

Marchmont Care Home Limited

Care Home Service

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Port Glasgow
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Type of inspection:
Unannounced

Completed on:
14 October 2024

Service provided by:
Marchmont Care Home Limited

Service provider number:
SP2007009399

Service no:
CS2007163997

About the service

Marchmont is a care home for older people situated in the residential area of Port Glasgow. The service is close to local transport links, shops and community services. The service provides nursing and residential care for up to 51 people. Four of the 51 beds can be used for respite or interim care.

The service provides accommodation over two floors. All rooms have ensuite toilet and wash hand basin facilities. Thirteen of these rooms also have bathing facilities. There are two sitting rooms and one dining room on each floor. There are toilets and bathrooms on each floor. A communal outdoor garden area is accessible from the ground floor and is situated at the back of the home. The home sits at the top of a steep hill which gives very good views of the river Clyde.

At the time of the inspection 43 people were supported by the service.

About the inspection

This was an unannounced inspection which took place on 8, 9 and 10 October 2024 between the hours of 07:00 and 01:30. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, complaints, observations of practice and daily life and information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we spoke with:

- 12 people using the service
- 5 family and friends
- 15 staff and management
- 2 visiting professionals.

We also took account of feedback gathered from Care Inspectorate surveys completed by people using the service and staff.

Key messages

- People were supported with kindness, compassion and warmth.
- Improvement is needed to support people safely and effectively with their medication.
- Improvement is needed to how the service responds to accidents and incidents to ensure people are safe and protected from harm.
- Training for staff ensured they had the right skills and knowledge to support people well.
- Team work should improve to support positive outcomes for people.
- People experienced an environment which was clean and maintained to a good standard.
- Improvement is required to ensure care plans contain up to date and accurate information to ensure people's ongoing and changing needs are met.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While we recognised strengths that had led to positive experiences for some people using the service, improvements were required to prevent people from experiencing poor outcomes in relation to their health and wellbeing.

We observed staff supporting people with kindness, compassion and warmth. People told us "I am happy with my care, it's home sweet home". Families told us that they felt reassured by the meaningful relationships staff had developed with their relative: "I cannot fault the staff, they make the effort to spend time with my relative and have banter with them which is important".

People should be protected by safe and effective medication management systems and policies. Medication systems and records were not always in line with best practice or the provider's own medication policy. Total stock levels and checks of people's medication supply including oral and topical medication was not well documented. This meant there was potential risk of people not having access to the right medication at the right time. Some people needed support to take medication as and when required, known as PRN medication. Protocols for PRN medication were in place, however guidance and records to inform decisions when these should be given were not always clear. Records should have been more directive when medication was to be given for constipation, pain management or for people who may experience stress and distress. This meant that people may not have been given prescribed medication to good effect. **See requirement 1.**

Observations of practice to determine how well people were supported at mealtimes varied. Some people were offered 'show plates' to help them choose what they would like to eat, while choices were only offered verbally to others. One person told us "I don't get a choice; I eat whatever is put down to me". We fed this back to the manager, and were told of plans to introduce pictorial menus to help support people to make decisions about the food on offer. Services should provide a good nutritional variety of food that ensures there is plenty of choice so that people enjoy eating. There were limited food options for people who were vegetarian or had preferences in relation to their religious and cultural beliefs. This meant that some people did not always enjoy their food. **See area for improvement 1.**

Where people were at risk of weight loss, screening and ongoing assessment was in place to monitor people's weight. This included providing meals that contained a higher fat content, known as fortification. Fluid charts were used to record the amount of fluids offered and taken each day for those who required additional support to remain hydrated. The service had sought advice from dieticians and GPs when people were at risk of malnourishment. This demonstrated that people were supported well with their nutritional needs.

Health professionals we spoke with said they felt people were supported by consistent staff who knew them well. This provided some assurance that staff were able to identify when people's needs had changed. The volume of paperwork to record information about people's health and wellbeing on a daily basis was extensive and time consuming. This had contributed to gaps in recordings, which had impacted the service's ability to monitor people's care clearly to ensure support was responsive to their needs. Staff told us that the volume of paperwork they were required to complete impacted on the time spent with people. **See area for improvement 2.**

Small groups of people were observed to participate in activities such as arts and crafts sessions, memory games, music quizzes and bingo. Entertainment was provided over the year from singers, pet therapy and events to celebrate special occasions. We observed people spending prolonged periods in their room with little stimulation. Activity workers were keen to improve and develop the activities on offer for people and sought feedback from people about activities on offer. Some people told us they would like to go outside and that they felt restricted. Families spoke about the lack of transport to support people into the community during meetings held. Feedback should be used to develop a programme of regular activities; this includes exploring opportunities for people to spend time outside of the service. Activities on offer should be stimulating and meaningful for everyone and reduce risks of isolation. **See area for improvement 3.**

Requirements

1. By 19 January 2025, the provider must ensure that people are protected by safe and effective medication management systems and procedures. Practice should be in accordance with the organisational medication policy and The Royal Pharmaceutical Society's guidance 'Professional guidance on the safe and secure handling of medicines' 2018. To do this the service must ensure;

- a) monitoring records are in place for people who are supported with as required (PRN) medication for bowel management, pain relief and stress and distress
- b) staff are given clear instruction on how to complete monitoring records
- c) monitoring records are regularly reviewed to ensure they are completed effectively to inform decisions on when PRN medication should be given, and to identify when further action should be taken
- d) where additional medication requires to be stored for people, stock control arrangements and checks are in place to ensure people have access to their medication at the right time
- e) any additional stock of medication including oral and topical medication is stored safely and securely in locked cabinets with restricted access.

This is to comply with SSI 2011/210 Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that my care and support is in line with Health and Social Care Standards (HSCS) "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

Areas for improvement

1. To ensure that people are supported well with their nutrition, the provider should develop the menu plan to maximise people's choice and enjoyment. Menu plans should be nutritionally balanced and cater for people with specialised diets and preference including, but not limited to, their religious and cultural beliefs, personal lifestyle choice and any known allergies.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences" (HSCS 1.37) and "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33).

2. To ensure people's care needs can be clearly tracked and monitored, the provider should streamline and reduce unnecessary duplication and time-consuming recordings relating to people's health and wellbeing. Recordings should be used to demonstrate and inform responsive care and support.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

3. To ensure that people are stimulated and active, the provider should develop the programme of activities on offer to ensure these are meaningful, inclusive and recognise people's preferences. Opportunities for people to access the community should be explored.

This is to ensure 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) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The leadership team was described as "approachable, accommodating and friendly" by families and external health professionals we spoke with. Some staff told us that they felt leaders supported them in their roles, while other staff felt less supported. We have discussed this further in the report in the section 'How good is our staff team'.

Quality assurance systems were used to ensure oversight of the service and enabled leaders to reflect on what needed to improve. The service completed a range of regular audits that related to people's health and wellbeing, infection control, medication and care planning. Links were made between the service improvement plan and the actions identified from completed audits. This demonstrated the service maintained an overview of areas for development and were working towards improvement. People and their families shared their views and opinions about the service by completing surveys and attending meetings. We advised the service to add the findings of this feedback to the service improvement plan to demonstrate how stakeholder feedback linked to the improvement journey.

During the inspection we looked at how the service takes learning from any accidents and incidents that have occurred to improve outcomes for people. We were concerned about the lack of thorough investigation and learning from some accidents and incidents that had occurred. This included people experiencing falls, sustaining injuries and other incidents where there was a risk of harm. Statutory notifications and subsequent investigation updates to the Care Inspectorate and other agencies were not always made in line with legislation. We were not confident that arrangements were in place to fully review, investigate and respond to significant events, including protection incidents when things went wrong in the service. This meant people were at potential risk of harm. **See requirement 1.**

Requirements

1. By 19 January 2025, the provider must ensure that robust arrangements are in place to review, investigate and respond to significant events, including protection incidents when things have gone wrong in the service. To do this the provider must;

- a) ensure staff are trained, knowledgeable and competent to complete accident and incident reporting in a consistent manner
- b) ensure staff are aware of their duties on reporting notifiable events to the local authority, Care Inspectorate and other agencies including Adult Support and Protection matters
- c) ensure notifications are made to the Care Inspectorate within the timescales set out in the guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'
- d) review accident and incident reports to identify any patterns, trends or learning that can be taken
- e) take steps to carry out further investigation and actions to mitigate and reduce the impact of any ongoing or potential risks to people timeously. Actions taken must be clearly documented and communicated to staff
- f) promote and maintain a culture of transparency where improvements to the service or practice are identified.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

How good is our staff team?

4 - Good

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

During our visit to the service, we observed genuine and familiar interactions between staff, people and their families. Families said "We are made to feel welcome when we visit, the staff are helpful". People told us "I am quite happy here; the staff are very good and I have no complaints".

The service had experienced some recent turnaround of staff and were using agency staff to support the kitchen team. Leaders were managing this well to ensure people received support from a consistent and stable staff team. An external professional told us "Staff are familiar which helps with consistency to support people's rehabilitation".

The service carried out regular assessments to ensure people's changing needs were recognised and influenced staffing levels. The assessment took account of staff views and new admissions to the service, which had influenced a recent decision to increase staffing levels over the day. Staffing arrangements ensured that senior staff and clinical staff were present over a 24-hour period to support care staff. During our visit, several people remained in their rooms due to ill health, which had increased demand on staff at peak times in the day such as mealtimes. Although we understand this was not usual for some people, we asked the manager to ensure staff arrangements were flexible at peak times in the day to ensure people had safe and consistent support.

This is to ensure that the right number of staff are available at the right time to provide people with safe and consistent support.

A robust training plan was in place setting out requirements for all staff to complete mandatory and essential training. This included adult support and protection, manual handling training, medication training, dementia awareness and infection prevention and control. Leaders had a good overview of training requirements which meant that compliance levels were high. Practice observations were used to establish staff competency in areas such as infection prevention and control and medication support. This demonstrated that staff had the right knowledge and skills to support people safely.

We saw examples of supportive discussion which had taken place with staff during one-to-one supervision meetings. Some staff told us that they found these meetings to be helpful and supportive, while other staff did not view these as beneficial. Some staff told us that they did not feel their views or opinions mattered and that they could not effect change in the service. This had led to some staff feeling low in morale. Staff told us there were little opportunities to meet together and they would welcome opportunities to share learning, knowledge and practice. We saw that team meetings had taken place infrequently across the year with low staff attendance. This had impacted communication, teamwork and collaboration in the service to improve outcomes and experiences for people. **See area for improvement 1.**

Areas for improvement

1. To improve staff morale and promote a culture of learning, development and team work to benefit people's outcomes and experiences, the provider should:

ensure there are regular opportunities for staff to share their views and knowledge with colleagues and leaders both on a one-to-one basis and during team meetings. Feedback from these sessions should be used to improve the service and experiences of people supported.

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) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on people's experiences and outweighed areas for improvement.

People experienced an environment which was clean and maintained to a good standard. Clear arrangements for maintenance and day to day repairs were in place and well documented. During the inspection we highlighted some potential tripping hazards from a loose carpet and exposed cables in people's bedrooms. We were satisfied that action had been taken to address these issues timeously to reduce the risks of harm to people. We highlighted the vigilance required during daily management walk arounds of the building to ensure any environmental issues are identified and addressed without delay.

Refurbishment of the service was ongoing and ensured the internal decoration of the building was fresh and maintained. People and their families were recently involved in decisions to re-purpose a communal area to maximise the facilities available for people living in the service.

Suggestions made were to use this as a pamper room, cinema room or family visiting area. To ensure people and their families feel listened to, we suggested that the progress towards this decision and actions to be taken were added to the service improvement plan.

Families told us that they felt their relative's room was homely, comfortable and clean. Deep cleaning of bedrooms were taking place once a month as well as daily cleaning throughout the home. Practice in relation to the transfer of contaminated linen to the laundry was not in line with good practice. We discussed our concerns with the manager of the service who took steps to address these issues during the inspection. However, further improvement is needed to minimise the potential spread of infection to people living in the service. **See area for improvement 1.**

Areas for improvement

1. To minimise the potential risks to people from spread of infection, the service should ensure that the management of contaminated linen is in accordance with the National Care Home Infection Prevention and Control Manual guidance. This should include the use of appropriate alginate bags and linen washed at the correct temperature to reduce risk of cross contamination.

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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses that had the potential to impact on people's outcomes and experiences.

Care plans were set out in a person-centred manner, identifying people's likes, dislikes and preferences which gave recognition to people as individuals. Most people had six-monthly care reviews to ensure their support was right for them. Families were invited to review meetings to ensure they were able to contribute to their relatives planned care.

Audits of care plans were taking place which highlighted where people's needs had changed. We were not always able to see how people's changing needs had been reflected in their care plans and risk assessments to ensure these provided staff with up to date and essential information on how to support people safely. For example, where changes were identified in relation to people's support with their mobility, eating and drinking, continence care and daily routines. This meant there was potential risk of people not receiving safe and effective care in accordance to their assessed needs. **See requirement 1.**

Care plans included input from other health professionals such as physiotherapist, occupational therapists and speech and language. This demonstrated that the service sought expert advice outwith their skills and knowledge to improve outcomes for people. We saw an example of joint working taking place between the service and an external professional to improve people's support with their mobility. This had led to positive outcomes for people in relation to their health and wellbeing.

People's care plan should set out their views and wishes for their future care and towards end-of-life. The service was using the NHS Anticipatory Care Plan (ACPs) template to capture this information. ACPs sampled varied in content, some were incomplete and offered little information about people's future wishes.

Further improvement regarding future care planning was not identified in the service improvement plan. We were made aware that some nursing staff were participating in a palliative care training programme. Learning opportunities should be explored from this programme to improve how the service supports people and their families to ensure people's future wishes are known. This will ensure the service aligns practice with the Scottish Government's 'Enriching and Improving Lives Framework'. **See area for improvement 1.**

Requirements

1.

By 19 January 2025, the provider must ensure that people's care plans and risks assessments contain up to date and essential information to give staff clear instruction on how to meet their needs safely. To do this the provider must:

- a) carry out regular reviews of care plans to ensure these reflect people's current needs and record when these have been completed
- b) ensure that amendments to care plans and risks assessments are made timeously when people's needs have changed
- c) communicate people's changing needs clearly to all staff, directing them to read care plan updates and keep a record of how this has been communicated
- d) care plan audits should be used to ensure information about people and their needs are accurate and issues identified are addressed effectively.

This is to comply with Regulation 5(1) (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15).

Areas for improvement

1. The provider should ensure people's views and wishes for their future care and towards end-of-life is known. This should include, but is not limited to, input from people and their relatives and other health professionals where possible. Planning arrangements and people's wishes should be recorded clearly and align with The Scottish Government's 'Enriching and Improving Lives Framework'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively" (HSCS 1.7) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

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

People experiencing care should experience high quality care and support that is right for them. In order to achieve this, the service provider should ensure:

- a) people's continence needs are regularly assessed, including when changes occur and records confirm the support individuals require
- b) people's personal hygiene should be supported in accordance with their care plan with records confirming the support required and provided
- c) families and representatives are provided with the opportunity to review and contribute to care plans with accurate information recorded to confirm who has reviewed and contributed to the care plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: "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".

This area for improvement was made on 11 September 2024.

Action taken since then

This area for improvement was made following an upheld complaint on 11 September 2024. **We did not assess this area for improvement.**

Previous area for improvement 2

People experiencing care should live in a high quality environment. In order to achieve this, the service provider should ensure:

- a) the home is clean, tidy and free from avoidable and intrusive smells
- b) people should have accessible, secure places to keep their belongings.

This is to ensure care and support is consistent with Health and Social Care Standard 5.18: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells".

This area for improvement was made on 11 September 2024.

Action taken since then

This area for improvement was made following an upheld complaint on 11 September 2024. **We did not assess this area for improvement.**

Previous area for improvement 3

People experiencing care should be confident they experience high quality care and support that is right for them. To achieve this the service provider should ensure:

prompt action is taken when people experience pain and require treatment from external health professionals.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: "Any treatment or intervention that I experience is safe and effective".

This area for improvement was made on 11 September 2024.

Action taken since then

This area for improvement was made following an upheld complaint on 11 September 2024. **We did not assess this area for improvement.**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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