2 May 2022.

We saw that work had commenced on the repairs of walls and furniture, however there was no clear plan devised to identify priority areas, actions taken and timeframes.

This area for improvement was not met and therefore repeated.

Previous area for improvement 3

To support good infection prevention and control practices, the provider should:

- a) Ensure that wall mounted alcohol based hand rub is available throughout the care home.
- b) Ensure that all lidded bins can be operated ideally by foot or if not, then without touching the lid.
- c) Ensure that the cleaning of frequently touched areas is recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 24 February 2022.

Action taken since then

This area for improvement was reviewed during an inspection on 2 May 2022.

We saw frequently touched areas were being cleaned but there was no written record of this. All staff had handheld Alcohol Based Hand Rub (ABHR), we discussed with the service the lack of wall mounted dispensers and was assured areas have been identified for there placement and are on order. We found some lidded bins to not operate by foot pedal.

This area for improvement was not met and therefore repeated.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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

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