

Montrose House Care Home Service

Glencloy Road
Brodict
Isle of Arran
KA27 8HF

Telephone: 01770 302 131

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Unannounced

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North Ayrshire Council

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About the service

Montrose House is a care home for older people situated in a residential area of Brodick on the Isle of Arran. The service provides nursing and residential care for up to 30 older people.

The service provides single room accommodation across three units. All bedrooms are en suite.

There are several lounges of varying sizes, dining rooms and a cosy lounge/diner. Large windows provide spectacular views of the local hills and countryside. An assisted bath is available to supplement the en suite showers.

The home has got a large and well-maintained garden with high quality patios.

About the inspection

This was an unannounced inspection which took place on 5, 6 and 21 July 2022. The inspection was carried out by one inspector 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 five people using the service and three of their family and friends
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were friendly, kind and developed good relationships with residents and families.
- The environment was of good quality and helped people to maintain their independence.
- Improvement planning and quality assurance required improvement.
- Staffing assessment and planning required improvement.
- People's access to activities was limited.
- Care plans needed more outcome focus and meaningful evaluation.

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.

It was positive to hear from people that they felt safe and well cared for. We observed that interactions between staff and residents were kind, warm and supportive. A resident told us: 'Yes, I like it here. They are very nice'. We found that staff worked hard to ensure that people's basic care needs were met.

We spoke to families who told us that they experienced a welcoming and friendly atmosphere when they visited the home. People were enabled to visit as freely as possible under the existing Covid-19 guidelines. This helped people to stay involved in their loved one's care. A visiting relative told us: 'I visit my wife here every day and also help her at lunchtime. It means a lot to me that I can be here so long and so often, because all I need is to be with my wife. It was our 40th anniversary last year and the staff made that day very nice for us. I can see that my wife is relaxed when I'm with her and she eats very well, too. The care is absolutely fine. It couldn't be better for us'.

People or their representatives should be meaningfully involved in decisions about their care and medical treatment. We found that this was managed well. Families told us that staff kept them informed about health and care issues in a timely manner. One family said that they would find newsletters with regular information about events and activities helpful.

We found that people's medication was managed safely. Daily checks of the medication records supported this. Protocols for the use of 'as required' medications were reviewed and updated during our inspection. However, the use of structured pain assessments and the use of care plans for psychoactive medication were very limited. This could lead to poor outcomes for people. Managers were aware of good practice standards and we encouraged them to include this in their service improvement plan.

The nursing care was provided with the help of the local district nurses who visited the home regularly, whilst the home tried to recruit more of their own nurses. This meant that people had access to high quality nursing care and to other community-based healthcare professionals when they needed it.

People's physical health and mental wellbeing should be supported by access to a range of activities that meet their needs and interests. We saw that people had very limited access to activities in and outside the home. Staff told us that they often felt unable to spend enough time with people beyond providing them with their basic care (see also section 'How good is our staff team'). This meant that people were not well supported to be as active as they could be. A previous area for improving people's access to activities was therefore not met and will continue (see section 'outstanding areas for improvement').

People should benefit from unhurried, relaxed and well-managed mealtimes. We observed a mealtime and found that improvements should be made. This included table setting and maximising people's abilities to make their own choices. Managers took immediate action and implemented regular mealtime observations to promote good and consistent practice. However, our observations meant that a previous area of improvement aimed at promoting choices at mealtimes was not met and will therefore continue (see section 'outstanding areas for improvement').

We saw that the communal areas and people's bedrooms were overall clean and tidy. Staff had access to sufficient PPE and had received training for infection prevention and control.

This helped to keep people safe. However, at the beginning of our inspection we found that staff did not follow the existing guidance for cleaning in care homes. Documentation and quality assurance for cleaning procedures were also insufficient. We discussed this with managers who immediately implemented the necessary improvements. By the last day of our inspection we were satisfied that practice was in line with the existing guidance. This helped to protect people from infection.

How good is our leadership?

3 - Adequate

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

It is important that services have effective systems to self-assess the quality of service provision, identify risks and drive improvement. This helps to ensure good outcomes for people living in the home.

Managers used checks and audit tools to assess and monitor aspects of service provision. The checks included audits of the environment, Infection prevention and control and personal risk assessments. However, we found that audits were not carried out consistently and regularly enough. This meant that managers and staff did not always have the important information they needed to evaluate if people experienced good outcomes.

Managers acknowledged our findings and explained that the impact of the pandemic and recent staffing problems lead to a lack of consistent quality assurance. It was positive to see that by the end of our inspection managers had implemented several important quality assurance processes and audits. These included cleaning audits, flash meetings, mealtime observations and an audit with overview of personal risk assessments. Further audits were in the process of being carried out. This helped to ensure people's safety and demonstrated the motivation and ability of managers to implement effective quality assurance.

We found that the service had no current and ongoing improvement plan. A regularly updated and reviewed improvement plan is an important part of ensuring that people experience safe care and good outcomes. An improvement plan should also include any actions resulting from people's feedback, which ensures meaningful participation. We were satisfied that managers had the motivation, knowledge and skills to lead effective and continuous self-assessment and improvement work. However, to support the necessary improvements we made a requirement and will carry out a follow-up inspection (see requirement 1).

Requirements

1. By 3 January 2023, the provider must ensure that quality assurance and improvement work is well led and supports good outcomes for people.

To do this the provider must, at a minimum:

- a) ensure robust quality assurance systems are in place that continually evaluate if people receive the right care at the right time and in a way that facilitates good outcomes for them
- b) ensure a detailed service improvement plan is in place that includes clear responsibilities and explains how progress will be measured
- c) ensure leaders at all levels are supported effectively to implement changes at a pace that reflects the improvements needed and have a clear understanding of what needs to improve and of their role within the improvement work.

This is in order 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:

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

How good is our staff team?

3 - Adequate

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

It is important that the right number of staff, with the right skills are available at the right time to meet people's needs and to achieve good outcomes for people. We found that staff worked hard to meet people's needs but struggled to do this in a way that was person-centred and outcome focussed. This meant that people were safe and received an adequate level of basic care. However, people did not always receive support at their preferred time and there was little time for social interactions and activities.

Staff we spoke to told us that they felt continuously rushed. This led to care becoming more focussed on the tasks and what needed to be done, rather than focussed on people's choices, wishes and preferences. It was positive to hear from staff that they were highly motivated to provide more person-centred care. Staff we spoke to knew about the importance of person-centred care but felt frustrated about not always being able to deliver it.

Managers acknowledged the problems with staffing and that more needed to be done to ensure that staffing achieved good outcomes for people. The recent decision to increase the number of residents meant that more permanent staff were needed to reduce the pressures on existing staff. However, Montrose House being an island service, meant that it was challenging to recruit more staff quickly. We acknowledged this and saw that the provider worked hard to recruit more staff and to support the service with external staff from the island and the mainland.

We found that the method for calculating staff numbers and planning effective deployment required improvement. Managers used a calculation tool based on people's basic needs. However, there was no clear process for taking other important measurements and factors into account. This meant that important data, such as quality assurance outcomes, incidents, feedback and the evaluations of people's care plans were not part of the staffing calculations. Other important factors, like the layout of the building, time for training, supervision or reviews were also not taken into account. To support the improvement of staffing in the service we made a requirement and will carry out a follow-up inspection to assess this (see requirement 1).

We found that there was no ongoing and up to date system of regular staff supervision and appraisal. We discussed this with the manager who assured us that they already had plans to implement this as soon as possible. The manager understood the importance of regular individual supervision meetings as an important part of management and staff development.

Requirements

1. By 3 January 2023, the provider must ensure that effective methods are in place to support the evidence-based assessment and planning of staffing levels and deployment.

To do this the provider must, at a minimum, ensure:

- a) comprehensive, regularly updated and reviewed improvement plans are in place
- b) regular staffing assessments and planning are based on current guidance and take into account a variety of meaningful measurements, including quality assurance, care plan reviews and evaluations feedback from staff, residents and families
- c) staff deployment and skills mix are based on people's outcomes and needs
- d) staffing assessment and planning is transparent.

This is to comply with Regulation 15(a) and (b) (Staffing) 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:

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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.

We saw that residents benefitted from a purpose-built home with useful and well-maintained facilities. This meant that the environment supported people's independence whilst having the necessary facilities to meet varying needs, including those of people living with dementia.

People's bedrooms and ensuite toilets and showers were of a good size that allowed the easy use of specialist equipment when needed. This reduced the need for communal facilities, which supported people's privacy and helped to keep them safe during the pandemic.

Useful dementia-friendly features, like making each bedroom door look different and signage were done well. This helped people to orientate themselves in an unfamiliar environment.

A variety of communal areas gave people choices for where they wanted to take their meals or socialise. A large and well-maintained garden was easily accessible from communal areas or through individual patio doors. Rooms, corridor windows and the garden offered beautiful views of the surrounding hills. This helped to give people a sense of home and contributed to their wellbeing.

The environment was clean although the service needed to make some immediate improvement to cleaning procedures (see 'How well do we support people's wellbeing?'). We found that improvements needed to be made to domestic services rooms. One of the rooms used for storing housekeeping materials and disposing of dirty water did not have a hand wash basin, the other was also used as a sluice. This increased the risk of cross infection. We therefore made an area for improvement (see area for improvement 1).

Areas for improvement

1. To support reduction of the risk of infection for staff and residents, the provider should ensure that domestic services rooms have got separate basins for hand washing and the disposal of dirty water and that clean housekeeping materials are not stored in a sluice room.

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

'My environment is secure and safe' (HSCS 5.17).

How well is our care and support planned?

3 - Adequate

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

We found that care plans were very comprehensive and covered all relevant areas of people's care. Personal risk assessments were in place and were reviewed and updated before our inspection. However, we noticed that there were gaps and multiple incidents where regular reviews or evaluations had not been completed in previous months.

Well formulated personal outcomes help to ensure that assessments and plans are focussed on people's abilities, wishes and aspirations. We found that most care plans did not include outcomes that were important to people and instead mainly focussed on people's basic needs and how to meet them. Managers were aware of the advantage of including personal outcomes into people's care plans and had begun work on this. To support the improvement work we have made an area for improvement (see area for improvement 1).

We explained to managers that improvement work on the care plans should also include the way regular care plan evaluations are carried out and documented. We found that the content of care plan evaluations was often very limited and repetitive. This meant that there was no clear evidence that care plans were meaningfully evaluated to establish if they achieved good outcomes or not.

Care plans included any required supporting legal documentation. This ensured that people's rights were protected and that residents or their representative were involved in making decisions and choices where necessary.

Nurses worked effectively with external health professionals to inform the care plans. This supported good and evidence-based practice and promoted people's access to treatment and specialist assessments.

Areas for improvement

1. To support people to experience consistently good outcomes the provider should improve people's personal plans.

This should include, but not be limited to, care plans including well formulated personal outcomes and regular meaningful evaluations which clearly establish if these outcomes were met or not.

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

'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).

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

The service provider should review how staff are deployed in the two areas of small group living to support more responsive person-centred care. With particular focus on:

Easy access to drinks/snacks/use of kitchenette,
Improving the mealtime experience and
More consistent staff deployment to aid continuity of care.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS1.8).

This area for improvement was made on 11 July 2019.

Action taken since then

To support the improvement of staffing, including the effective deployment of staff, we made a requirement (see section 'How good is our staff team').

This area for improvement was not met.

Previous area for improvement 2

The service provider should improve how people are supported to get the most out of life. This should include, but not limited to, regular planned activities, trips and outings to use mainstream facilities such as shops and hairdressers, tailored sensory interventions for people with later stages of dementia and use of volunteers to help enhance day to day life.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 11 July 2019.

Action taken since then

We saw that people were not sufficiently supported to get the most out of life.

We made requirements for staffing and leadership and management, because we assessed that the lack of meaningful activities was primarily caused by staffing issues. Because it was made three years ago, we made small amendments to the text of this area for improvement to ensure that it is up to date.

This area for improvement was not met and will continue.

Previous area for improvement 3

The service provider should improve how people with weight loss or risk of dehydration are supported to ensure they have:

At least six points of food/drink delivery were provided and the correct level of assistance provided.

Clear visual choice at both lunchtime and tea-time,

The menu is suitable for people who need soft easily chewed foods,

The food/fluid monitoring charts are used effectively with a clear target and checked by seniors on a daily basis.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 11 July 2019.

Action taken since then

We found that more improvement work was needed to ensure that people benefitted from enjoyable mealtimes that promoted their choices (see also section 'How well do we support people's wellbeing?').

This area for improvement was not met and will continue.

Previous area for improvement 4

The service provider should ensure all personal plans reflect the health and welfare support needs of service users.

This will be demonstrated by:

Records are streamlined for greater ease of use,

Day to day care is driven by up to date care plans which reflect people's care needs.

Consider the use of one page profiles.

Legal status is clearly recorded to ensure decisions are reached with the right person.

Efforts are made to develop anticipatory care plans so future needs are discussed and agreed with G.P. practice.

Reviews are used more robustly to check important issues such as legal status, ACP's, dependency levels, goals and aspirations, with clear actions identified.

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

This area for improvement was made on 11 July 2019.

Action taken since then

We made a new area for improvement (see section 'How well is our care and support planned?')

This area for improvement was not 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?	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	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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