

# Main's House Care Home Service

Main Street  
Newtonmore  
PH20 1DF

Telephone: 01540 673888

**Type of inspection:**

Unannounced

**Completed on:**

11 January 2019

**Service provided by:**

Main's House Ltd

**Service provider number:**

SP2005007335

**Service no:**

CS2005089940

## About the service

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.

This service registered with the Care Inspectorate on 1 April 2011.

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

Before the inspection we sent 15 care standards questionnaires (CSQ's) for people living in the home and 15 CSQ's for relatives and carers. One relative and five people who use the service returned a completed questionnaire. Overall they indicated that they were happy with the service. No individual comments were made.

We spoke with eight people who lived in the service. They told us that they were very happy. They said that they enjoyed the company and the chat. All were very pleased with the meals that were provided and we could see that everyone ate very well. All said that the staff were very caring, supportive and friendly and that nothing was too much trouble.

We spoke with five relatives. Four were very pleased with the service that was offered to their loved ones. Individual comments included:

- 'When she is having a bad day staff spend time with her until she feels better.'
- 'She calls the staff 'my girls' which says a lot.'
- 'My mother spends time in her room but staff are always popping in and out to see she is ok.'
- 'I feel confident with the management of the home.'
- 'Staff treat my mother with respect and dignity.'
- 'My mother is now coming downstairs for her meals and to socialise more which I am delighted about.'
- 'Staff are wonderful and caring.'
- 'Overall I am happy with the care but would like to work more with staff so that my mother can get out more.'
- 'Our mother has blossomed since she came here, her mobility, eating and socialising is much improved.'
- 'My mother was delighted with all the Christmas activities, especially the children who visited.'
- 'My mother likes the staff and is very settled.'
- 'We chose this service as I had prior knowledge.'

One relative was unhappy with some aspects of their mother's care and support. We discussed this with the manager during the inspection process so that they were aware of their issues.

## 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?	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?

5 - Very Good

There were major strengths in supporting people and there were very few areas for improvement.

People should experience warmth, kindness and compassion. Feedback from people and their relatives were generally very positive about this aspect of care. We were told, 'staff are kind and compassionate and respond well to my mother, they are very attentive,' 'staff treat my mother with dignity and respect' and 'my mother calls the staff 'my girls' which says a lot.'

We saw that staff displayed a caring attitude and engaged positively with people, they were responsive to questions and those needing assistance. During conversations there were lots of smiles and laughter. Where people were anxious, staff offered gentle reassurance and conversation as a way of helping them to feel more relaxed. We could see that staff always acknowledged people as they passed by.

People should be able to maintain and develop their hobbies, interests and friendships. There was a new activity co-ordinator, who was getting to know people and also looking to develop what was on offer, which they were going to base on people's wishes and preferences. We also saw staff taking part in activities, which created a sense of community. The service also had volunteers who came to sit with people and play various board games. Friends were able to sit together to chat and enjoy each other's company. During the inspection people took part in planned activities. We could see that these generated lots of laughter and enjoyment. There was good community involvement with lots of visitors and groups.

People benefitted from advice from a range of healthcare professionals. We could see that staff asked for their support and advice when there was a change in people's health. Staff had a very good knowledge of people and were reactive when their presentation changed. This had a positive impact on people's overall health.

The overall management of people's medication was good and followed best practice, thereby promoting people's health. However, they could further develop the information about how and when to use 'as and when needed' medication protocols, which were to be linked with the care plans.

Being able to eat and drink well is important to keeping well. At mealtimes we saw that people ate and drank well, were offered choices and enjoyed their meals. Those less able were supported by staff in a way that promoted their dignity. Mealtimes were relaxed and staff created a positive social experience. A new juice bar, which was in the dining room, had been developed and there was independent access to this. A gentleman who lived in the service had helped with the decoration of the piece of furniture that was being used for this purpose.

Relatives said that they were kept informed of any changes to healthcare needs. Two relatives told us how the staff's care and attention had resulted in positive experiences. Their mobility had improved and they were now spending more time in social situations, which they enjoyed. Another commented that staff phoned them to explain what had happened and kept them fully informed of the medical treatment needed. One relative was not so happy and this was discussed with the manager during the inspection, so that they were aware of how they could further support improved outcomes.

## 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?****4 - Good**

There were some important strengths with some areas for improvement. These improvements must be made to maximise wellbeing and ensure that there are consistent, positive experiences and outcomes.

People's care plans should be right for them because they set out how their needs will be met, as well as wishes and choices.

Assessments of healthcare needs were taking place which were then used to develop the care for individuals.

People's views should always be sought and their choices respected, including when they may have reduced capacity. Some of the care plans showed how people were being supported to maintain, or develop, their independence and there was reference to staff taking their choices and preferences into account. Relatives told us that staff were good at asking for their opinions to help develop the care that was needed. However, some of the care plans could benefit from further development, to ensure that they were person-centred and contained relevant information to assist staff with the care that was needed. The quality of information in the care plans varied. This was partly due to some repetition of information, which made the information about current needs confusing. **(See areas for improvement 1)**

The development of a key worker system was discussed and agreed that this would be beneficial in ensuring a consistency in the review and development of the care plans.

Regular, formal reviews took place and people and their relatives were asked to contribute to these. The daily recording and evaluation of people's experiences could be less task oriented and more meaningful. These could then be used in the formal reviews to enable staff to highlight any unmet needs that could be planned for. **(See areas for improvement 2)**

**Areas for improvement**

1. It is important that all care plans in relation to people's care needs, which included managing people's stress, moving and handling, falls and social care, clearly set out how people were to be supported. They were to ensure that the information was outcome focussed and person-centred, thereby ensuring that people were supported in line with their wishes, individual preferences and needs.

**This is to ensure that care and support is consistent with the Health and Social Care Standards 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)

2. The service was to further develop the use of the evaluations and the review of care plans to show how the planned care was meeting needs. This would ensure that care plans were further developed to become more outcome focussed. This would also assist staff to plan for any unmet needs in line with people's wishes.

**This is to ensure that care and support is consistent with the Health and Social Care Standards 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)**

## 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

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.

**This area for improvement was made on 20 July 2017.**

#### Action taken since then

While we could see that there had been some further developments of the care plans, this was not the case for some of the care plans that we sampled. Therefore, this area for improvement remains in place. Refer to the body of the report.

#### Previous area for improvement 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 the ways in which 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.

**This area for improvement was made on 20 July 2017.**

#### Action taken since then

While we could see that there had been some further developments of the care plans this was not the case for some of the care plans that we sampled. Therefore, this area for improvement remains in place. Refer to the body of the report.

#### Previous area for improvement 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.

**This area for improvement was made on 20 July 2017.**

#### Action taken since then

We found that protocols were now in place and contained relevant information about how to support people with their medication needs. Therefore, this area for improvement has been met.

#### Previous area for improvement 4

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.

**This area for improvement was made on 20 July 2017.**

#### Action taken since then

While the Kings Fund tool had not been used the service had reviewed and improved some aspects of the environment. There was better lounge space as the dining area had been changed around. There was now a juice bar for all to use and it was positively promoted. A gentleman who lived in the service had helped with the up-cycling of a piece of furniture that was being used for this purpose. The manager had carried out a test on the effectiveness of the overhead lighting. There had been positive use of the gardens during the clement weather and some people had been involved with its development. Therefore, this area for improvement has been met. However, we would encourage the service to use the assessment tool moving forward, especially in light of the new community development plan.

#### Previous area for improvement 5

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.

**This area for improvement was made on 20 July 2017.**

#### Action taken since then

The service had not used the NHS infection control audit. However, we had no concerns surrounding the management of infection control at the time of the inspection. We felt that this should be used to influence and develop staff's knowledge of good practice. Therefore, this area for improvement has not been met. Refer to the body of the report.

#### Previous area for improvement 6

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.

**This area for improvement was made on 24 January 2019.**

#### Action taken since then

There had been some development with regard to the quality of the induction process. We could see that staff were supported with their learning needs and that they were being assessed at the end of their induction period. Some of the forms used could be better completed. Staff who had no prior experience in care told us that they felt their induction was good and a positive experience. However, it was the case that the way staff

were supported with this was to be reviewed in line with the development of the new community development plan, which would further strengthen the process. Therefore, this area for improvement has been met.

## Previous area for improvement 7

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.

**This area for improvement was made on 20 July 2017.**

### Action taken since then

Training for staff in relation to caring for those who lived with dementia had taken place. The provider had sourced a 'dementia bus', whereby, staff were led through various experiences that people may suffer. This had had a positive impact on staff who told us that their practice had changed due to this, because they were more aware of how people with dementia see their world. Other training initiatives had also taken place. Therefore, this area for improvement has been met.

## Previous area for improvement 8

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.

**This area for improvement was made on 20 July 2017.**

### Action taken since then

Supervision for staff had taken place with some staff needing more support and guidance than others. However, it was the case that the way staff were supported with this was to be reviewed in line with the development of the new community development plan, which would further strengthen the process. Therefore, this area for improvement has been met.

## Previous area for improvement 9

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.

**This area for improvement was made on 20 July 2017.**

### Action taken since then

The quality assurance tools were being used and we could see that this had led to developments with the environment. Managers' meetings and business plans were being used to assess the overall quality of the service. However, it was the case that the way quality assurance and the involvement of all stakeholders was to be reviewed in line with the development of the new community development plan, which would further strengthen the process. Therefore, 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](http://www.careinspectorate.com).

**Detailed evaluations**

How well do we support people's wellbeing?	5 - Very 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	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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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