Sir James McKay House
Care Home Service

18 Ravelston Park
Edinburgh
EH4 3DX

Telephone: 01313 152 841

Type of inspection:
Unannounced

Completed on:
25 August 2023

Service provided by:
Scottish Masonic Homes Limited

Service provider number:
SP2012011848

Service no:
CS2012308689

About the service

Sir James McKay House is registered to provide a Care Home service for 20 older people. 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."

About the inspection

This was an unannounced inspection which took place on Friday 18 August and Tuesday 22 August. 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 people using the service and their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents

Key messages

- People experienced care from familiar staff
- People using the service were complimentary about the quality and standard of food and the chef.
- Recruitment of staff was needed
- Care planning and recording needed to be improved

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?	3 - Adequate
How good is our staff team?	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? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed to staffing, the strengths identified had a significant positive impact on people receiving care.

People experienced care and support with compassion because there were warm interactions between staff and residents. Interactions were respectful, friendly and respected peoples privacy and dignity. Staff knew what was important to people and peoples wishes, choices and preferences shaped their care. Residents were comfortable with the familiar staff who cared for them.

Regular residents meetings were well attended which meant that people using the service were well informed about the wider aspects of the running of the home and had opportunities to share their views and have their say.

Residents were complimentary about the home, staff support and the quality of the food. Relatives had no complaints about the home, were complimentary about the care their relative received and pleased with how the staff communicated with them.
People said;
"It's very good here",
"Food is excellent in here. We have a good chef",
"No-one can have any complaints about here, all the girls are nice."
"It is my first experience of this kind of place but I must say I am impressed, it is very clean and the staff are all very nice."

People who used the service could choose to spend time in the sitting room or their bedroom and staff were good at recognising when people needed a quiet space. Great efforts were made by staff to maintain peoples mental and physical abilities and this helped keep people well. Outings with family and friends were supported and encouraged which helped people maintain their relationships. A well-kept garden gave people access to a safe outdoor space. People engaged in a regular arts and craft group and the themes helped people feel connected to the wider community. A regular music group was described as fun. Outwith these regular activities, staff tried to find time to hold ad hoc activities in the sitting room. Previously, the home had successfully supported people to achieve their wishes and aspirations by using a wishing tree. This had created a sense of optimism and excitement for the residents. We discussed the benefits of resuming helping people set and reach their aspirations in addition to the group activities. The manager agreed, and planned to look at ways to help individuals set goals and get the most out of life.

Residents benefitted from kind and caring staff who were known to them. Where people needed specialist medical or nursing care, staff were good at making referrals and liaising to make sure people had access to appropriate healthcare.

Medication was generally well managed with some minor adjustments needed to reduce the chances of error. These included how handwritten entries were made, recording the exact times of paracetamol administration, separating regular dose and as required entries, and improving the labelling and use of topical medication. These improvements were agreed with the manager.

Residents were complimentary about the quality and taste of the food. Each residents preferences were well known to the chef and people were well catered for. Residents weights were monitored and none of the residents were losing weight. We have suggested using a well recognised risk assessment tool to help staff identify nutritional concerns early.

No-one in the home had damage to their skin caused by pressure. There were some profiling beds and specialist mattresses in use. The outcomes for people were good but improvements were needed to recording and assessing peoples risk of skin damage, and being clear about the interventions decided in peoples care plans. Better recording of what equipment should be in place such as pressure reducing cushions when seated would improve the consistency of care and risk of skin damage.

Falls and incidents were being logged and analysed. Appropriate action was taken to reduce peoples risk of falling and this was balanced well with their right to make decisions about their care.

Supporting people with symptoms of stress and distress to receive consistent care could be improved by better recording and care planning. **See 2.2 Quality assurance and improvement is led well.**

How good is our leadership? 3 - Adequate

We have evaluated this key question as adequate. While strengths had a positive impact, key areas needed to improve.

There were a range of audits and quality assurance measures in place to make sure people using the service had a good experience.

Opportunities for people to give their views on the service were regularly provided and residents were well informed about what was happening in the home and any refurbishment and improvements.

The manager was very good at addressing issues that arose from visits from external bodies such as Scottish Fire and Rescue and environmental health.

The manager was good at self-evaluation and had a clear idea of what needed to improve in the home. In order to drive the development of the home we discussed the benefits of bringing together an overall improvement plan which could be shared with staff detailing the future direction of the care home. This helps people work towards a common goal.

The provider had issued a questionnaire to residents asking what they did well and shared the results. People were very pleased with the care and support they and their relative received. 'What can we do better' elements of the questionnaire also need to also be shared so that all residents received a complete picture of what people said and could see improvements were being made.

An environmental audit had been completed by the manager and a range of issues had been addressed with plans for other items identified. A new sluice machine had been installed since the last inspection to prevent and reduce the risk of infection.

Equipment was well maintained by external specialist contractors and records were kept. Some in house maintenance checks had not been completed for three months which had the potential to put peoples safety at risk. We concluded that this was due to staffing pressures. **Please see 3.3 Staffing levels are right and staff work well together.**

Oversight of medicines management, topical medication and deep cleaning had also been affected by management needing to provide care due to staffing. **Please see 3.3 Staffing levels are right and staff work well together.**

Recruiting staff to key roles was a priority in order to resume the management teams oversight responsibilities and to support staff with care planning. Currently care plans did not provide a comprehensive, detailed or accurate account of the care being provided. We had previously made an area for development about care plans. Although work had taken place to make plans more outcome focused they were not comprehensive documents and various documents were being used which were not referred to in the care plan. This made the care very difficult to evidence and track. The risk of missing crucial care was increased. The risk was mitigated to some extent by familiar staff who knew residents well but improvements needed to be made to make sure all risks were identified, clear plans were in place and consistent care was evaluated and documented. We have repeated the area for improvement. **See area for improvement 1.**

Areas for improvement

1. To support people's wellbeing, the provider should ensure that residents benefit from dynamic care planning which clearly sets out people's needs, preferences and wishes and consistently informs all aspects of their care. Care plans should be regularly reviewed, evaluated and updated including any care instructed by relevant professionals. People should be fully involved in care planning and reviews including decisions about their current and future care and any wishes they have in relation to anticipatory care planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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)
'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) 'My care and support meets my needs and is right for me' (HSCS 1.19)

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas needed to improve.

People benefitted from familiar staff who knew peoples preferences, choices and how they liked to be cared for. This gave residents and families confidence in the care. The warmth and values of the staff made sure that people were cared for with kindness and not rushed.

The service had some key vacancies in the kitchen, and for housekeeping and care staff. This meant care staff had to be flexible and provide support with the evening meal each night and cleaning. This affected the availability of care staff at a key time for residents. Staff had good working relationships and all helped to prevent residents being obviously affected by the vacant roles and call bells were being answered in good time. However, we concluded that although manageable for short periods of unavoidable absence, more staff needed to be recruited to fill the vacant posts. This will help staff to make improvements in deep cleaning, cleaning of the laundry room, auditing, care plan improvements, and free up more time to spend directly with residents. The number of staff working in the home meant that at times it was difficult to

observe residents who could not call for assistance. It would also be difficult to make contingency arrangements in the event that a number of staff were absent at the same time. The manager was also needed to deliver direct care and this had the potential to affect the development of the service as well as affect contingency arrangements. See requirement 1.

In response to an area for improvement made at the last inspection, the management team had made a good start in using available staffing tools and other data to calculate the staff that the residents needed to care for them and run the home. This should be built on and expanded to show that the care service has the right people, in the right place, with the right skills at the right time. See area for improvement 1.

Requirements

1. By the 31 January 2024, the provider must support the service to employ sufficient staff, in sufficient numbers and with sufficient skills to meet the direct and indirect care needs of residents, cleaning of the home and operation of the kitchen.

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

Areas for improvement

1. The provider and manager should develop a method of calculating staffing needs which considers both direct and indirect care needs and other duties of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 'My needs are met by the right number of people' (HSCS 3.15)

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

To support people's wellbeing, the provider should ensure that residents benefit from dynamic care planning which clearly sets out people's needs, preferences and wishes and consistently informs all aspects of their care. Care plans should be regularly reviewed, evaluated and updated including any care instructed by relevant professionals. People should be fully involved in care planning and reviews including decisions about their current and future care and any wishes they have in relation to anticipatory care planning.

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This area for improvement was made on 27 June 2022.

Action taken since then

Some work had taken place to improve the outcome focus of care plans. However Storri-care, the electronic care planning system did not contain a comprehensive and detailed record of personal details, risk assessments, care plans, evaluations and reviews. More time was given to complete this work as progress had been hampered by staff recruitment difficulties. **See 2.2 Quality assurance and improvement is led well.**

Previous area for improvement 2

The provider and manager should use the environmental audit to set out a planned programme of redecoration and, where necessary, refurbishment of the home with timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 'I experience an environment that is well looked after with clean, tidy and well maintained premisis, furnishings and equipment

This area for improvement was made on 27 June 2022.

Action taken since then

An environmental improvement plan had been drawn up after a full audit of the environment had been completed. Some works identified had been completed and a rolling programme of environmental improvements was planned. This area for improvement has been met.

Previous area for improvement 3

The provider and manager should develop a method of calculating staffing needs which considers both direct and indirect care needs and other duties of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 'My needs are met by the right number of people' (HSCS 3.15)

This area for improvement was made on 27 June 2022.

Action taken since then

This area for improvement has been partially met by starting to use a staffing tool to help calculate direct care. It is repeated to allow for further expansion of all direct and indirect care needs assessment as well as the other factors which affect staffing in the home.

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	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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