

# Marchmont Care Home Service

24 Bennoch Road  
Kirkcaldy  
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Telephone: 01592 260 465

**Type of inspection:**  
Unannounced

**Completed on:**  
1 October 2024

**Service provided by:**  
Marchmont Residential Homes a  
partnership

**Service provider number:**  
SP2017012993

**Service no:**  
CS2018369999

## About the service

Marchmont Care Home is registered to provide care for up to 46 older people. The home is a traditional two storey Victorian villa with a single storey extension. The accommodation offers single rooms with en-suite toilets and hand washing facilities. Some rooms benefit from en-suite shower rooms. There are a range of communal spaces available for use by residents.

There are well kept, enclosed and accessible gardens in the middle and to the rear of the home with a summer house available for use. The home is located in a central residential area of Kirkcaldy Fife, with easy access to a range of local facilities including a regular bus service.

## About the inspection

This was an unannounced follow up inspection which took place on 1 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 five people using the service
- spoke with two staff and management
- observed practice and daily life
- reviewed documents

## Key messages

Personal plans had been improved.

People benefitted from protocols which supported the consistent administration of 'as required' medications.

The management team demonstrated a commitment towards ongoing improvement.

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

### Requirements

#### Requirement 1

By 17 September 2024, in order to ensure the health, wellbeing and safety of people, the provider must, ensure that individuals' personal plans clearly set out how their health, welfare and safety needs are to be managed and met. This must include but is not limited to:

- a) Stress and distress care plans
- b) PRN protocols
- c) Mobility care plans
- d) Falls risk assessments.

This is in order to comply with Regulation 5(1) and (2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 requirement was made on 25 June 2024.

#### Action taken on previous requirement

The service had improved personal planning since the last inspection. All personal plans were being accessed via an electronic planning system. The service continues to develop their knowledge of this system to support future planning and quality assurance.

The quality and consistency of personal plans had been improved. People benefited from plans which included personal preferences and detailed information about their care and support needs. Support plans associated with stress and distress were in place. These plans provided guidance for staff about how individuals may present when experiencing distress and actions staff can take to alleviate some of this. Again, plans and risk assessments associated with mobility had been updated. We suggested the service continue to develop support planning to ensure all aspects of support are developed and reviewed. This will continue to support person centred care.

We sampled protocols used to guide the administration of as required (PRN) medication. We found the detail included in these protocols had improved. Protocols made additional reference to associated personal plans where relevant. Protocols provided enough information to support an increasingly consistent approach across the staff team when considering PRN medication administration.

As a result, this requirement has been met. The service should continue to develop the recording of PRN medication by including the effectiveness of medications in alleviating associated symptoms. This will support future review and care planning for individuals.

**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 promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, reviewed and evaluated on a regular basis.

**This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and '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 25 June 2024.**

#### Action taken since then

This area for improvement was not assessed at this inspection.

#### Previous area for improvement 2

In order to support health and wellbeing the service should promote a culture of responsive and continuous improvement. In order to do this the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and used to inform improvement planning.

**This is to ensure that my care and support is consistent with the Health and Social Care Standards which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) 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)**

**This area for improvement was made on 25 June 2024.**

#### Action taken since then

This area for improvement was not assessed at this inspection.

#### Previous area for improvement 3

To ensure the safety of people living in the service the provider should minimise the risk of waterborne infection. In order to do this the provider should ensure they have a legionella risk assessment in place

which is in line with current best practice guidance. The service should ensure all actions as detailed in their risk assessment are undertaken, recorded and auditable.

**This is to ensure that care and support is consistent with 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 5.22).**

**This area for improvement was made on 25 June 2024.**

#### Action taken since then

This area for improvement was not assessed at this inspection.

#### Previous area for improvement 4

To support health, wellbeing and safety the provider should ensure actions are taken to reduce the risk of falls. This should include but is not limited to comprehensive and up to date falls risk assessments and mobility care plans. The service should refer to the good practice self-assessment resource - managing falls and fracture in care home for older people.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 23 September 2019.**

**This area for improvement was made on 23 September 2019.**

#### Action taken since then

The service had significantly developed personal plans. We sampled mobility care plans and associated risk assessments. Plans included sufficient detail about individuals mobility and the support they required. Additionally we sampled falls risk assessments which demonstrated a good insight into peoples needs, as well as information about falls history. Personal plans and risk assessments we sampled were being reviewed regularly.

As a result this area for improvement was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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