

Main's House Care Home Service

Main Street
Newtonmore
PH20 1DF

Telephone: 01540 673888

Type of inspection: Unannounced
Inspection completed on: 20 July 2017

Service provided by:
Main's House Ltd

Service provider number:
SP2005007335

Care service number:
CS2005089940

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Main's House is located within a large, three storey Victorian building, situated at the southern end of the village of Newtonmore within easy reach of local shops and facilities.

The service is registered to provide a care service to a maximum of 31 older people. Bedrooms, which are located on all three floors, are bright and spacious. There are rooms that can accommodate people who wish to share, if this is required. All bedrooms have en-suite facilities and there are assisted bathing facilities on all floors.

There are garden areas around the home with seating for people to use.

The service aims to provide care, which enables service users to live in a safe and comfortable environment and to ensure that needs and values are respected in a flexible and non discriminatory way, whilst respecting each service user's right to independence, privacy, choice, fulfilment and the right to make informed choices and to take risks.

There were 29 residents in the service at the time of the inspection.

What people told us

As part of this inspection we were accompanied by an inspection volunteer. They spoke with people who live in the service and their relatives. They also observed a mealtime experience and looked at what activities were on offer that day.

Overall the feedback was positive and people were happy living in the service. They all said that the staff were good and one said that "nothing was too much for them" another felt that they "had a good rapport with staff". All said that the meals that were on offer were good and that there was "plenty of choice". People were aware of what activities were on offer, however, some did not take part and this was a personal choice.

The inspection volunteer said that the lunch that they took part in was pleasant. People were offered appropriate support and choices were promoted. There were some lovely examples of staff promoting conversations with people so that the mealtime was a positive, social experience.

Activities took place over the two days of the inspection and we could see that people were offered to sit outside. Some people were able to access outdoors independently. There was a mixed reaction of those people who spoke to the volunteer about activities. Some felt that they were good and others felt there was "nothing to do". Some people were quite happy to be by themselves as they did not want to join in. One person spoke of their interest in sports and we discussed with the provider and manager how this could be promoted.

Individual comments from both the people who live in the service and their relatives included:

- "Nothing is too much for staff and they are helping me with my mobility"

- "This is a pleasant place to be"
- "The food is basic but well presented"
- "The quality of the nurses is good"
- "Staff couldn't be any nicer, we always get a choice for meals"
- "Things are a lot better than they used to be at the last inspection. The kitchen staff are excellent and they will make anything for my husband. I feel that the training offered to staff in relation to dementia is lacking"
- "They all do their best and do it well too"
- "I rate Main's House highly for my relative."

The inspectors also spoke with some relatives. One felt that the care was "second to none" and that their mother was very well cared for and that staff always kept them informed of any changes to their mother's health. Two other people were not so happy. This centred around aspects of care, the environment and communication. We spoke with the provider and manager about their views, so that they could then work collaboratively, in order to continue to promote positive relationships. However, both of these people said that the staff were good and one felt that some staff were "exceptional" and that this related to an ancillary staff who they felt knew their relative well.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their action plan from the last inspection and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

Main's House Care Home provides good support to those people that live in and visit the service. The service benefitted from a staff team who worked hard towards improving the quality of life and experiences for the people who live there. People who used the service had improved opportunities to take part in activities and events that were arranged by the service. The programme was promoted so that people knew what was taking place. Some of the care plans in relation to social care had been developed and contained person centred information. However, it was hoped that the new activity organiser would further develop these to enable them

to support people with achieving their preferences and wishes.

People, where able, were involved in developing their care by staff who knew them well. We observed some caring conversations throughout the inspection. Staff were starting to record in a more person-centred way, which showed that staff understood what is important to people and takes account of residents' experiences and outcomes for their health, happiness and safety. However, this was varied and we would encourage those staff who are skilled in this to support others to take the same approach. Relatives were also asked for their contribution when looking to plan the support that was needed. We could see that staff supported people sensitively, which helped to uphold dignity for those who needed some assistance. They also encouraged people to use their existing skills to support independence. **(See recommendations 1 and 2)**

Overall we thought that the service worked well to meet the health and wellbeing needs of the people they supported. Staff worked closely with healthcare professionals to ensure that people's healthcare needs were addressed. There were good relationships with community nurses and the local GP's. Recently the service had worked with NHS Highland and as a result there were regular visits from a referral officer, the dates of which were promoted. This enabled people and their relatives to discuss and share their experiences.

Formal reviews of care and support were held and we could see that the outcomes from these were positive. Reviews were also held when there were issues raised. This meant that the service was flexible and showed how people could influence how the support was delivered.

The management of medications had improved and actions had been taken following the last inspection to ensure that this improvement continued. **(See recommendation 3)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider should ensure that the quality of information in relation to people's personal plans be improved. Each person's personal plan was to be developed using a person centred approach and be clear, specific and outcome focussed, clearly setting out how the person's needs are to be met. Once developed they were to be regularly reviewed to ensure that they were meeting needs.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements
Standard 6: Support arrangements
Standard 14: Keeping well - healthcare.

2. The provider should ensure that the quality of information in relation to people's mental health personal plans be improved. They were to have a person centred approach, which clearly showed they ways in staff were to support people in times of stress and distress. Once developed they were to be regularly reviewed to ensure that they were meeting needs.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements

Standard 6: Support arrangements
Standard 14: Keeping well - healthcare.

3. The provider should ensure that they further developed the use and content of protocols for the use of "as and when needed" medication. In addition both these and the care plans were to be clear, specific and outcome focussed, clearly setting out how the person's medication needs are to be met. Once developed they were to be regularly reviewed to ensure that they were meeting needs.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements
Standard 6: Support arrangements
Standard 14: Keeping well - healthcare
Standard 15: Keeping well - medication.

Grade: 4 - good

Quality of environment

Findings from the inspection

There was a "homely" feel to the service and people were encouraged to bring in items of furniture and objects to help personalise their bedrooms. There were nice outdoor spaces for people to use and some were able to access this independently. Flowers, shrubs and seating areas helped to make the garden areas pleasant and recently, some new fencing and paving had been carried out. **(See recommendation 1)**

During the inspection we found the home to be clean and free from odours. We spoke with the housekeeping staff. They had a very good understanding of the systems and processes that were used to maintain cleanliness. They had taken part in infection control training. In addition, they spoke of how they helped some people with cleaning their possessions such as horse brasses and we felt that this was a lovely way to provide a person centred approach. **(See recommendation 2)**

There had been a review of how accidents/incidents and falls were being monitored. There was clear evidence that the service were taking actions to prevent reoccurrences and care plans and risk assessments were being developed. The service accessed other healthcare professionals to assist with the care and support that was needed. All of this information was shared with staff so all were aware of who was at risk and what was being done to support them.

Health and safety meetings took place and overall there were good systems and processes used, to ensure that the environment was "fit" for purpose and that repairs and maintenance of equipment took place. Staff we spoke with were aware of these and how to report any repairs that needed to take place.

The service carried out assessments of people's overall care needs. but this was not used alongside the staffing rota. or the environment. as a way to assess that they were meeting people's needs. We did not have any concerns with the levels of staff that were currently in place at the times of the inspection. However, we directed the provider to our "Records registered services must keep", which can be found on our website www.careinspectorate.com and is under the variation guidance for professionals. As stated in this document this information should be made available to everyone using the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should ensure, in line with current good practice, they access and use the Kings Fund tool "Is your care home dementia friendly?" This would assist with the planned developments of the overall environment so that there was a continued positive impact on a person's emotional wellbeing and independence.

National Care Standards Care Homes for Older People
Standard 4: Your environment
Standard 5: Management and staffing arrangements
Standard 11: Expressing your views.

2. The provider should ensure, in line with current good practice, they access and use the NHS Highland infection control audit, as a way to assess that they were meeting the desired criteria and as a way to promote staff's understanding of good practice. If any areas were highlighted as needing attention there was to be clear written evidence of how these had been addressed.

National Care Standards Care Homes for Older People
Standard 4: Your environment
Standard 5: Management and staffing arrangements.

Grade: 4 - good

Quality of staffing

Findings from the inspection

The recruitment of new staff was appropriate and the provider was following best practice. This meant that people who used the service could be assured that staff were assessed as being 'fit' for the role that they had applied for. However, we felt that the service could develop a system to help them to ensure that all relevant paperwork had been received. There was evidence that staff were being supported to maintain their registration with the appropriate bodies such as the Scottish Social Services Council (SSSC) and the Nursing and Midwifery Council (NMC).

Care staff spoke positively about their induction process and how the allocation of a mentor had helped them with their roles and responsibilities. The manager told us that they carried out an appraisal with new staff at the end of their probationary period, to discuss their performance and plan for any training needs. **(See recommendation 1)**

Staff took part in training and the attendance at statutory training was good.

Some complimentary training had taken place and the manager used the staff meetings to put on "bite sized" sessions, to discuss things such as food and fluid charts, the care of skin and the admission process. Some

training had been planned for the future and one of these was to support further trainers in moving and handling. Some staff had completed a reflective account following the statutory training. We would encourage the provider and manager to promote this with staff as they would need to provide these for the revalidation of their registration with the SSSC. **(See recommendation 2)**

There had been some supervision of staff and some observations of staff practice. Systems and processes were in place in relation to staff appraisals and supervision but were yet to be fully implemented. Once fully used, these would assist the provider to ensure that there were continued, improved, outcomes for people using the service. **(See recommendation 3)**

Staff meetings had taken place, the content of which were about sharing information, promoting best practice and asking for views and opinions about the quality of the care and how this could be further improved. The manager had completed the "My Home Life" training. We felt that this could be revitalised and promoted with the staff group, to continue to raise awareness of the need for voice, choice and control for people who lived in the home.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider should ensure they put in place and implement an effective induction for senior care staff to provide them with clear direction and support. The effectiveness of induction was to be assessed at the end of the probationary period to identify any further training needs. If issues are identified as part of induction there was to be clear written evidence of how these are being addressed and reviewed.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements.

2. The provider should ensure they put in place and implement an effective programme of training for staff, to include (but not limited to) dementia awareness and implement a system for the evaluation of all training, to ensure that staff practice improves as a result of the training provided.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements.

3. The provider should ensure they put in place and implement an effective programme of supervision and appraisal to provide all staff with support, the opportunity to raise individual issues and as a means of monitoring staff awareness of working practices, effectiveness of induction and training and to identify any further training needs. If issues are identified as part of supervision and/or appraisals there was to be clear, written evidence of how these are being addressed and reviewed.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The service had provided us with an action plan as to how they were going to meet the recommendations that were made as a result of the last inspection. There was evidence that this plan was being reviewed and showed what work had been achieved so far. The action plan was discussed in management and staff meetings. We felt that there had been a concerted effort by the management and staff to address the recommendations that were made. We could see that some of the areas addressed had proved to have a positive outcome for people. For example, there were very few accidents and falls, this was because care plans and risk assessments were being reviewed and updated. The service had also informed people and their relatives of the outcome from the last inspection.

There were various systems and processes in place, which helped the provider and manager assess the overall quality of the service offered. These covered a range of areas from care to the environment to staffing and training. Some action plans showed that various methods of improving the service had been implemented. The overall quality of the provision of the service was discussed within the manager's meetings where plans for further improvements were made and recorded. **(See recommendation 1)**

There were various opportunities for people who used the service to influence their day to day living. Some of these had led to changes in the menus and the activities that were arranged. The service then asked people if they were happy with the changes once they had been implemented.

There was a complaints procedure in place and we could see that, when complaints or issues were brought to the attention of the provider and manager, there was evidence of working together to achieve positive outcomes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should ensure that they further develop and implement effective and measurable systems, by which they could assure themselves that they were assessing, reviewing and improving the overall provision of the service. Where action plans were developed the service was to ensure that these were regularly reviewed to show how improvements had been, or were being, fully addressed. Thereby, ensuring that there were continued and positive outcomes for people who use the service and their relatives.

National Care Standards Care Homes for Older People
Standard 5: Management and staffing arrangements.

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should ensure that care plans are further developed. These should contain personal and unique information across all healthcare needs such as, but not limited to grooming and hygiene, oral health, continence, mental health, wound care and medication. Care plans were to influence how they supported people in their day to day life and make a positive difference. Care plans were then to be effectively evaluated, reviewed and updated, to ensure that the information was a current reflection of people's needs.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements.

This recommendation was made on 13 February 2017.

Action taken on previous recommendation

Whilst we felt that some work had been done to ensure that the care plans were person centred and contained clear information about how to support people, this was not the case for all. Therefore, this recommendation remains in place.

Recommendation 2

The provider should ensure that care plans for nutrition and hydration are further developed. These were to contain person centred information about how to support people with their individual needs. Reference was to be made to the use of food and fluid charts, why they were being used, identify targets of fluids and what staff were to do to support those who did not reach their daily target. Care plans were then to be effectively evaluated, reviewed and updated, to ensure that the information was a current reflection of people's needs. In addition, the provider was to ensure that there were systems in place to ensure that food and fluid charts were being regularly completed.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements
Standard 13: Eating well.

This recommendation was made on 13 February 2017.

Action taken on previous recommendation

We could now see that these care plans contained information about people's preferences and needs and they indicated any special measure to take, if needed. For example, the charts used to support people with their food and fluid intake were mentioned within the care plans and were evaluated after a period of time, to assess how staff had been meeting these needs. The charts themselves were of a better standard and staff were indicating the targets of fluids needed and where people had been offered and taken/or declined drinks. Therefore, this recommendation has been met.

Recommendation 3

The provider should ensure that they make proper provision for the administration, dispensing, recording and storage of medication. This is specifically in relation to the use of protocols, covert medication pathways and ensuring that those staff responsible were made aware of and then followed best practice guidance. The provider was to then ensure that there were robust and effective monitoring systems in place to identify and then address any shortfalls.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements
Standard 15: Keeping well - medication

This recommendation was made on 13 February 2017.

Action taken on previous recommendation

The overall standard of the management of medications was of a better standard. The service had asked their local pharmacist to come and carry out a very comprehensive audit, the outcome of which was that there were no issues to address. It was the intention of the service to continue to carry out regular audits to maintain this good practice. Therefore, this recommendation has been met.

Recommendation 4

The provider should ensure they carry out a review of the provision of activities, in order that they met needs and wishes. This review was to include the people who used the service and their views. They were to further improve the content of the social care plans and personal life stories as a way of developing the activities. They were to develop how they shared the activities that were on offer. The provider was also to develop staff's knowledge and understanding of their roles and responsibilities in relation to activities.

National Care Standards Care Homes for Older People
Standard 6: Support arrangements
Standard 8: Making choices
Standard 12: Lifestyle - social, cultural and religious belief or faith
Standard 17: Daily life.

This recommendation was made on 13 February 2017.

Action taken on previous recommendation

We felt that there had been some developments with regard to the provision of activities. Meetings had been held with people so that their views could be taken into consideration when looking at what could take place. Staff had held a fundraising event and had purchased equipment for film nights, which had been a success. An activity table with various items had been developed so that there was free access for people and staff to use. The way in which the weekly activities were promoted had been developed, however we felt that this could be

further promoted to increase participation. There was a "wishing well" and a "discussion tree" that were used to gain people's views. We could see that these were being used and that the outcome from this was that ideas were taken forward and put in place. The manager had promoted the social aspect of care with the carers to ensure that they were aware of their roles and responsibilities. One area that we felt could be further developed was that of the social care plans and life stories. This would assist staff with planning the activities and ensure that they were based on people's preferences. The new activity staff member was very keen to develop her role and we spoke of how she could benefit from the support of the activity coordinator who worked at the provider's sister home. Overall this recommendation has been met.

Recommendation 5

The provider should ensure they further develop the management of accidents/incidents and falls. In order to achieve this the provider was to ensure:

- a. that they carried out an effective review of each episode so that patterns, triggers or other factors were highlighted, which would assist in the effective management and possible minimisation of such incidents. They were then to share this information with staff so that the appropriate care and support was discussed and then planned for.
- b. that once an effective review had taken place of any falls/accidents/incidents that people's risk assessments and care plans were reviewed and amended accordingly so that they were clear about the person centred care and support that was needed.

National Care Standards Care Homes for Older People
 Standard 4: Your environment
 Standard 5: Management and staffing arrangements
 Standard 6: Support arrangements
 Standard 9: Feeling safe and secure.

This recommendation was made on 13 February 2017.

Action taken on previous recommendation

There was good evidence that the service was effectively monitoring the health and safety needs of people using the service. They were seeking ways in which to minimise any further falls or accidents and were involving other healthcare professionals, to assist them with this. Information about who had had a fall and what could be done to support that person was shared with staff in their meetings. Care plans and risk assessments were in place and being used to influence what kind of support and equipment people needed to protect their safety. This recommendation has been met.

Recommendation 6

The provider should ensure they continue to use and develop their quality assurance systems to effectively assess the quality of the service they provide. They were then to develop clear improvement plans to enhance the quality of the service and improve the outcomes for people using the service, their relatives and staff.

National Care Standards Care Homes for Older People
 Standard 5: Management and staffing arrangements.

This recommendation was made on 13 February 2017.

Action taken on previous recommendation

Whilst we felt that there had been some improvements to outcomes for people who used the service, the way in which the quality assurance systems and action plans were used did not always support this. We are encouraging the provider and manager to develop an overall improvement plan, which clearly shows how and what improvements are being planned for, who is responsible for these and when actions need to be addressed by. This was then to be shared with the people who live, work and visit the service, to evidence what the service was doing on their behalf. It would also provide opportunities for people to be more involved and be able to give their ideas and views. This recommendation remains in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
13 Feb 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
15 Jan 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 5 - Very good
27 Mar 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
22 Jan 2015	Unannounced	Care and support 3 - Adequate

Date	Type	Gradings	
		Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate
13 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
18 Mar 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good Not assessed
16 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good
1 Sep 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
24 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
17 May 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
21 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
17 Jul 2009	Announced	Care and support	5 - Very good

Date	Type	Gradings	
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
25 Feb 2009	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
7 Jul 2008	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good

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