

Marian House Care Home Service

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The Grange
Edinburgh
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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Viewpoint Housing Association Ltd

Service provider number:

SP2003002464

Service no:

CS2006136953

About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Marian House experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

This is the first inspection of the service using the framework and standards.

Marian House is a care home for 35 older people and was registered with the Care Inspectorate in April 2011. The provider of the service is Viewpoint Housing Association Ltd. who also have other care homes and support services across Scotland. Nurses and carers support and care for people living in Marian House. The home is situated in the Grange area of Edinburgh, close to bus services and local amenities in nearby Marchmont. There is a small car park at the front of the home.

Accommodation is provided over two floors with stairs and lift to the first floor. Each floor has a sitting room and dining room with a small kitchen area. All bedrooms are single with en-suite facilities and there are bathrooms and toilets on each floor. Some ground floor rooms have large windows, all with a view to the front or rear gardens. The home has upgraded the first floor bathroom and heating system and was undergoing a kitchen upgrade at the time of the inspection. A new quiet call system was also planned, replacing the call bell system currently used. Catering and laundry services are shared with the adjoining St. Raphael's Care Home.

There is a Craft Café available to people in the home. This is a facility run in partnership with Impact Arts and provides a place where people can express their creativity and socialise. More information can be found at: <https://www.impactarts.co.uk/content/our-work-older-edinburgh/>

The service aims and objectives are reflected in all Viewpoint care home's vision:

"To have joy in later years, to inspire with positive smiles and words, say yes I can and I will, celebrate age, experience and wisdom.....work hard, have fun and laugh".

More information about the service can be found at:

<http://www.careinspectorate.com/index.php/care-services?detail=CS2006136953&q=Marian> House

What people told us

We took account of 31 peoples' views that lived in the home, 6 relatives/friends and 21 staff working in the home. This included views expressed in returned questionnaires.

To make sure we involved as many people as possible we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During the SOFI observation we saw staff enabling people to enjoy a meal, supporting them to be more independent.

People experiencing care commented on a range of things. Overall they felt staff were kind and courteous and the facilities in the home were very good. Comments included:

"This place is well run, from the Manager to the youngest carer"

"I am well looked after and don't really know what would or could improve my experience"
 "I have never been so well looked after"
 "The staff are very lovely people, but the food could be better"
 "We are well looked after, but they (the staff) are very busy you know, sometimes you just have to wait your turn"
 "I've got a fancy bed and have brought lots of things from my own home in"
 "My relative is very happy in the home and obviously feels secure" (relative)
 "Absolutely lovely girls...and they manage to keep their staff which says a lot" (relative)

Other comments are highlighted in the report along with consideration of views from staff that we spoke to.

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?	5 - Very Good
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

This is the first time this key question has been inspected in the service. We evaluated how well people's wellbeing was supported and concluded that there were a number of important strengths with some areas for development.

People experienced very good care, that was compassionate. People told us about the kindness of staff, their patient and caring approach. In response to the question about being well looked after a group of seven people spontaneously responded by saying "Yes we are!"

Relatives described the staff, for example;

"There are some absolutely lovely girls in here - as you can see" (pointing to a passing staff member who had been interacting with their relative).

Staff knew about the principles in the Health and Social Care standards which were reflected in their practice

and the services aims and objectives. The principles of dignity and respect, compassion and responsive care were demonstrated. People with dementia who could not tell us about their experience were supported well. For example, one lady raised her head and beamed as a nurse entered her room, clearly reassured and happy to see the nurse. Some people, while praising the majority of staff did feel there were some who could be more caring. For example; "I see her coming and think oh no.....it's 'come on' and 'get up', I feel rushed".

People didn't want to get staff into trouble by raising this, one felt more nurse presence might help because more supervision could occur. Some also felt more private access to the manager would allow them to have a quiet word.

The staff were very good at supporting people to get the most out of life. People felt listened to and able to express ideas, especially about the garden which was an important aspect of the home for lots of people. The plan for folding doors into the garden will help with freer access for everyone. The craft café was also praised by many, some people also appreciated the support and encouragement from staff to attend the café.

The developments around people getting the most out of life relate to support for people to access more one to one support to go out. This support may be over and above that provided by the service, but exploring how to make regular supported outings happen for people was something we discussed with staff. Some people talked about going out for coffee, meeting a friend, or just a regular walk. Being helped to access additional support for this would enhance people's overall experience.

Staff were good at promoting people's health. Nurses undertook comprehensive health assessments, screening and worked with external agencies to promote health. People were confident in staff skills: ".....they see me becoming unwell before I know I'm unwell".

Medication was administered by staff and people had no concerns about the medication system, though we discussed assessing people's ability to self-medicate if they wished to. There was a range of specialist equipment which was well maintained.

People felt that there had been improvements in the meals and this was a topic at a recent residents' meeting. There was still some developments possible, comments included: "The food is OK, could be better" - "Food could be better" - "The soup is always lovely, but the main course can be stodgy or repeated too often" - "I'd like the new cook to be more visible and accessible, vegetables and greens have improved on some days, not all boiled to nothing".

People receiving softer diets, including pureed, would benefit from improved presentation, knowing what their food was and choice on the day in case they don't like it: ".....it all looks the same and I don't know what it is. I can't remember what I ordered. Some tastes nice, some doesn't, but because I don't know what it is I cannot re-order the nice food".

Some people felt it would be good to have the ability to make a cup of tea and have snack making facilities accessible, particularly in their own room. For example, one resident told us; "What I really miss is my garden and having my kitchen. What I really want is the ability to make a cup of tea for my visitors and offer them a biscuit, be in control of that".

Taking forward menu/food developments was impacted by the kitchen refurbishment (occurring at the time of the inspection). The manager also felt they had limited influence over the kitchen and menu planning because it was shared with the larger adjoining care home.

(See area for improvement one).

Areas for improvement

1. To make sure people have even more choice and control around food and drink the following areas should be considered:

1. Working with senior management to make sure the manager has more influence on menu planning; so that the suggestions from people can be used to improve choice.
2. Making available kettles and snack making facilities, in people's rooms where appropriate and following risk enablement processes.
3. Improving presentation of soft/pureed diets, including choice on the day and a reminder menu of what the food is.

The Health and Social Care Standard's state:

I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. **HSCS 1.33**

If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible. **HSCS 1.38**

How good is our leadership?

5 - Very Good

This is the first time this key question has been inspected in the service. We evaluated that there were major strengths with few areas for development related to leadership in the home.

The aims and objectives of the home were displayed at the entrance and we saw and heard examples of the influences they had.

"...the manager sets very high standards for her staff, 'leads by example' and with imagination" (relative)

"What is undeniable are the magnificent managerial skills of the manager especially in keeping her staff with their different backgrounds so caring and effective". (relative)

Staff were well supported and spoke fondly about their work. There was a welcoming atmosphere, described as warm with descriptions of staff as "friendly, polite, respectful and supportive of each other". This was because staff were happy and content in their work;

"I have worked ...seven years in Marian House and I really enjoy it...we work well as a team. All in all a great place to work". (staff member)

From the care and attention given to making the home clean, to the fondness for the people they cared for it was evident that the vision and values of the home were part of staff practice.

People spoke about the residents' meetings and being able to raise ideas and suggestions which for the most part were taken forward. "This is a well run establishment, good management".

As suggested in the services aims, staff inspired people with positive smiles and words and people enjoyed fun and laughter. For example, at the dining table we heard a resident saying;

"...a drink? oh I'd like a 'G and T'" followed by the staff saying,"that can be arranged" and much laughter from everyone at the table.

People also felt very well supported by staff;

"I'm happy that the staff encourage and support me to do things that are important to me, like painting".

The main areas for development relate to making sure the manager and people have more choice and control around food and drink. Fostering a stronger culture of positive risk taking will inspire people to be as independent as possible. These developments are covered in the areas to improve in the other key questions.

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

This is the first time this key question has been inspected in the service. We evaluated that there were a number of important strengths with some areas for development related to assessment and care planning.

Nurses undertook comprehensive assessments of people's health needs before and after moving into the home, for example, nutrition, mobility and falls risk assessments. The assessments informed the development of the care plan.

Relatives felt informed about care and involved in assessments and planning,

"If there are any changes in her care I am immediately called by phone"

".....the staff got external professionals involved; we all sat down and explored the best way to support my relative".

We asked people about their care plan, many were unsure of it.

"I'm not sure what the care plan is.....maybe I should take more interest in it to make sure what's important to me features in it".

We asked people what would be important to them, what they said wasn't always reflected in the plan. The plans considered people's care needs and risk reduction; people's wishes were sometimes lost. For example, people had mats on the floor that alarmed if walked on. Some people felt reassured by these while other people described the mats as intrusive, one person felt it infringed on their privacy, another wished it wasn't there as they felt it increased their risk of falls because: "I have to navigate my way around the thing".

The staff were receptive to reviewing this and explained they had already changed one person's for a more discreet system.

The care plans were being transferred onto an electronic system. The system offered a truly dynamic approach to care planning and we discussed its potential with the staff. A number of modifications were underway as staff became more familiar with it and area for improvement one highlights some things to consider as the system is established.

The meaningful and measurable work available at the personal outcomes collaboration could help with the development of the plans, see <https://personaloutcomescollaboration.org/>. The staff were committed to involving the person and those important to them in developing the care plans which will help to make sure they reflect needs, risk enablement and wishes for people.

Areas for improvement

1. To make sure people's planned care reflects things that are important to them they should be involved and central to planning care and support. The person should feel like they own the plan and decide who else can access it. This might include making access via a personal computer/tablet possible as well as paper copies. The plans should focus on needs and wishes and be concise and easy to read. The plans should include, but not be limited to supporting people to:

- A) maintain hobbies or develop new ones which may involve positive risk taking;
- B) be as independent as possible which will involve risk enablement; and
- C) highlight what is important to them and understand care processes that staff feel must be included in their plan.

The Health and Social Care Standards states:

I am supported to participate fully as a citizen in my local community in the way that I want. **HSCS 1.10**

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. **HSCS 1.12**

My future care and support needs are anticipated as part of my assessment. **HSCS 1.14**

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**

I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. **HSCS 3.22**

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	5 - Very Good

1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.1 Vision and values positively inform practice	5 - Very 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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