

Manor Grange Care Home Care Home Service

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Type of inspection:

Unannounced

Completed on:

15 October 2024

Service provided by:

Manor Grange Care Home LLP

Service provider number:

SP2016012760

Service no: CS2016349056



About the service

Manor Grange Care Home is a purpose-built home providing care for up to 83 older people. The provider of the service is also associated with other care homes across Scotland. Manor Grange is in Edinburgh, at the bottom of Pinkhill, near to the zoo and overlooking the golf course. The accommodation includes 83 ensuite rooms of three sizes, some which are large enough to accommodate double beds and seven with their own enclosed garden area.

There are four units within the home Mull, Iona, Skye and Arran, over two floors which have lift access. Additional facilities include a cinema, private fine dining room, library, central area with café/bar, hairdressing salon and two communal lounges with dining areas. There are secure landscaped gardens with an external covered seating area on ground floor.

82 people were using the service at the time of our inspection.

About the inspection

This was an unannounced inspection which took place between the 9 and 15 October 2024. We visited the service on 9, 11 and 15 of October when we met with people, staff, management and viewed documents. On 10 and 14 October, we reviewed evidence remotely. We provided feedback to the manager on 16 October 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:

- In total, received feedback from 10 residents and 43 relatives, as follows:
- Met face to face with 10 residents and nine relatives.
- Received comments from a further 33 relatives through our online survey.
- Spoke with 24 staff and management. Plus, a further 16 staff responses from our online survey.
- One health professional provided us with their views of the service they worked closely with.
- · Observed staff practice and daily life.

Key messages

- Staff displayed a strong sense of duty of care towards people.
- People praised the quality of the staff who supported them.
- People enjoyed participating in the variety of activities available, either in groups or on a one-to-one basis.
- People's care plans were of a very good quality and person centred to their individual needs.
- People were supported well with their health and wellbeing needs.
- There was effective management oversight in place, supported by a variety of robust quality assurance systems.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was comprehensive and produced an improvement and development plan.

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?	5 - Very Good
How well is our care and support planned?	5 - Very 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 made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

Staff clearly demonstrated the principles of the Health and Social Care Standards (dignity and respect), and were compassionate about meeting the care needs of people. Staff we spoke with were committed, flexible and dedicated to providing the best possible care to the people they support.

Staff demonstrated a good knowledge of people's needs, through detailed agreed personal plans and support guidance which was current and reflected people's health and wellbeing needs. This meant people could be confident staff supporting them were well informed and worked consistently to help them achieve the outcomes they had identified.

Many people were vulnerable to falls and appropriate person-centred risk assessments guided staff on how to support people to meet their needs. The manager had a good analysis of incidents of falls; trends and patterns to explore ways of minimising them occurring where possible.

There was good clinical oversight of peoples care and nursing needs. Staff responded appropriately and liaised with external health professionals when required. They were knowledgeable about people's support needs and relatives spoke positively about the care their family members received.

Administration of prescribed oral medication and topical creams was well recorded. The manager audited these regularly.

People were supported well to maintain their skin integrity with clear awareness and understanding from staff to ensure records were maintained and people were repositioned to prevent pressure sores.

Mealtimes were generally relaxed and sociable. Visual food choices were offered to support people's decisions about what they wanted to eat. People were supported to eat where they were most comfortable and offered additional portions of food if they wanted. We did feed back to the manager that on one of our mealtime observations, people were supported to the tables some 25 minutes before food was being served, which we felt was too long and a couple of residents voiced their frustration with this.

The activities team provided a range of events and activities, informed by life story work and preferences of people living in the home. This enabled people to get the most out of life and explore their interests. Several people living in the home told us that they would like to get out on more day trips. The use of taxis and other transport means was being explored.

Staff were motivated to supporting people to achieve their aspirations and wishes while actively promoting new opportunities. Records were maintained to reflect what people enjoyed about the different activities and this fed into people's sixth monthly reviews, focusing on their outcome planning.

Overall, people were happy with the quality of care they received from the service. Comments from relatives we spoke with included: "I have nothing but positive feedback to give on the care my mum receives at Manor Grange. The staff treat her with the utmost respect and care and she is very happy in her surroundings." Another told us "My relative is thriving in the environment of Manor Grange."

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

Leadership was supportive, responsive and visible, which enabled staff to voice their concerns, share ideas and explore ways to promote resilience. Staff knew their contribution was valued and recognised by the management of the service. This helped keep people motivated, remain adaptable and to focus on how best to provide care and support.

The management team used a variety of comprehensive quality assurance processes which enabled them to have good oversight of people's care. Approaches included were not limited to undertaking mock inspections based upon our inspection framework, sharing learning from other associated care homes within Scotland, satisfaction surveys and the implementation of an improvement and development plan. This ensured people had confidence that their care was being managed effectively and responded to appropriately.

Regular resident and relative meetings were held and chaired by the manager. This enabled people with meaningful opportunities to be involved in the ongoing improvement and development of the service.

How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

We were impressed by the staff's understanding of the support needs of the individuals they supported. They demonstrated a strong commitment to enabling and empowering positive change. It was evident that the staff members were an asset to the service, contributed significantly to its effectiveness.

Staff felt supported in their role and had confidence in management should they have to raise any concerns. One carer told us: "I feel the management supports their staff well and provides great communication."

Regular supervision was used constructively and supported staff's personal and professional development. There were clear records of learning being undertaken and planned, which inform learning for each member of staff. Staff were aware of their responsibilities for continuous professional development to meet any registration requirements. The manager monitored the frequency of supervision meetings to ensure they were consistent for all staff.

Staff completed a range of online and face to face training courses. Competency based training was also delivered and included administering medication and supporting people with their moving and handling. This gives people confidence their care and support is delivered by competent staff.

How good is our setting?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light

Inspection report

and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and generally looked-after, with no evidence of intrusive noise or smells.

All rooms had personal items and with appropriate decoration. This highlighted the support given to residents to choose the furnishings and layout of their bedroom including the option to bring their own furniture.

People living in the home benefitted from being able to access all parts of the home, including outdoor space. Different floors were accessed by lift, which several people living in the home operated independently. Garden areas were safe, accessible, well-kept and welcoming. The garden had raised flower beds and pots tended to by people living in the home. When weather permitted, activities were often held outside which enabled people to feel more connected to their local community.

We did highlight with the manger that people with dementia can be affected by navigating areas of the home and how the use of contrasting wall and floor colours, along with furniture and furnishings of bright and bold colours can support people to recognise familiar areas. We asked that any future decorating developments took this into account.

Although there was plenty of personal protective equipment (PPE) available to staff to use, we informed the manager that there should be a small stock kept in the communal bathrooms within the home. This would enable staff have easy access as and when required.

How well is our care and support planned?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

We sampled 12 personal plans. People benefited from dynamic and aspirational personal plans which consistently informed all aspects of the care and support they experienced. People, and where relevant, their families or those important to them, were fully involved in developing their personal plans. Strong leadership, staff competence, meaningful involvement and embedded quality assurance and improvement processes supported this happening.

Personal plans were written well and comprehensive, with good information to lead and guide staff on how best to support the person. People benefit from personal plans which were regularly reviewed, evaluated and updated, involving relevant professionals and family members.

Regular six-monthly reviews were held and provided an overview of care being delivered and captured the discussion held and actions agreed.

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
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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