

Care service inspection report

Full inspection

Menzieshill House Care Home Service

201 Earn Crescent
Dundee



HAPPY TO TRANSLATE

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2003000477

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

We observed interactions between staff and residents to be respectful, friendly and supportive. The staff were caring and understanding in their approach.

The service, staff team and management:

- work hard to listen and respond to the views of residents and their representatives and
- promote a high standard of care and the promotion of both individual and group interests and activities.

The service promotes the active participation of stakeholders in the assessment of the home.

What the service could do better

The home, staff and management continue to promote a high standard of care focusing on the promotion of activities, interest and community involvement.

The service should continue to ensure residents' stays at Menzieshill House remain meaningful and supportive.

What the service has done since the last inspection

The recommendation made following the last inspection has been met.

The service continues to deliver a very high standard of care and ensures residents are pivotal to the provision of care.

Conclusion

Residents told us they found the staff and management supportive, kind and helpful. Menzieshill House continues to deliver a high standard service which is appreciated by residents and relatives.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

Menzieshill House is a care home service for older people and is provided by Dundee City Council. The service has been registered with the Care Inspectorate since 1 April 2011 and is registered to provide a care service to a maximum of 32 older people as permanent residents or for respite care.

The home is located within the Menzieshill area to the west of Dundee. The building is purpose-built and the design of the building incorporates good care principles for accommodation suited to the needs of older people and older people with dementia.

The home is divided into four units, each with eight en-suite rooms, a separate kitchen, assisted bathing facilities and direct access to the garden area. In each unit the individual rooms open directly onto a living space with lounge and dining areas. Individual units provide a homely and supportive living environment, with well thought out interior décor and furnishings.

The home has extensive communal facilities including a large activities room, team room/reminiscence room, hairdresser salon and reception area. There is a good provision of staff accommodation and a well-equipped main kitchen and laundry.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was written following an unannounced inspection from 10 am to 7.30 pm on Wednesday 18 November 2015 and 10 am to 6 pm on Thursday 19 November 2015 by a Care Inspectorate, Inspector. Final feedback was given to the manager and the resource manager on Thursday 19 November 2015, when we concluded the inspection.

We also spoke of some of the findings with some of the residents, relatives and staff during the inspection visit.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We examined the following Quality Themes during this inspection; care and support, environment, staffing and management and leadership.

During the inspection information and evidence was gathered from a number of sources including discussions with:

- the manager
- resource manager
- social care workers
- residents
- relatives in person or by telephone
- domestic and catering staff.

We looked at a range of policies, procedures, and records including the following:

- personal support plans
- medication records and procedures
- accident and incident recording
- staff communication books
- staff supervision records
- staff training records
- maintenance records
- minutes of staff meetings
- minutes of residents' meetings
- social activities and events planner
- records and expenditure (comfort fund)
- the recording of personal items or funds held for safe-keeping
- meaningful activities and interests
- the services own quality assurance systems
- Care Inspectorate Questionnaires.

During the inspection, we spent time observing staff practice which included how staff cared for and spoke with residents or relatives.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views.

A general tour of the home was also carried out as part of the inspection process. We looked at the environment and equipment used within the service.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider/manager completed this and the relevant information included for each heading that we grade services under.

The provider/manager identified what it thought the service did well, some areas for development and any changes it had planned. The manager had highlighted the strengths and areas that the team wanted to improve within the service. We spoke with the manager and staff about the areas of improvement and looked at the supporting evidence along with the self-assessment. We also spoke with the people, who use the service and asked their views on the strengths and limitations of the service.

Taking the views of people using the care service into account

We spoke with many residents within the various suites during the inspection visit and observed staff practice throughout our visit.

Due to the nature of dementia it was not always possible to obtain the formal views of the some of the residents. However, comments made were valuable and highlighted their own insight of the service and the support they received from the people who helped them.

We also spoke with relatives who gave us an insight into the ways in which residents were supported at the home by the staff and management team.

Feedback was very positive as follows:

- 'The staff are wonderful - very kind'
- 'I'm very comfy here - I'm very happy here'
- 'I've no complaints at all'
- 'The staff are lovely'
- 'I'm very happy with the care'
- 'The meals are very nice and there's always a choice if you don't fancy what's on the menu'
- 'I love the wee tea room'.

These were the general theme of comments made by residents during the inspection visit.

Taking carers' views into account

We spoke with six relatives during the inspection. Feedback was very positive with high praise of the staff and management as follows:

- 'It's just excellent'
- 'The care is very good'
- 'So friendly - the staff get to know you'
- 'The staff are very respectful'
- 'They address anything quickly'
- 'I have no complaints'
- 'The staff are welcoming and helpful'
- 'The laundry is really good'
- 'The cook always interacts with the residents and relatives'
- 'The activities are really good'
- 'The staff are very knowledgeable'.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service strengths

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have an excellent level of performance in relation to this statement.

There was evidence to demonstrate that residents, their representatives, and other visitors continue to participate in assessing and improving the quality of care and support provided by the service. Established practices have continued from the last inspection ensuring that stakeholders play a pivotal part in the assessment of the home. An appropriate participation strategy was in place which was pro-actively supported and encouraged by the home.

The staff and management team were seen to be very approachable by residents and relatives. Many relatives said they had seen continued improvements and found the relatives and residents' meetings informative and helpful, as were the social events.

A minute was recorded for each meeting and a standard agenda highlighted ideas, suggestions and any concerns. Minutes also highlighted achievements and successes, and were available in different formats such as large print. We received very positive comments from residents throughout the inspection visit.

We looked at five personal care plans during the inspection visit. Care plan documentation was seen to be up to date. The plans were detailed in identifying the individual needs of residents and how these would be met and supported. Plans were seen to be regularly reviewed by key staff, along with residents and or their representatives.

The personal plans were detailed in identifying the residents' needs and how these would be met. Information was very well recorded and detailed. Both residents and/or their families said they were invited and encouraged to attend, and take part in making decisions about their care at the service (evidenced).

All residents had named key workers. Feedback from both residents and relatives was very positive. Both relatives and residents spoke very highly of the care and support and the good communication between the staff and management.

The focus group meetings have continued to be a successful way for stakeholders to be involved in the planning of the service. The minutes of the meeting highlight issues or suggestions discussed and action taken by the manager/provider. We noted that the decisions made did have a positive outcome for service users.

Residents have access to the 'Good to go bus service' which creates opportunities to maintain local links with the community, either shopping or visiting local places. The residents and relatives we spoke with said it was a great service. Residents were able to access staff support if they required it.

Strategies such as the use of photo communication cards were seen to aid discussion and create opportunities for residents to make choices whether it is to help choose meals, an activity or something of interest. The service should continue with this approach, and comments included:

- 'The home couldn't do any better'
- 'I couldn't be happier with the service'
- 'The staff are lovely, always friendly and helpful and treat residents with sensitivity, respecting their dignity at all times'

The management team had an 'open door' policy which was confirmed by residents, relatives and staff. Through discussion we evidenced that participation was actively promoted and encouraged.

We have highlighted comments throughout this report including:

- 'Nothing is ever a bother - the staff are great'
- 'The reviews are helpful'
- 'I can discuss anything with the staff'
- 'If you suggest something - it's done by the time you've left the building'.

We evidenced through feedback from stakeholders that the manager played an active part in the everyday assessment of the home. This was from joining in with activities, to ensuring that there were opportunities made every day to speak with residents, relatives and visitors.

The comments made to us by relatives were very positive;

- 'It's such a happy atmosphere - It's always like that'
- 'The relatives are involved in everything'
- 'The staff and management just care about everything'
- 'When my mum moved in - it was such an easy transition - that's down to good staff and management'
- 'The staff think about care and what's best'
- 'I feel reassured'.

The use of questionnaires to obtain feedback from stakeholders (residents, residents and visiting professionals) was monitored by the management team. Where suggestions were made the service was seen to make changes.

The service continues to use various monitoring tools to plan and improve the service. The residents' surveys are conducted by carer representatives from each of the suites (units) which provide impartiality in the responses by residents.

We viewed thank you cards from relatives and residents during our inspection. They were very complimentary to the staff and management.

We observed information being displayed around the service promoting advocacy and how to raise a concern or complaint. The service had a welcome pack informing prospective residents and relatives about the service at the home.

We noted that residents also played a part in the recruitment process by having an opportunity to meet prospective candidates, ask them questions and feedback their thoughts to the recruitment panel.

There was evidence that the service made excellent use of both formal and informal systems to regularly assess the service and where required to improve.

Areas for improvement

The service should continue to maintain the excellent standards in this area. The manager said the entire team would continue to ensure all stakeholders play a meaningful part to the assessment and improvement of the home. The present systems continue to ensure positive outcomes for stakeholders.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 2

“We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.”

Service strengths

Following discussion with residents, relatives, staff and management regarding enabling residents to achieve their potential; the service was found to have a very good level of performance in relation to this statement.

We observed a high standard of care practices over our inspection visit; and that staff listened and responded appropriately to the specific needs of the residents, in a way that was very respectful and supportive. This was backed up by very positive comments made by residents and relatives. We have detailed some of these comments throughout this report.

Care plans were clear and concise and highlighted that staff had identified service users' interests, likes and dislikes - as well as the continued promotion and development of outside interests with various community groups and services.

The staff were seen to be actively involved in encouraging residents to play an active part in the service, as well as within the wider community. The involvement was seen as needs' led and the community links, ideas and promotion of activities and interests were directly linked to the specific interests (individually and as a group) of the residents at the home.

We saw clear evidence of residents suggesting ideas and these being acted upon and promoted and encouraged by the staff and management team, resulting in positive outcomes for residents. As highlighted in Quality Theme 1, Statement 1 there were very good systems in place to ensure residents and relatives played an active part in the promotion of interests.

An activity planner was in place and we evidenced that the ideas had come from residents and relatives. The suggestion box also creates opportunities for stakeholders to jot down ideas or make suggestions. Staff said that most people tended to make suggestions rather than put a comment in the box.

Staff were seen to have a very good knowledge of the specific needs of service users. The service also promoted special events such as birthdays or anniversaries (evidenced). The service continued to provide opportunities for service users to be involved in developing and planning the service. Please refer to Quality Theme 1, Statement 1.

Residents also said the residents and relatives meetings were very good, and that they always had the opportunity to play a very active part in the development of the service if they wanted to.

Some service users and staff said they helped decorate rooms or choose wallpaper or paint. Other residents and staff said there were organised trips out, garden parties, lots of social activities. We also evidenced this through the photograph displays on the wall. The staff also promoted health living and physical activity, including chair exercises and healthy options for meals.

As highlighted in other statements the home actively encouraged community involvement as much as possible by organising social events to maintain and develop community links where residents wished this. The staff should continue with this approach.

Areas for improvement

The management and staff team should continue to support and encourage service user involvement to support and encourage potential.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“We ensure that service users' health and wellbeing needs are met.”

Service strengths

Following discussion with residents, relatives, staff and management regarding supporting the health and wellbeing needs and the quality of care and support provided, the service was found to have a very good level of performance in relation to this statement.

We evidenced that attention had been given to the personal appearance of residents. This was backed up by positive comments made by residents and relatives about the laundry provision at the home.

During our inspection we observed that the entire staff team were polite, respectful and aware of residents' needs and preferences. This was also backed up by the positive comments made by residents and relatives.

Residents were offered choices in their daily routines within the home, such as frequent drinks and snacks. Health care logs were up to date, as were risk assessments.

Staff told us that residents had very good support from their own local GP when this was required. Regular meetings were held with the health care professional team which created the opportunities to discuss the plan of care and support residents required.

Accidents and incidents were monitored appropriately by management and recorded (evidenced). The manager and staff continue to monitor slips, trips and falls, incidents and accidents appropriately and use best practice guidance.

Care plans detailed information about specialised diets or nutritional health needs.

Staff were able to tell us about their work with residents, and their responsibilities in providing appropriate care to meet their personal and health care needs.

Nutritional and tissues viability risk assessments were seen to be carried out regularly as were assessments on walking, mobility and weight. Personal care plans were monitored and updated regularly.

We observed the promotion of good care principles throughout the inspection visit. During our observations we evidenced a caring and supportive approach by all of the staff team at the home. Staff were seen to listen to residents' requests and responded appropriately. The interactions we observed were warm and genuine.

Residents who required assistance were given help in a dignified and respectful way. This approach was also backed up by positive comments made by residents and relatives we spoke with throughout our inspection.

Areas for improvement

We spoke with the manager and staff about best practice guides and the information that was now available on the Care Inspectorate website via 'The Hub'. Infection control and medication apps that were also available for smartphones and tablets. We left information on best practice initiatives and emailed information to the senior staff member on duty to share with the team.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of environment

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.”

Service strengths

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided - the service was found to have an excellent level of performance in relation to this statement.

We spoke with residents and relatives who said they were very happy with the environment and accommodation at Menzieshill House. The relatives also said that the staff and management team welcomed ideas and suggestions. We noted that suggestions were acted upon and some of the improvements highlighted feedback in the newsletter or through discussion with stakeholders.

We saw that residents had personalised their bedrooms and that they could, and were encouraged to take in small items of personal furniture and belongings into the home.

Residents described the home as very comfortable and homely and said they liked using the accessible garden area in the better weather.

Please refer to Quality Theme 1, Statement 1 for a full description of involvement.

Areas for improvement

The management team said they would continue to involve residents and relatives in making decisions about improving the environment, ensuring participation and involvement was meaningful. The service should continue to maintain this excellent standard in this area.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service strengths

Following discussion with residents, relatives, management and staff as well as looking at documentation the service was found to have a very good level of performance in relation to this statement.

The home was very clean and tidy during our unannounced visit to the care home and there were no offensive smells. The accommodation provided a mixture of large and smaller places for residents to spend their time. The home was homely in appearance and well maintained.

Residents had their own en-suite bedrooms, and were encouraged to personalise their rooms. Communal areas were adorned with photographs of social evenings and community events.

Safety checks were carried out regularly by staff and where repairs were required staff said this was usually carried out quickly. We spoke with the maintenance person who ensured that all the appropriate safety checks were up to date (evidenced). We looked at various records including water temperature checks and noted that regular health and safety checks were being carried out and recorded appropriately.

We noted that the various audit systems resulted in positive outcomes for residents. This included not only health and safety monitoring but the regular monitoring of medication administration systems and regular sampling.

The accommodation and facilities for residents use were accessible to residents who used wheelchairs and mobility aids. A call system was installed throughout the home enabling residents and staff to call for assistance when needed in the event of an emergency.

The personal care plans of residents highlighted slips, trips, falls and what action to take if there were any concerns. The service had a system in place to monitor falls (evidenced). Accidents and incidents were seen to be appropriately monitored by the management and staff team (evidenced).

We evidenced during the inspection that there were adequate supplies of cleaning materials, soaps and protective clothing such as aprons and gloves. Staff were familiar with good practice with regards to infection control procedures.

The service had specialist equipment available to meet residents' needs. We evidenced that equipment such as hoists and specialist beds and baths were regularly serviced. Where repairs were required, these were seen to be carried out quickly.

We checked the staffing rota during the inspection visit and noted that the conditions were upheld and maintained by the service. The manager was seen to carry out regular dependency audits to ensure residents' needs are appropriately met.

We spoke with staff and asked them questions with regards to what actions they would take if they suspected a resident was vulnerable and at risk. We evidenced staff were knowledgeable of what actions to take if they had concerns.

We received very positive feedback from both residents and relatives about the home. They said it was very comfortable, homely and always clean and tidy. The people we spoke with also said they liked the tea room and commented as follows:

- 'Mum loves coming in here - it's great for a blether and it's interesting.'

The service continues to notify the Care Inspectorate where there are any reportable concerns.

Areas for improvement

We discussed with the manager about the need to ensure 'Rights, Risks and Limits to Freedom' principles were used when reviewing the use of pressure sensors and to clearly highlight where families have been involved in making decisions as this was not always recorded. The manager agreed to look at the recording and documentation of the use of such equipment.

The service should continue with the present approach ensuring that residents' needs are appropriately supported.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.”

Service strengths

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of staffing, the service was found to have an excellent level of performance in relation to this statement.

We received positive very positive feedback from both residents and relatives saying that the management team and staff promoted a very high standard of care and that the management encouraged suggestions and ideas in all aspects of the home.

We noted that stakeholders were invited to complete a questionnaire by the home. We viewed some of the returned questionnaires which highlighted that stakeholders thought the standards were very high. Feedback also included comments made by visiting health professionals.

The service also had a suggestion box at the door. However, the manager said most people tended to make comments directly to the staff or management.

We evidenced that the staff and management actively encouraged participation by the use of both formal and informal methods. This ensured that stakeholders played an active part in the assessment of the staff and the service.

We have highlighted the many positive comments within this report highlighting the involvement of residents.

Please refer to Quality Theme 1, Statement 1 for a full description of involvement.

Areas for improvement

The manager said the entire team at Menzieshill House would continue to ensure residents and residents played an active part in the assessment of the staff and service. The service should continue to involve stakeholders, ensuring there are continued opportunities for views and opinions to be shared.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service strengths

Following discussion with the staff and management regarding the staff team and the examination of the staff training files, staff and management records, the service was found to have a very good level of performance in relation to this statement.

One recommendation was made following the last inspection on 6 November 2014.

It is recommended that the provider undertakes an assessment of current care and support needs of residents which takes into consideration, people who have been identified as at risk of falls or harm. Staffing numbers should be reflective of the identified risks and control measures required to minimise these risks in each of the suites.

We evidenced that:

- regular dependency audits were carried out by the management team which informed the level of support required and
- falls incidents were appropriately recorded and managed by the team.

This recommendation has been met.

The staff we spoke with said they were very well supported by their team colleagues and by the management team. We noted that staff received regular supervision and that there were regular staff meetings. Minutes were available for these meetings. Staff said good practice was encouraged. During the inspection staff came across as motivated and keen.

We looked at eight staff files and looked at areas such as induction, training, supervision and team meetings. Files were regularly updated. We also evidenced that the provider supported safe recruitment processes and that the service had an induction system in place to support new staff. We noted that the staff induction for care staff was competence lead where staff worked through good principles of practice.

Staff training included:

- first aid,
- food hygiene,
- 'Moving and Assisting'
- 'Medication Procedures'
- dementia care
- sensory awareness and
- infection control.

Some staff were working towards Scottish Vocational Qualification (SVQ) awards.

As part of quality assurance members of the senior team also carry regular audits, including care planning and staff practice. These have been seen as positive and highlighted supportive practice. We noted that staff were able to access regular supervision.

We discussed with the manager that an approach using reflective practice in supervision could help staff further develop their person CDP (Continuing Professional Development) log for SSSC (Scottish Social Services Council) registration. The management team were keen to further develop this area.

Staff spoke about team relationships, saying that it was a supportive team to work in and that they were encouraged to make suggestions. Staff said they felt listened to and as a team everyone worked together. Staff said that communication was very good across the service.

Through discussion we evidenced that staff were aware of the National Care Standards for Care Homes for Older People and knew the SSSC Codes of Practice principles. The manager said that regular checks were made to ensure staff were appropriately registered with SSSC.

The skill mix of the staff group meets the present needs of the residents at the Menzieshill House.

Areas for improvement

The management staff team should continue with the present approach.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service strengths

Following discussion with residents, relatives, staff and management regarding stakeholders' involvement in assessing the service, it was found to have very good level of performance in relation to this statement.

Both residents and relatives spoke very highly of the quality of care and the supportive way they were helped and enabled by the staff at the home. Residents and relatives said staff were very helpful and always respectful. The residents also said they were always treated with dignity and that their privacy was always supported.

Residents also said that the quality of care was very good and gave examples of how they felt they were or could be involved in being an important part of the service.

Relatives said the residents' meetings were helpful and said the staff and management always kept them up to date with anything.

Both residents and relatives said the home had a 'friendly' feel about it and was homely, commenting as follows:

- 'it's such a happy atmosphere - It's always like that'
- 'the relatives are involved in everything'
- 'the staff and management just care about everything'.

We observed very positive staff interactions with residents and relatives. This was not only evidenced via observations but through very positive comments made by residents and relatives made to us during our inspection.

Residents and families said that they had no concerns but if they did they would have no hesitation to bring the concerns to the staff or management, saying that the team were open to ideas and suggestions. Where concerns were raised stakeholders said these were addressed quickly.

Feedback from the staff team was also very positive. Staff came across as very motivated and enthusiastic and gave examples of how they were involved in putting ideas to the management team. Staff said they felt part of the service and highlighted many positive aspects of their work, and were included and encouraged as a team.

Areas for improvement

The management team said they were very keen to build on the successes made and would continue to promote stakeholder involvement in a meaningful way.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

Service strengths

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have an excellent level of performance in relation to this statement.

Residents and relatives' meetings were held regularly. We noted that the management were enthusiastic and keen to build on and promoted stakeholder involvement. Residents and relatives were seen as pivotal to decisions made about the home.

The service demonstrated throughout the inspection that it continues to ensure that residents and their representatives were central to the assessment of the service and the agenda to improve the service.

The complaints procedure was accessible to residents, relatives or visitors and we were advised that no formal complaints had been made. Residents, relatives and staff said that they were very confident that if they had any concerns or issues that they would be promptly addressed by the management team.

Please refer to Quality Theme 1, Statement 1, Quality Theme 2, Statement 1, and Quality Theme 3, Statement 1 for further information.

Areas for improvement

The manager said the team was committed to improve and develop this area where necessary to ensure that stakeholder involvement remained meaningful.

The service should continue to maintain this excellent standard.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service strengths

Following discussion with residents, relatives, staff and management regarding the encouragement of good quality care and the promotion of values throughout the workforce, the service was found to have a very good level of performance in relation to this statement.

We evidenced good quality care throughout our inspection we noted that the staff strived to promote good outcomes for the people who were staying at Menzieshill House. We noted that there was a mix of formal and informal supervision available for staff and annual appraisals. There were regular opportunities for staff meetings and each meeting provided a minute with action indicators.

Staff said it was a very good team to work in and as a group everyone was seen to work well together. This was backed up and highlighted by the very positive comments made by the residents and relatives we spoke with. Staff came across as motivated and supportive of each other. Staff said they felt listened to and could raise issues or suggest ideas. They also said they felt valued, and that additional training was available if it was needed.

Staff practice was praised by the residents and relatives we spoke with and have highlighted comments throughout this report. On this inspection we used SOFI(2) (Short Observational Framework for Inspection) to observe staff interactions with a group of individuals in the different suites.

We observed that staff interactions promoted dignity and were respectful in the way that they supported residents. Staff gave recognition to residents' abilities and supported an enabling approach. Staff came across as genuine, interested and caring. This was backed up by the very positive comments made by both residents and relatives.

Areas for improvement

The management and staff team should continue with this approach.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. It is recommended that the provider undertakes an assessment of current care and support needs of residents which takes into consideration, people who have been identified as at risk of falls or harm. Staffing numbers should be reflective of the identified risks and control measures required to minimise these risks in each of the suites.

This recommendation was made on 06 November 2014

We evidenced that regular dependency audits were carried out by the management team which informed the level of support required.

Falls incidents were appropriately recorded and managed by the team.

This recommendation has been met.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
6 Nov 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
4 Oct 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
28 Aug 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

28 Oct 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
15 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent Not Assessed Not Assessed
1 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
7 Dec 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
9 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
8 May 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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