

Meigle Country House Care Home Service

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Blairgowrie
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Type of inspection:
Unannounced

Completed on:
26 February 2024

Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2003041947

About the service

Meigle Country House is located on the outskirts of Meigle village and sits in its own grounds, with views of the surrounding countryside. The service is registered to provide a care service for up to 23 older people, including up to two respite/short-term care. All residents are accommodated in single rooms and 22 of these rooms have ensuite facilities. At the time of the inspection there were 17 people living at Meigle Country House.

Meigle Country House's aims are:

- Building trusting relationships and finding out what is important to people in everyday life.
- To empower and support the staff team to deliver the highest quality care.
- To provide a homely and welcoming environment where everyone feels included.
- To maintain an open and transparent culture to ensure everyone has a say.
- To base all our actions on the principles of care.

About the inspection

This was an unannounced inspection which took place on 19 and 21 February 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 5 people using the service
- 3 family representatives
- 5 members of staff and management
- observed practice and daily life and reviewed documents.

Key messages

- People enjoyed living at Meigle Country House and their families and friends were always welcomed.
- The service demonstrated strong, visible leadership.
- Relatives and friends were kept informed and the service fostered a real sense of partnership working.
- Staff were well trained and had been recruited safely.
- Staff were friendly, motivated and focussed on providing good support for people.
- Staff were confident in their practice around infection prevention and control.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where strengths outweighed weaknesses and performance supported good quality outcomes for people.

People appeared very well cared for and were supported by staff who were kind and compassionate. Staff knew people well and worked to promote a happy and relaxed environment. We saw that care was provided in a calm and unrushed manner and staff took time to talk to people as they passed, or when providing their support. This contributed to positive relationships and these interactions can have a significant and positive impact on people's outcomes and experiences. People told us that staff were kind, caring and respectful and relatives were confident that any concerns they had would be listened to and acted on.

It is important that people are able to maintain contact with family and friends and have access to activities that are meaningful to them. Staff understood the importance of helping people remain connected and relatives spoke about the kindness of staff and how they were always made to feel welcome. We saw that opportunities for social interaction and to participate in activities had increased from the last inspection. Social activities that are person centred can help support improved physical and emotional health and we saw pictures of celebrations that had taken place, with people taking part in a range of different activities such as bingo, arts and crafts, indoor golf and skittles. There were also good links with the local primary school who visited to chat with the residents, sing, or join in with crafts. The home had also hosted an afternoon tea party to which all relatives were invited, and this had been a great success.

Mealtimes were a calm and sociable experience and, where people required assistance with eating and drinking, this was done sensitively and at the person's own pace. This meant that people had the opportunity to enjoy the social aspect of a mealtime. Residents and relatives were extremely complimentary about the meals, they told us that the food was very tasty and that there was plenty of choice. The chef was knowledgeable about people's nutritional needs and it was clear that people really enjoyed their meals. Personal food choices were detailed in people's personal plans and we were encouraged to see how the residents and chef came together to ensure people's likes and dislikes were taken into account.

We carried out a medication audit and we were satisfied that people received their medication from staff with the correct skills and knowledge. MARS sheets were completed well and medication was stored and managed effectively. We noted that there was guidance and protocols in place to support staff with 'as required' medications which was also included within people's personal plans. These measures helped keep people safe.

There was good communication and sharing of information; this meant that staff were kept up to date with any changes to people's care and support needs, and that people got the care and support they needed when it was required. People's personal plans set out their individual care and support needs and we saw good evidence of recordings which demonstrated people being asked about what mattered and was important to them. The service had excellent relationships with the local GP practice and allied health professionals, and people benefited from health assessments that were comprehensive in information and detail. Risk assessments were in place and informed decision making about people's care. This meant that changes to people's health could be identified promptly. We saw a drive to work in partnership with people and their families, and relatives we spoke with told us that they were consulted and that their feedback was welcomed. They felt involved in their loved ones' care and this provided them with reassurance.

The home was very clean and maintained to a high standard. Members of staff we spoke with were competent and knowledgeable in infection prevention and control (IPC) and what steps to take if there was a suspected outbreak of infection. Cleaning was completed to a high standard and we were confident in the processes being followed. The management of laundry enhanced the systems already in place and helped reduce the potential for cross contamination of infection. Since the last inspection, all of the ensuite showers had been replaced with wet wall. The décor was fresh and welcoming and it was clear that people benefitted from an environment that was homely and maintained to a high standard.

How good is our leadership?

4 - Good

We evaluated this key question as good, where strengths clearly outweighed areas for improvement and had a significant positive impact on people's experiences and outcomes.

As part of an inspection we look at key areas called core assurances which are the building blocks for operating a safe and responsive service. This includes areas such as recruitment, accidents and incidents, maintenance checks and management oversight. We were satisfied that there were robust measures in place that supported best practice and legislation.

We looked at a sample of the service's policies and procedures as well as staff files. We found that the service had undertaken the appropriate checks and followed the correct recruitment guidance. People could therefore be confident that staff had been recruited safely. Staff supervision was being carried out in line with the targets of the service. Training records showed a good level of completion with regards to mandatory training and training specific to people's needs. This meant that people benefitted from a competent skilled and knowledgeable staff team. Staff we spoke with demonstrated awareness of their responsibilities with regards to adult support and protection. We could therefore be confident that people were being kept safe.

Relatives were kept up to date by newsletter, emails and by phone about the life of the home and specifically about their relative. They told us that communication was very good, they were confident that any issues they raised would be dealt with appropriately, and they were very positive about the care and support provided. People told us that the manager was accessible and approachable to staff, residents and their visitors.

A wide range of audits had been implemented and there were clear systems for monitoring standards of care; these included clinical governance of people's health needs and risks. We saw that regular walk rounds of the environment took place as well as observations of staff practice. The manager had good oversight of care and support and was able to demonstrate a clear understanding about what was working well and where improvements were needed. Because of this, people living at Meigle Country House had good outcomes, particularly in relation to clinical care and support.

The manager had commenced regular meetings with staff, residents and relatives and a consultation exercise had also been carried out. It is important that quality assurance systems are used effectively to identify actions and make improvements when required. Although the service had an improvement/development plan, this lacked detail and it was not clear how feedback from people and the outcome of audits fed in to identified actions and improvements, or how these had been addressed and progressed. We have made this an area for improvement (see area for improvement 1).

Overall, the service demonstrated good leadership and we found a manager and team that worked hard to achieve best practice and readily accepted where improvement was needed.

Areas for improvement

1. To support people's right to high quality support, the provider should produce, and regularly review and update, a comprehensive service improvement plan or development plan, that identifies:

- a) where improvements are required
- b) what actions are required to make these improvements
- c) who has overall responsibility for ensuring these improvements are made
- d) within what timescale they are required.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurances processes' (HSCS 4.19).

How well is our care and support planned?

4 - Good

We evaluated this quality indicator as good. There were several important strengths which, taken together, clearly outweighed areas for improvement. These strengths will have a significant positive impact on people's experiences and outcomes.

People should benefit from care plans that are reviewed and monitored regularly. We looked at a sample of care plans and overall these were detailed and person centred and helped inform staff on how best to care for and support people. Care plans contained a range of assessments and most of these contained a good level of detail about how to support people safely and according to their wishes.

Care plans were reviewed regularly with referrals made to the GP and other allied professionals as required. Staff were aware of the importance of making timely referrals and this helped keep people physically and emotionally well. Where health professionals had carried out a review of a person's needs, care plans were updated with any prescribed changes and where a risk to a person's health had been identified, there was a risk assessment in place. This meant that people's care was safe and reflective of their current needs. People who required additional monitoring, for example with their fluid and/or their food intake had the appropriate monitoring records in place. These were completed appropriately and identified when additional support was needed. This showed that people were receiving responsive care. 'This is me' booklets contained information of what was important to that individual, their likes and dislikes and how they wished to be cared for, including their wishes at end of life.

Whilst some care plans were highly individualised, not all the care plans we sampled were of the same standard and some required more detail. We discussed this with the manager who advised that care plans were in the process of being reviewed, and we will assess progress on people's care plans at our next inspection.

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

Requirements

Requirement 1

By 31 October 2022 the provider must develop and implement robust internal auditing systems to ensure effective oversight and monitoring of all aspects of the service. In order to achieve this, the provider must ensure:

- the auditing systems effectively enable areas for improvement to be promptly and accurately identified
- the outcomes as a result of any audit are clearly recorded
- where areas for improvement are identified, an action plan is developed detailing timescales and the person responsible
- subsequent action plans are monitored, reviewed and updated to completion
- information from quality assurance is communicated where required to the appropriate people.

This is order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) provider must make proper provision for the health, welfare and safety of service users.

This also ensures that care and support is consistent with the Health and Social Care Standards which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 16 June 2022.

Action taken on previous requirement

We saw that improvements had been made with regards to quality assurance and management oversight. There were a range of audits in place, which were well organised and covered a range of areas linked to service delivery. Audits were carried out regularly and were used to assess and monitor the quality of service provision, such as record keeping, medication management and risk management. The manager carried out spot checks and where issues arose and these were acted upon quickly. As a result of improved quality assurance processes, the manager had very good oversight of the service.

An improvement/development plan had also been implemented. We felt this could be more comprehensive with the outcome of audits and consultation with residents, relatives and staff linking to improvements. (See Area for Improvement 1 under section 'How good is our leadership' for more information.

Met – within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people with maintaining and developing interests and activities in what matters to them, the provider should ensure staff have time, equipment and an expectation of interacting with people, as well as completing tasks.

This should include but is not limited to; individual small conversations throughout the day, organised group activities, access to the garden and points of interest throughout the home.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 16 June 2022.

Action taken since then

We saw an improvement in the provision of social and meaningful activities for people living at Meigle Country House with a range of different activities taking place. People were consulted about their interests and what they would like to do and activities took account of their preferences and choices. The noticeboard provided information on the activities scheduled and the introduction of a monthly newsletter enabled people to see what was going on as well as future activities and events.

This area of 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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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