

Marian House Care Home Service

7 Oswald Road
The Grange
Edinburgh
EH9 2HE

Telephone: 0131 668 4743

Type of inspection:

Unannounced

Completed on:

3 December 2019

Service provided by:

Viewpoint Housing Association Ltd

Service provider number:

SP2003002464

Service no:

CS2006136953

About the service

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.

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 and an attractive enclosed garden to the rear that is accessible from the ground floor lounge.

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 bathrooms. A new quiet call system has also been installed, replacing the loud call bell

system that was previously used. This has resulted in a reduction to the noise level within the home. 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".

What people told us

During the inspection the service was providing care and support to 33 people. We spoke with 19 people and three relatives. We received responses to questionnaires from eight people experiencing care, and eight relatives. We also spoke to twelve staff and one visiting health professional.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection (SOFI). This observes the quality of staff interactions with people and helps us to evaluate the experiences of people who cannot always tell us what it is like to live in the care home.

People living in the home commented on a range of things and overall they told us that they were very happy with the care and support with all speaking very highly of the staff. Comments from people experiencing care included:

'Everybody is so good and kind to me I'm so lucky, it's a very happy home'.

'The staff are lovely, very kind, - anything, you just ask for it'.

'It's very nice, I'm enjoying the place very much and the company - so far so good! (laughing)

'They look after you as if you were their own mother'.

Relatives appreciated the kindness and respect shown to their relative and also spoke highly of the manager.

Some of the comments from relatives:

"The management's ability to recruit, train and retain is phenomenal and maintains a staff with mutual respect as well as the skill, kindness and compassion to deliver an exceptional level of care"

'All the staff are very caring towards my relative and I witness them caring for other residents in the same way'.

'The staff are very friendly and always have an encouraging word about my Mum.... the staff could not do more to look after my Mum. I am very pleased with how well she is treated'.

'Staff are supportive of each other, with good communication skills which makes for great teamwork. They are also great fun!'

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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated how well people's wellbeing was supported and concluded that people were experiencing very good care from a stable, caring and motivated staff team. All staff (whatever their role) without exception spoke to people sensitively with kindness and respect. There was a relaxed, warm and welcoming atmosphere with one relative commenting:

"I can't fault it; I actually enjoy coming here believe it or not. Everybody makes you feel so welcome and it's such a nice atmosphere ... I could sit here all day singing the praises of this place'.

Residents spoke highly of the staffs' kindness and attentiveness towards them with the following comments typical of the many we heard during our conversations with people.

'They kill you with kindness in here - I think all the staff are marvellous'.

'I'm lost in admiration; the staff are just so good - I don't have the proper words ... the carers are so patient'.

Staff knew individual strengths and preferences well, enabling people to maintain their abilities and independence. They were attentive and alert to when people were becoming upset or unwell, providing comfort and support sensitively. People who liked to potter about during the day were observed by staff discretely, but when needed, staff offered support and gentle guidance to sit down and have a drink.

'They (staff) are attentive without being overbearing and my mother is able to retain her independence whilst they quietly watch from a distance' (relative).

Feedback and observations showed that care promoted independence, choice and residents were supported to uphold their rights to vote in the forthcoming election. Restrictions were kept to a minimum, with residents able to move freely inside the home and the enclosed garden. Support and care was tailored to individual abilities and wishes. An example of this was that the secure front door with a coded keypad ensured the safety and wellbeing of some residents who were at risk. However, for those residents who were able, they had the code to the front door and could come and go as they pleased.

The service offered residents a range of activities that were well planned and carried out. For example, a visit from a local nursery to make Christmas decorations, although it was a lively event, everyone in the small group was well supported with many lovely interactions. The staff also worked hard to support people to get the most out of life, arranging to take people out for a local walk to the shop or ensuring they attended their usual activities in the community. The craft café was also appreciated by some of the residents, spending time there in the relaxed surroundings. For those residents who were not able or preferred not to visit the craft café, staff ensured that they didn't miss out providing creative opportunities within the home.

Although it was winter the garden was greatly valued and many of residents told us they were able to spend time there when the weather was better, helping to promote physical activity and access to sunlight and fresh air:

'Beautiful garden, always encouraged to visit it and spend time there'.

'The garden - it really sells the place'.

Following our feedback from the previous inspection the food and menu planning had improved. The manager had worked with the new chef and Viewpoint management team to ensure that residents were more involved and were able to give their feedback and suggestions. People told us they enjoyed the food with such comments as: "The food is always very nice" and "I wanted to put in a good word about the food as I think it is fine - everything, the meat is good quality".

The presentation of the pureed and textured diets had also improved with one relative commenting "she needs things pureed but what I like is that it's presented well - it looks like a dinner". The manager felt that although there had been improvement in the presentation, it was work in progress and there was room for more improvement to be made.

We observed that mealtimes were well managed and people who needed help to eat and enjoy their meal were encouraged to use their abilities, maintaining their independence. Residents supported by staff were able to

make choices from the menus displayed on the tables. We suggested that by introducing chef plated 'show plates' everyone could choose what they wanted. It would also help guide the staff as to how to serve the food in an attractive and appetising way.

Medication was well managed, and this was supported by effective audits and quality assurance. Staff monitored resident's health closely and where necessary facilitated access to external health professionals. A visiting GP gave good feedback, commenting very positively about the strong leadership qualities of the manager.

There was an ethos of continuous improvement within the home as demonstrated by the manager enabling and supporting the staff team to take forward the areas for improvement made at the previous inspection.

How good is our leadership?

This key question was not assessed.

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?

5 - Very Good

The service had worked hard since the last inspection to establish and get used to the new electronic care planning system that had replaced the handwritten care plans. We evaluated that progress had been made in a number of areas.

The sampled plans were detailed, relevant and on the whole informed all aspects of people's care; their needs as well as their wishes and preferences. Staff knew residents very well and what they told us and how we observed them supporting people was reflected in people's plans.

Plans were reviewed regularly to ensure that people's changing needs and wishes were met. Staff had worked hard to take more account of people's wishes, adopting more of a risk enablement approach that allowed people more freedom and influence over their daily lives. Residents didn't have to fit into a routine as their choices and wishes were accommodated. One relative commented "staff work around mum and not the other way around".

At the previous inspection we identified that the new electronic system offered a dynamic approach to care planning. The manager and staff had started to take this forward by encouraging family members to be more involved in the plan and the daily lives of their loved one. A trial was underway to enable close family members to have access to their relative's care plan through the 'Relatives Gateway' (with the consent of the resident). This enabled family to see what had been happening during their relative's day and how they were. Family could

also see photographs of what residents had been doing in between their visits; for example, if they had been on a visit to a place of interest.

The electronic system also enabled residents to be involved in their plan as they were able to see their plan on the small handheld electronic devices that the staff used on a regular basis.

The electronic care planning system had a number of care need categories, such as nutrition, communication, skin care, personal care and mobility. We discussed the potential for staff to fit the person into the system by creating a plan for a set need category even when a person may not have a need, or it may not be relevant.

Care plans did not fully reflect the support people were given to improve their lives and wellbeing. Some residents spoke to us about their recent experiences and what was important to them. We discussed with the service that through exploring these issues with the resident further short-term goals could be planned for. For example, helping someone who has had a fall to regain their confidence and ability to go out on their own, if this is what is important to them.

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 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

This area for improvement was made on 22 May 2019.

Action taken since then

As detailed in this report progress has been made, therefore this area for improvement is not repeated.

Previous area for improvement 2

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

This area for improvement was made on 22 May 2019.

Action taken since then

As detailed in this report progress has been made, therefore this area for improvement is not 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	6 - Excellent
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	5 - Very Good

5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good
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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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