

Merino Court Nursing Home Care Home Service

134 Drumfrochar Road
Greenock
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Telephone: 01475 731 122

Type of inspection:
Unannounced

Completed on:
2 May 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300753

About the service

Merino Court Nursing Home was purpose-built to provide nursing care and support for 60 older people. The provider is HC-One Limited. At the time of the inspection there were 59 people living in the home.

The service is in a residential area of Greenock near local amenities including shops, bus routes and train links. The home is set over two floors with maintained gardens and an outdoor seating area on the ground floor for residents' use.

The ground floor accommodation caters for older people, whilst the first floor is dedicated to people living with dementia.

Merino Court offers single rooms with ensuite sink and toilet facilities. Each floor has communal lounges, dining rooms, and adapted bathrooms and shower facilities.

About the inspection

This was an unannounced inspection which took place on 29, 30 April and 1 May 2024. The inspection took place at varying times between 07:30 and 19:30. The inspection was carried out by two inspectors.

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 11 people using the service and 14 of their family
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Good communication with external professionals supported access to timely and appropriate healthcare.
- Quality assurance systems were robust and supported service development.
- Managers were visible and accessible which helped families to have confidence in the service.
- Staff had good quality induction and training, and worked well together to ensure people's needs were met.
- The environment was clean and safe but in need of upgrades to ensure good quality facilities.
- Personal plans were detailed and carefully written but reviews needed to improve to ensure plans were current and accurate.
- A range of activities were available but should be evaluated to ensure they meet people's expectations and preferences.

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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	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?

5 - Very Good

We evaluated this key question as **very good**, as we found major strengths which supported positive outcomes for people.

The service had systems in place to support delivery of good quality care and support. There were a range of health assessments in place and corresponding personal plans which were detailed, clear and regularly reviewed. Risk assessments were in place where necessary and used to promote independence where possible. The service had a robust medication policy and we observed good practice in medication management, including effective communication with health colleagues to ensure medications were appropriate and regularly reviewed. Falls, mobility, and skin integrity assessments and personal plans were detailed, and people were encouraged to maintain their abilities or had appropriate equipment in place to support mobility. This helped to ensure people's health and wellbeing needs were fully assessed and care was provided to meet their individual needs and preferences.

The service had effective links with external professionals to support people's wellbeing, and ensure the right healthcare from the right person at the right time. We heard from healthcare professionals that the service made appropriate referrals and sought advice about healthcare when necessary. Systems were in place to escalate health concerns to senior staff where needed, and we observed good quality discussions during daily meetings where key information was shared amongst the care team. Nursing staff were knowledgeable about people's healthcare needs and confident about seeking external support. We sampled a range of healthcare charts which evidenced good quality recording and analysis. Families told us that communication about healthcare was good. This helped to ensure people's changing needs were identified quickly and the right support identified. The service is currently working with the Health and Social Care Partnership (HSCP) to implement the 'Restore 2' system. This will support staff to identify and escalate health concerns in line with current good practice guidance.

The service had a good approach to meeting people's dietary needs. We saw a range of meals being offered at mealtimes, and snacks, drinks, and home-baking being provided at different times throughout the day. People told us they enjoyed the food, and we observed people enjoying meals in a relaxed, unhurried atmosphere. The service is part of a national organisation and has a national menu in place. This didn't always reflect the preferences of people in the service and some families told us that the food on offer wasn't always appropriate or desirable. We saw minutes of residents' meetings which showed that people had been asked about their meal preferences, and leaders assured us that the service is working with the wider organisation to introduce a more flexible menu which is more reflective of regional needs and preferences. We encouraged the service to ensure feedback from people living in the service and their families contributes to menu planning. We were told that 'show plates' were used at mealtimes to ensure people were able to identify food easily and make meaningful choices. We didn't see this in practice and asked the service to ensure people were always supported to make meaningful choices about their meals.

How good is our leadership?

5 - Very Good

We identified major strengths in quality assurance and leadership which supported positive outcomes for people. We have evaluated this key question as **very good**.

The service had effective quality assurance systems to monitor standards and clinical care. A range of quality assurance activities were taking place which were well organised, with effective oversight by the manager and senior leadership team. Staff we spoke to were knowledgeable and able to evaluate people's experiences and escalate concerns and changes where appropriate. Improvements had been made to how staff were involved in quality assurance activities, and we saw team meeting and staff discussion minutes which evidenced sharing of learning from incidents across the organisation. Staff competency checks were undertaken regularly and well-recorded with learning needs and actions identified. This helped ensure staff had opportunities to share their knowledge, discuss practice issues and improve practice. Improvements had been made to staff supervision but some had fallen behind due to changes in leadership in the service. We were confident that these would be completed as the service had a focus on staff development.

The service had some systems in place for obtaining feedback from people but acknowledged that this could be done more effectively. We were assured by the manager that the service was exploring how to obtain and record formal feedback from people. Families told us they felt welcome in the home and we saw visitors coming and going and making use of various areas in the home throughout the inspection. People and their families told us the manager and leaders were accessible and that they felt confident to raise issues or concerns.

We saw evidence of learning being shared with the staff team following a complaint and changes being implemented as a result. This reassured us that the leadership team took complaints seriously and were able to identify possible causes of errors and implement and monitor changes. This helped to ensure the service was learning from complaints to improve care for people. We gave feedback to the manager about recording informal complaints and concerns to ensure that these could be tracked and actions evidenced. This might include undertaking a care review with families and external professionals where the service has had difficulty meeting individual expectations.

Leaders demonstrated a clear understanding of what was working well in the service and where improvements were required. The manager of the service was well supported by senior leaders and responsibilities were clear. This helped to ensure people in key roles were aware of their duties for monitoring and driving improvement in the service. The service had experienced a period of change, but the manager was well-established in post and clearly committed to development of the service for the benefit of people and staff. This was reflected in the positive feedback we received during the inspection. A service development plan was in place and the service had started to undertake self-evaluation in line with good practice guidance. This work was ongoing and will support future quality assurance and development.

How good is our staff team?

5 - Very Good

We evaluated this key question as **very good**, as we identified major strengths in staffing arrangements which contributed to positive experiences and outcomes.

The service had effective processes in place to identify staffing needs and plan staff deployment. This took account of people's dependency levels, staff skills mix, and the size and layout of the building. We saw a mix of female and male staff members which helped to ensure people's preferences for who provided their support could be accommodated. These preferences had been recorded in people's personal plans. Staff had access to good quality training and spoke highly of the induction process, which supported them to understand their roles and included opportunities to shadow more experienced staff before starting in their main role. Staff told us they were given adequate time to review people's personal plans which helped them to understand people's care needs. During our observations, we saw staff taking time with people and offering kind words and encouragement, for example, by supporting people to mobilise safely with support. This helped people to feel valued and respected, and contributed to people maintaining their independence where possible.

Team meeting discussions reflected discussion about staffing and staff skills, including the new Health and Care staffing legislation (Health and Care (Staffing)(Scotland) Act 2019). The service was developing materials and evidence about how the principles of this legislation were being used in practice, which helped assure us that leaders were keen to drive improvement in this area and were involving staff in the change processes.

Staff worked well together to benefit the people living at the service. We observed staff sharing key information appropriately, offering assistance to colleagues, and organising breaks to ensure sufficient staff cover. The service had taken steps to ensure clarity about different roles and staff told us they felt confident about who was leading shifts and how to escalate concerns. Staff presented as motivated and were familiar with the people living in the service, their needs and preferences. We observed good practice, including skilled de-escalation of stress and distress and planned activities to reduce instances of distress. We also observed some interactions which could have been improved through clearer communication. We were assured by senior staff and managers that work was ongoing to improve understanding of dementia and communication needs through the 'Promoting Excellence Framework' (Scottish Government, 2021) and training and development work led by 'dementia champions.'

The service had experienced an unsettled period where use of agency staff had been high due to staff shortages. This had significantly improved in recent months following successful recruitment. The service had developed activities to support new and longer term staff members to integrate together. We received very positive feedback about this from staff who told us it had helped them to work well as a team. Some staff told us sickness could impact their work at times and created a high workload. We asked the manager to take account of this when allocating and deploying staff to ensure staff wellbeing is considered in line with good practice principles.

How good is our setting?**4 - Good**

We evaluated this key question as **good**, as we identified a number of important strengths which had a positive impact on people's experiences. Some environmental improvements were required to maximise people's wellbeing.

The service is purpose built and benefits from a good layout and lots of space. There are a range of communal and private areas which were well used, with different purposes, depending on people's needs and the activities or events on offer. There were opportunities for people to experience group living as well as peaceful areas. People spending time in their own rooms were seen regularly by staff. This helped to ensure people could choose where to spend their time and how much they wanted to interact with others.

The service had not had a recent 'Kings Fund' audit. This good practice document would help the service to identify areas where the environment could be improved to promote independence for people living with dementia. We encouraged the manager to implement this audit as it could contribute to the work the service is undertaking with the 'Promoting Excellence Framework.'

The service had effective processes in place for infection prevention and control. The environment was clean with clear cleaning schedules in place which aligned with good practice guidance. Housekeeping staff were knowledgeable and confident in carrying out their roles. A recent change in cleaning schedules had impacted domestic staff with some reporting that the new system was time-consuming and potentially taking staff away from time spent undertaking their duties. The manager of the service assured us that a new electronic system will be implemented which will make recording of cleaning tasks less time-consuming.

The service had effective systems in place for day-to-day maintenance and safety, but the environment was in need of being upgraded in some areas. Maintenance guidance and checklists were clear and diligently completed by the maintenance person with frequent oversight by the manager. Safety certificates for equipment were in place, and scheduled maintenance had been undertaken with follow-up actions clearly recorded. Fire safety checks and regular fire drills had been taking place to ensure staff were clear about safe evacuation procedures. People benefitted from living in a safe environment.

While people had access to comfortable areas with fresh air, space and plenty of light, the décor was tired in many places and many of the rooms were in need of refurbishment. This meant rooms didn't always appear homely and comfortable. We saw areas where flooring needed to be replaced and where items such as cutlery and linens were worn due to long-term use. A back stairwell in the building, which was not accessible to residents, was in a very poor condition. We asked senior management to take urgent action to make an improvement to this area and these improvements were arranged during the inspection. Overall, the quality of the environment was in need of attention to ensure the home continues to be comfortable and of good quality to meet people's needs and expectations. **(See Area for Improvement 1)**

Areas for improvement

1. Leaders should audit the quality of the environment and identify priority areas for improvement.

People using the service and their representatives should be consulted about improvements to ensure their views are heard.

An environmental improvement plan should be developed which identifies timescales for improvements using SMART principles (Specific, Measurable, Achievable, Realistic, Time-bound).

Improvements should include, but not be limited to; carpeting and floor coverings, general décor and furnishings, linens, cutlery and crockery, ensuite facilities, shared toilets, stairwells and corridors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How well is our care and support planned?

4 - Good

We evaluated this key question as **good**, as there were a number of important strengths in personal planning which contributed to positive outcomes for people. Some improvements were required to ensure people could have consistently good experiences. We have made areas for improvement to reflect this.

Personal plans were detailed, carefully written and reflected people's views and desired outcomes. Quality assurance processes helped to ensure personal plans were of good quality, though the manager acknowledged ongoing work was required to ensure all staff were meeting good standards of recording. The personal plans were very bulky and repetitive in some areas which has the potential to make them less accessible and dynamic. The service is in the early stages of moving to a new electronic personal planning system which the manager hopes will streamline personal planning. Some information was repeated in different assessments which hadn't always been updated in all aspects of the personal plan. This created a potential risk that care or interventions could be based on outdated or inaccurate information.

Personal plans had been reviewed monthly and evaluated. We saw evidence of involvement of key professionals in some instances, but some of the information hadn't been fully incorporated into the personal plans. This was a missed opportunity to reflect people's views and record effective multi-disciplinary working. Where complex interventions are ongoing, people should expect that this is carefully recorded to reflect their current circumstances. **(See Area for Improvement 1)**

People and their families told us they were involved in creating and reviewing their personal plans. Families told us that communication with the service was good and they were kept informed of changes. Review meetings were taking place regularly and were scheduled in advance. The quality of recording of review minutes was variable and should be reviewed to ensure the content of discussions contributes to development of personal plans, including actions to be followed up. **(See Area for Improvement 2)**

The service was providing a range of activities and events for people to participate in and some of this was reflected in people's personal plans. Some improvements had been made to ensure activities were more reflective of local preferences. (See previous Area for Improvement 1). Further work was required to ensure activities were regularly evaluated to demonstrate that they were meaningful and meeting people's preferences and aspirations. Improved recording of feedback and people's involvement in activities will promote development of activities that also better reflect people's preferences and aspirations. **(See area for improvement 3)**

Areas for improvement

1. Where people are receiving support from external health and social care professionals, their personal plans should be updated to reflect this input. Personal plans should set out professional advice, review and monitoring timescales, changes and progress towards goals.

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

Personal plans should be updated following six monthly reviews. This should include updated information from people, their representatives, or relevant professionals, as well as clear information about actions to be followed-up and timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

3. Activities should be evaluated to ensure that they are meaningful and meet people's preferences, expectations and aspirations. Evaluation should include input from people, their family or representatives as well as observations. People's preferences should be clearly recorded in their wellbeing plans which should be reviewed and updated following evaluation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

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 staff are able to use wellbeing/activity planners which are more person-led than national organisation-led, they should also be person-centred in their presentation. It is important that the needs of the residents inform the activities undertaken and that staff can respond to changing needs quickly rather than be dictated by a long term planner. Planners should use visual and written information to aid residents' understanding.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 9 December 2022.

Action taken since then

Personal plans for wellbeing were being used by the service to identify and record people's preferences about activities. The national activity planners were still in place but had been adapted by wellbeing staff to more accurately reflect the preferences of people using the service. Work was underway to improve the quality of recording when people have participated in activities.

We have made a new area for improvement in relation to evaluation of activities.

This area for improvement has been met.

Previous area for improvement 2

There should be a clear protocol put in place for any individual who is deemed at high risk of falls. There should be a clear support plan in place that offers practical and consistent advice on how to minimise the risk of falls. This should be regularly reviewed and be adapted to changing needs. Concerns over falls should be shared with the relevant professionals and these conversations should be fully recorded in care plans.

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

This area for improvement was made on 9 December 2022.

Action taken since then

Personal plans for mobility, falls, and moving and handling were in place and had been completed robustly. These had been regularly reviewed and there was evidence of oversight from the manager through quality assurance activities. Communication with professionals had improved and were recorded in personal plans.

This area for improvement has been met.

Previous area for improvement 3

Care plans, in this case in relation to mobility, should be consistent, detailed and up-to-date. Care plan reviews should demonstrate assessment, consultation and decision making in relation to any changes in a person's care.

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

This area for improvement was made on 9 December 2022.

Action taken since then

Personal plans for mobility were in place and regularly reviewed with decision making recorded.

We have made a new area for improvement relating to recording of decision making where complex interventions and multi-disciplinary work is taking place. This is to ensure people's personal plans accurately reflect professional advice and input.

This area for improvement has been met.

Previous area for improvement 4

There should be a system put in place to monitor and plan reviews for each person who is experiencing care in the service. Reviews should be held at least once every six months or sooner in response to need.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 9 December 2022.

Action taken since then

Six monthly reviews were scheduled and recorded.

We have made a new area for improvement in relation to the quality of recording in reviews. This is to ensure discussions at reviews feed into personal plans and required actions are recorded and followed up.

This area for improvement has been met.

Previous area for improvement 5

To ensure that learning from audits is available to staff, management should consider developing and using various means of sharing the outcomes of audits.

This is to ensure that care and support is consistent with the 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 assurance processes' (HSCS 4.19).

This area for improvement was made on 9 December 2022.

Action taken since then

Improvements had been made to include staff in audit processes and to share the outcome and learning from audits. This was clearly evidenced in team meeting minutes and recorded learning discussions with staff.

This area for improvement has been met.

Previous area for improvement 6

To ensure people are supported by staff who are confident in their role and who have the opportunity to reflect on their practice, the manager should recommence a schedule of staff supervision in line with the provider's policy. Supervisions should be planned, tracked for completion and documented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 9 December 2022.

Action taken since then

A system had been implemented to plan staff supervision. Supervision meetings had been recorded in line with organisational policy.

Some supervisions were overdue which was due to a change in the management structure. These had been rescheduled and we were confident the supervision would take place.

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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