

Merino Court Nursing Home Care Home Service

134 Drumfrochar Road
Greenock
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Telephone: 01475 731 122

Type of inspection:
Unannounced

Completed on:
2 October 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300753

About the service

Merino Court Nursing Home was purpose-built, to provide nursing care and support for 60 older people. The provider is HC-One Limited.

The service is in a residential area of Greenock near local amenities including shops, bus routes and train links. The home is set over two floors with maintained gardens and an outdoor seating area on the ground floor for residents' use.

The ground floor accommodation caters for older people, whilst the first floor is dedicated to people living with dementia.

Merino Court offers single rooms with ensuite sink and toilet facilities. Each floor has communal lounges, dining rooms, and adapted bathrooms and shower facilities.

At the time of the inspection, there were 56 people living in the home.

About the inspection

This was an unannounced inspection which took place on 29 and 30 September 2025, between the hours of 09:00 and 18:00 and 1 October 2025 between the hours of 12:00 and 20:30. The inspection was carried out by three 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 14 people using the service and nine of their family members
- Spoke with 11 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

Staff knew people well and provided compassionate and responsive care.

People's medication was managed effectively with appropriate oversight from the leadership team.

Staff and leaders communicated well, but improvements were needed in how people's changing needs were recorded and followed up.

Staff worked hard to meet people's health and wellbeing needs, but improvements were needed to ensure staff were deployed effectively.

People had opportunities to participate in activities and events that were meaningful to them and which provided enjoyment and stimulation.

The service was clean, and staff understood their responsibility to manage infection prevention and control.

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 staff team?	4 - Good
How good is our setting?	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

We evaluated this key question as good. Several important strengths contributed to positive outcomes and experiences for people.

Everyone using the service had a personal plan which reflected their current needs and outcomes. Clinical assessments had been used well to help staff understand people's health needs. The service used recognised assessment tools which aligned with current best practice guidance. Falls, accidents and incidents, skin integrity and nutritional needs were robustly recorded and there was oversight of these assessments by the manager, nursing staff and the senior leadership team. Meetings, including handover between shifts and a daily 'flash' meeting were well led and provided opportunities to discuss and analyse changes in people's health and wellbeing. This meant that people's changing needs could be identified and addressed quickly to promote their wellbeing.

The service had a monthly 'organisational learning' meeting which was led by the manager and attended by senior staff from all departments. This supported the team to analyse the outcomes of a range of audits to identify areas where improvements were required, assign tasks and monitor progress. We asked the manager to ensure that follow up goals and tasks are clearly defined to ensure that learning and improvement is focused and meaningful. Medication processes were well managed and staff responsible for administering medication had the appropriate training and skills to do so safely. The service used an electronic recording system to monitor medication administration. This was used by leaders to track medication changes, errors, or missed medications and enabled action to be taken timeously if any issues were identified. This meant that people had the right support to manage their medication safely.

Nurses, nursing assistants and senior carers were knowledgeable about people's needs and communicated well with the care team to share key information. Senior staff were confident about processes for escalation when people were acutely unwell. The service used recognised assessment tools to assess deterioration in people's physical health. This helped to ensure accurate communication with external health professionals. Where people's needs were changing over time, for example, changes in their presentation related to dementia, it was difficult to track how these changes were being assessed and monitored by the service. It is important that services are alert to changes in people's presentation which can indicate the need for review of their treatment or support. While senior staff were knowledgeable about changes in people's health, this was not always accurately recorded in their personal plans. Good quality recording can support the service to provide accurate information to external professionals. This can help to ensure people get the right treatment at the right time. See Area for improvement 1.

People had access to a range of food, snacks and drinks that were suitable for their needs. Food was plentiful and generally well presented. Dining areas were attractive and set up with tablecloths, cutlery and condiments to enhance people's dining experience. All staff had undertaken training to understand swallowing and choking risks. Kitchen staff were knowledgeable about people's nutritional needs and changes were recorded and notified to the kitchen. Where people required food with an altered texture, these meals were nicely presented and looked appetising. Some people required support with eating and drinking and this was provided sensitively. The service used a menu provided by the provider organisation, but this could be altered to suit the tastes of residents. We asked the manager to ensure that, when 'off menu' options are provided, the meal is still nutritionally balanced and looks appetising. The mealtime experience was generally well organised and calm.

On the upper floor, people had more complex support needs which made the mealtimes very busy for staff who were required to support some people to eat in their own rooms. On the lower floor, most residents attended the dining room which made the room very busy at times. The manager had been undertaking regular mealtime experience audits and had already started to make some changes, to ensure everyone could experience a calm and relaxed mealtime atmosphere. We asked the manager to involve staff, residents and visitors in auditing and feeding back about mealtimes, to ensure their views are heard and to ensure the mealtime is as pleasant as possible for people.

Areas for improvement

1. To ensure people's changing needs are identified and addressed timeously, the provider should ensure changes in health or presentation are accurately recorded and tracked in their personal plans. Advice and guidance from external professionals should be sought at an early stage and accurately recorded and followed up. Staff should have clear guidance about what should be monitored, to ensure relevant evidence is recorded to support good quality assessment by health professionals.

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)

How good is our staff team?

4 - Good

We evaluated this key question as good. Several strengths positively impacted people's experiences and outcomes.

Staffing arrangements were based on assessment of people's needs and their level of dependency. This was regularly reviewed by the manager of the service. Staffing levels reflected people's assessed needs and there was extra capacity available to allow for staff training and administrative work. Nursing hours were included in direct care hours. This meant that there were times where staffing numbers were reduced due to nurses being required to focus on clinical tasks. We asked the provider to continue to monitor this to ensure there are always sufficient staff available, and nurses have sufficient time to attend to clinical work. The service had a relatively stable staff team, but some agency staff were being used to cover sickness and annual leave at times. This had an impact, as more experienced carers needed to support and guide agency staff who did not know people well. We asked the manager to ensure staff feedback contributes to dependency assessments, to ensure they fully reflect the complexity of caring for people with changing health and wellbeing needs.

Staff were flexible and able to adapt to meet changing needs and the demands of the service, but deployment was not always effective. Nursing assistants or senior carers were responsible for leading shifts and ensuring staff were deployed effectively. Staff worked hard to complete their assigned tasks and ensured that people's personal care needs were addressed, but, at times, we saw that staff did not identify people's needs 'in the moment'. This included identifying continence needs, ensuring people had regular interactions with staff, and ensuring that the staff supervising communal areas had the right skills and confidence to support people with a range of needs and expectations. It is important that there is good oversight of staff deployment by senior staff, to ensure that carers are directed to where they are needed most. Senior staff and nursing assistants should also be encouraged to feed into assessments of staffing needs, to ensure staffing levels accurately reflect the needs of residents. See area for improvement 1.

Staff were generally positive about working at the service and we observed lots of examples of good teamwork.

Staff recognised that people had complex needs and knew people well. Interactions between staff and residents were kind and compassionate. We observed staff spending time with people during quieter periods such as after lunch and in the early evening, but other times tended to be very busy. Wellbeing staff provided valuable input on a one to one and group basis and were proactive in supporting the carers when they were available. This meant that people were able to enjoy positive interactions while the care staff were attending to other people's personal care needs. We received some feedback that senior staff did not always address issues around workload and efficiency. This can cause discontent in staff teams so it is important that any issues relating to practice are addressed and monitored. While the service offered regular team meetings, we noted that many staff did not attend these meetings. We asked the provider to consider how to increase attendance at team meetings as this provides a valuable opportunity for staff, to share their views as a group. Staff had access to regular supervision and 'growth conversations' which enabled them to discuss their learning and development needs with their line manager. These were planned so that time could be set aside for meaningful conversations. This assured us that the service was providing opportunities for staff to share their views and develop their practice to support people well.

Areas for improvement

1. To ensure people's needs are met timeously, the provider should ensure that the staff leading shifts have adequate oversight of people's needs and how staff are deployed. Staff should be given sufficient guidance and direction to ensure they are deployed effectively and able to respond to changes and unexpected events.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18).

How good is our setting?

4 - Good

We evaluated this key question as good, as the environment contributed to good experiences for people.

The service is modern and designed to meet the needs of people with a range of support needs. The manager had used the tool 'Is your care home dementia friendly?' (Kings Fund 2014) to identify areas where the environment could be more dementia friendly. An action plan had been developed from this assessment and several improvements to the environment had been made. Planned environmental improvements were also included in the overall service improvement plan (SIP), and we saw that upgrades to communal areas had been made since the last inspection. This included re-decoration of communal areas and new carpets and flooring. Further environmental improvements were planned, and residents and their loved ones had been consulted on their preferences. The home has a range of spaces available which are adaptable for different purposes. We saw rooms such as lounges and dining areas being used for a range of different purposes such as group activities, quiet time for residents, newspaper reading, sensory and music activities and family visiting. Wellbeing staff were skilled at planning a range of interactions with people and using the spaces available creatively to facilitate this.

People's rooms were generally nicely personalised, some being very comfortable and homely and clearly reflecting people's personalities and preferences. Some rooms appeared sparser in décor and comfort.

We discussed this with staff who informed us that families were generally asked to make decisions around room décor. We asked the provider to consider how families could be supported to personalise people's rooms to their own tastes. This is to ensure that people's spaces are as homely and comfortable as possible. Where people do not have family involved, we asked the provider to ensure their rooms are personalised to a similar standard. People's preferences around this should be clearly recorded in their personal plans to ensure their views are heard and acted on.

The service was clean, and domestic staff were aware of their responsibility to reduce the risk of spread of infection. Cleaning and laundry processes were clear and followed a schedule which aligned with current best practice guidance. Maintenance checks were being completed in line with organisational expectations, and the correct certification was in place for equipment such as lifts, hoists and assisted bathing. A fire safety assessment was in place for the service and all improvement actions identified in the assessment had been completed. Staff attended fire drills and all people had up to date personal evacuation plans (PEEPS) in place. This assured us that systems were in place to protect people from risk of fire. The building was very warm at times. We saw that this had an impact on staff, particularly during busy periods, but people using the service did not appear to be affected. People had access to fluids and staff were proactive in encouraging fluid intake which can be an issue in warm environments. We asked the provider to monitor the temperature of the building and seek feedback from staff, people and families to ensure the temperature remains comfortable.

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

Leaders should audit the quality of the environment and identify priority areas for improvement. People using the service and their representatives should be consulted about improvements, to ensure their views are heard. An environmental improvement plan should be developed which identifies timescales for improvements using SMART principles (Specific, Measurable, Achievable, Realistic, Time-bound). Improvements should include, but not be limited to; carpeting and floor coverings, general décor and furnishings, linens, cutlery and crockery, ensuite facilities, shared toilets, stairwells and corridors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 2 May 2024.

Action taken since then

The manager of the service had completed a Kings Fund audit and was also undertaking regular environmental audits. Corridors and communal areas had been re-painted and there was new flooring in several areas of the service. Environmental improvements had been identified and were included in the service improvement plan (SIP). Linens, cutlery and crockery were in good order.

This area for improvement has been met.

Previous area for improvement 2

Where people are receiving support from external health and social care professionals, their personal plans should be updated to reflect this input. Personal plans should set out professional advice, review and monitoring timescales, changes and progress towards goals.

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)

This area for improvement was made on 2 May 2024.

Action taken since then

We heard about input from external health professionals and saw evidence of guidance being provided relating to people's health and wellbeing needs. This guidance had not always been incorporated into people's personal plans so it was difficult, in some cases, to understand how this had been implemented.

This meant it was difficult for the service to track whether professional advice was having a positive impact on people's wellbeing. We asked the service to continue to develop processes to ensure professional advice is clearly recorded and followed.

This area for improvement has not been met.

Previous area for improvement 3

Personal plans should be updated following six monthly reviews. This should include updated information from people, their representatives, or relevant professionals, as well as clear information about actions to be followed-up and timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 2 May 2024.

Action taken since then

Reviews of personal plans were taking place every six months. Personal plans were up to date and contained relevant information about people's current needs and circumstances. A tracker was in place to ensure reviews were undertaken in line with legislative requirements.

This area for improvement has been met.

Previous area for improvement 4

Activities should be evaluated to ensure that they are meaningful and meet people's preferences, expectations and aspirations. Evaluation should include input from people, their family or representatives as well as observations. People's preferences should be clearly recorded in their wellbeing plans which should be reviewed and updated following evaluation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 2 May 2024.

Action taken since then

Wellbeing plans we sampled were generally well completed and contained details about people's needs, preferences and outcomes. Wellbeing staff were using the new electronic recording system to update details of people's involvement in activities. This included photographs of people participating in activities and events. This provided meaningful and impactful evidence of people's participation and enjoyment. We asked the manager to continue working with the wellbeing team, to ensure people's experiences are meaningfully recorded and their views are known.

This area for improvement has 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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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