

Maryfield West Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
18 October 2024

Service provided by:
Maryfield West Care Limited

Service provider number:
SP2020013464

Service no:
CS2020378893

About the service

Maryfield West Care Home is a care home for older people situated in the west end area of Aberdeen. The three-storey traditional style building is convenient for local services and public transport. The home is set in spacious grounds and has an enclosed garden to the rear which contains a summer house. The service provides both nursing and residential care.

The service has a lift to ensure people can access to all levels of the home. All rooms have en-suite facilities which include a toilet and wash hand basin, and some have a shower. Personal care facilities are available on each floor of the building. There is a communal lounge, and dining area on the second floor of the home. The service also benefits from a hairdresser's room.

At the time of inspection 24 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 14 October and 15 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:

- spoke with 8 people using the service and 5 of their families;
- spoke with 7 staff and management;
- observed practice and daily life;
- reviewed documents;
- received feedback from 1 visiting professional.

Key messages

- People's health needs were supported well.
- There was a friendly homely atmosphere in Maryfield West.
- Quality assurance processes were managed well.
- Staff worked well together and were responsive to people's needs.
- People benefitted from a warm, clean and comfortable living environment.

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?	4 - 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were respectful, patient and kind in their interactions with people. It was clear that people found the staff to be approachable, helpful, and friendly and this shone through in interactions between each other. There was lots of appropriate good, humoured banter. People in the service spoke naturally amongst themselves and this contributed to the homely feel of the service. People told us they were well looked after. One person told us "This is the best home" and a family member told us they were "very impressed" with the care their relative received.

We found that people looked well, they were well presented and appeared comfortable within their environment. This meant we could be assured that people's dignity; sense of identity and wellbeing was being promoted.

The provision of activities within the home was very good. There had been a range of activities and opportunities that people enjoyed, this included bingo, baking, Zumba, and walking groups. People had access to a minibus to undertake outings within the community. Staff were proactive in engaging people in events and activities. This meant people were spending their time purposefully to promote feelings of wellbeing. One person told us "They are always coming up with things to keep us entertained".

People could choose to take part in a regular church service held within the home. This enabled people to maintain links with the local church and promoted their spiritual wellbeing.

People could be assured that the service were alert to changes in their health needs and sought the right support for them. Families told us communication was very good, and they were informed immediately of any issues. One visiting professional told us "They have been responsive to any changes" in a person's medical needs. People benefitted from regular access to health care professionals including specialist nurses, podiatry, dental hygienists, and GPs. This meant people's health benefitted from the right healthcare, from the right person at the right time.

People's health was regularly monitored. This included people's skin condition, weight, and mobility. This kind of monitoring promoted people's health and ensured that any changes to people's health were identified and responded to quickly.

Staff regularly reviewed people's health needs through clinical risk meetings. This meant that people received care and support based on their current circumstances.

The service was using a multifactorial risk assessment to minimise the risk of falls. People could be confident that the service had good management oversight of reducing the risk of falls and that measures were in place to protect them.

Where people had experienced a wound, they received good wound care. Each wound was documented with measurements and photographs. Detailed treatment plans were in place. Advice was sought and followed from specialist healthcare professionals. Staff used a pain tool to assess people's pain levels and undertook regular assessments of the wound. This helped to reduce pain and promote healing.

People told us they enjoyed the food, and the meals looked appetising. People were encouraged to undertake hand hygiene prior to mealtimes which minimised risk of infection. Visual food and drink options were presented and helped with decision making. Where people required support or prompted to eat or drink, this was done sensitively and respectfully. The kitchen staff had a good overview of people's nutritional needs including where people required their diet to be fortified. This ensured people's food and diet was tailored to their needs. The manager undertook regular dining experience audits to ensure quality. This assured us that people's nutritional needs were being met.

The service has a medication policy in place and medication audits were carried out. We examined a sample of medication administration records and found that people had received the right medication at the right time. This helped people to maintain good health.

People's health benefitted from safe infection prevention and control practices and procedures. The general environment was clean and tidy. Housekeeping staff worked hard, and cleaning schedules were in place which minimised the risk of infection.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service was organised, well led, and benefitted from a management team who knew people well and focused on service improvement.

Quality assurance processes were effective. A full and comprehensive system of audits were in place and regularly completed. The audits fed into an improvement plan for the home, of which senior management had an overview. We recommended this developed as a dynamic tool that is regularly discussed, reviewed, and updated with staff, residents, families, and other stakeholders. This will support the continuous improvement of the service

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

The service had not identified or reported adult support, and protection concerns timeously to the lead agency responsible for the protection of people. The management team were addressing this through reflective accounts and further training for staff to prevent it happening again. Staff we spoke with had a good understanding of the processes to be taken if they were worried about a person's safety or wellbeing and the expectations of their role. The manager should ensure that that all concerns are reported timeously to the relevant statutory organisations. We were confident this would be actioned. We will follow this up at our next inspection.

Daily meetings took place which are attended by the representatives from each staff group including the activity coordinator, housekeeping, care, and nursing staff. Information about people and their needs was shared. This meant that the manager had a clear oversight of daily plans and needs of the home.

Systems were in place to safeguard people's finances and people had access to their money when needed.

This promoted choice and a sense of wellbeing for people.

The service regularly evaluated people's experiences of care. People's views about the service were considered during regular residents' meetings and with a survey. This meant that the service was working in partnership with people to drive forward change and improvement. The manager should incorporate this feedback into the existing service improvement plan.

A regular newsletter and Facebook page shared relevant and valuable information with families on activities and developments in the home. This helped keep families informed and updated.

We found the management team responsive, and they effectively addressed issues raised by us during the inspection.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were welcoming, warm, and working hard to support people. People were not rushed, and staff took time to support people. Buzzers were answered quickly, and people said that they got the care and support they needed. We saw that people were treated respectfully and as individuals. One family member told us "Staff appear to be genuinely enthusiastic" and another told us "They are very attentive".

We observed staff working well together in a supportive and respectful manner that helped to create a positive team spirit. This sense of togetherness provided a pleasant and positive atmosphere for the people experiencing care.

People were being cared for by a regular, stable staff team. This meant people received care and support from people they knew well which was consistent. Staff were aware of their role and the leadership roles within the home. Care was being given in accordance with the core values of dignity and respect. One family member told us "It's a small care home with a family atmosphere".

The service followed safer recruitment guidance. We observed that people living in the service were not currently involved in staff recruitment. This is something the service could develop. New staff underwent a robust induction process which included shadow shifts to learn about people's support needs. This meant staff had the necessary information to undertake their role.

Staffing levels appeared appropriate at the time of our inspection. Rota planning was done in advance. A dependency tool helped to inform the staffing arrangements for the service. This meant staff had time to provide care and support and engage in meaningful interactions with people.

The leadership team supported wellbeing of staff by recognising staff performance and encouraging activities to enhance staff morale such as employee of the month. This helped the staff group feel valued, and their morale was boosted. This had an impact on delivery of care as the staff team was stable and people benefited from a happy and motivated team.

The service had a training matrix and good overview of staff training. Records were in place evidencing staff had accessed a wide range of training appropriate to their role. This meant that people experiencing care could be confident that staff were trained and competent.

Staff reported feeling supported in their role and were happy working in the service. Systems were in place to support staff development which included supervision sessions and observation of practice. This helped ensure a competent and confident workforce.

Staff champions had been appointed who led and supported the development of staff learning across a variety of different topics, for example, moving and handling and Infection prevention and control. This allowed sharing of knowledge and skills within the team.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a warm, comfortable home. The environment was generally clean and tidy, with no evidence of intrusive noise or smells. One family member told us "It's a nice small intimate homely home".

The atmosphere within the home was pleasant and homely. People's rooms were personalised and homely which promoted each person's experience, dignity, and respect. The furnishings were of a good standard, this contributed positively to a comfortable living environment.

There was one open plan lounge / dining area for the home, however, this was limited in size. This can restrict people's choice of where they would like to sit. The service has replaced some furnishings to try to enhance the space, however, this remained a challenge. The home had introduced occasional sitting areas, for example, chairs in hallways and at alcoves to give additional seating and people the choice of different places to spend their time. The service should continue to explore ways of maximising the environment for people.

Personal care facilities were available in the form of a wet room on the upper and middle floor of the building. A large bathroom on the lower floor of the home had recently been redecorated. This provided a relaxing dignified area for people to enjoy. People living in the home were consulted regarding the paint colour used. This gave people a sense of ownership within their home.

There was a hair salon where people could access the on-site hairdresser which helped to promote people's well-being and self-identity.

Pictorial signage was in place to help people orientate in their surroundings. We would recommend that the service continues to develop the environment to ensure people are provided with an environment that meets their needs and promotes independence.

Maintenance checks were taking place. This enabled any issue to be identified and resolved quickly.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from personal plans that were based on people's individual needs, strengths, and

preferences. Plans were organised and easy to follow. There was a good level of detail within the care and support plan to guide staff around how best to care for and support each person.

We felt that the plans could be developed further to become more outcome focused. Personal plans were evaluated monthly, this helped to ensure people's needs were being met. Some information needed updated to reflect the care provided. One person's plan had not been updated following advice from a healthcare professional and contained conflicting information on the frequency of position changes. The management team started to address this during the inspection.

People had a hospital passport in place. This meant if a person were admitted to hospital, staff would be provided with essential information to treat and support the person more effectively.

Supporting legal documentation was in place to ensure people were protected and to uphold their rights. One family member told us "I know about everything before it happens". The service had consent forms in place which were signed by the person, or their relative, should there be any restrictions of a person's movement put in place, for example, bed rails or a sensor mat.

People had anticipatory care plans in place. This ensured people's specific wishes and preferences regarding their care were known should their condition deteriorate.

We observed that regular six-monthly reviews took place which involved people and their family/representatives, which meant care was planned and reviewed in a meaningful way.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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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