

# Marcus House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 October 2024

**Service provided by:**  
MARCUS HOUSE LIMITED

**Service provider number:**  
SP2023001435

**Service no:**  
CS2024000227

## About the service

Marcus House is a care home for older people located in Quarriers Village conservation area outside Bridge of Weir. The service provides residential care for up to 18 older people. The provider is Marcus House Ltd.

The service is in an attractive traditional style building which has been converted and modernised for use as a care home. It offers accommodation on the ground floor only. Each room has an en suite toilet and wash hand basin. Bath and shower facilities are shared. There is a communal lounge and dining room. A patio area is available at the front of the property which people can access independently. There are also open gardens to the rear.

The manager of the service is supported by a deputy manager, two senior carers and a team of care assistants alongside catering and domestic staff.

The service was supporting 15 people at the time of inspection.

## About the inspection

This was an unannounced inspection which took place on 2, 3, and 4 October 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence we have gathered about the service.

In making our evaluations of the service we:

- spoke informally with people using the service and five of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

We also took account of four completed Care Inspectorate questionnaires.

## Key messages

- Staff managed people's healthcare needs effectively.
- Quality assurance processes were in place to drive improvement. The provider should ensure people's views about the service are included.
- Staffing numbers did not allow enough time to support people with meaningful activities.
- The environment was clean, homely and welcoming, but space was limited for small-group living.
- Personal plans did not clearly reflect people's outcomes or outline how staff should support them.
- Staff worked well together to provide consistent care.

## 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?	4 - Good
How good is our leadership?	4 - Good
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?

4 - Good

We evaluated this key question as good. A number of important strengths had a positive impact on people's experiences and outcomes. Some improvements were required to ensure people could have consistently positive experiences.

The service had systems in place to manage people's health and medication which worked well. Staff were aware of people's health needs and discussed these in detail at twice daily handover meetings. The service had good relationships with external health colleagues and staff were confident about discussing changes in people's health and seeking external support. This helped to ensure people had access to the right healthcare at the right time. We asked the manager to ensure that people's health conditions and medications, including possible side-effects, were clearly recorded in personal plans. (See How well is our care and support planned). Medication processes were overseen by senior staff and the records we sampled were up to date and accurate. Monthly audits helped to ensure medication processes were safe. The service did not have clear protocols in place for 'as and when' medication and staff were not recording the effect of this medication. This meant that staff could not easily track if this medication was providing the desired effect. This information is important to support staff to accurately communicate with health professionals when requesting medical input for people. (See area for improvement 1).

The service promoted a person-centred approach to mobility and preventing falls. Suitable equipment was available in the service to support safe mobility. Equipment had been assessed by relevant professionals and all staff had undertaken mandatory moving and assisting training. People were encouraged to mobilise and keep active when this was possible for them. This meant that people had opportunities to maintain or develop their confidence when mobilising. The manager had enrolled the service in a number of health improvement initiatives being delivered by the local Health and Social Care Partnership (HSCP). This included good practice in managing skin integrity, stress and distress, and identifying and managing deterioration in people's health (RESTORE 2). This demonstrated a commitment to improvement and providing good quality care for people.

People should expect to benefit from meals that are tasty, varied and that meet their nutritional needs. Mealtimes were well organised and relaxed, with most people eating their meals in the dining room which was a pleasant space. People were encouraged to make meal choices in advance, but also had access to alternative meal choices. The service provided home baking every day. Kitchen staff had access to key information about people's nutritional needs and were involved in the meal service which helped them to identify people's preferences. While the food appeared appetising, we asked the provider to ensure people had access to a good balance of processed and freshly prepared meals to ensure the nutritional value of the food is considered.

### Areas for improvement

1. To promote good health and wellbeing, the provider should update the system used to monitor use of 'as and when' (PRN) medication. This should include, but not be limited to, having a protocol in place for each PRN medication used which outlines what the medication is for, when it should be used, and any measures that should be taken prior to using the medication. The effect of the medication should be recorded each time it is used. This information should be available for health professionals to review if necessary.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our leadership?

### 4 - Good

We evaluated this key question as good. We identified a number of important strengths which had a positive impact on people. We asked the service to make some improvements to ensure consistency.

Leaders in the service had a good understanding of people's needs, staff skills and the views of relatives. This helped to ensure care and support was person-centred and effective. The manager promoted open communication and was visible and accessible to staff, residents and visitors. This helped to ensure staff were kept informed about people's needs and any changes they should be aware of. Staff had undertaken a range of training which aligned with the needs of people using the service but there were no observations of practice or competency checks taking place. This was a missed opportunity to identify skills-gaps and tailor training to staff development needs. (See area for improvement 1).

The manager undertook a range of quality assurance activities to ensure good standards were maintained. This included evaluation of the environment, infection prevention and control, medication systems, staff training, and accidents and incidents. This information was analysed by the manager to create action plans and a service improvement plan. It was not always clear that audits of people's experiences were meaningful and used to inform the improvement plan. For example, a monthly audit of 'Activities' for people did not include the views of people using the service or their representatives. There were no audits of mealtimes experiences to identify how mealtimes could be enhanced. Feedback from people, observations of staff practice and observations of people's experiences can help to inform a robust service improvement plan and drive meaningful change. (See area for improvement 2).

The service had a policy in place for managing complaints and compliments. Leaders in the service were clear about processes for managing complaints and families told us they felt confident to provide feedback to the manager or staff. The service had not received any formal complaints over the last year. The service had experienced a period of change in recent months due to a change in ownership. The new provider assured us that maintaining stability and familiarity for people was a priority. Leaders in the service had been supporting staff, residents and families to manage any impact from this change. One family member told us 'We were a bit concerned about the change of owner, but the managers have been very supportive of us as a family and have kept us informed'. This reassured us that leaders were supporting people to understand the standards they should expect from the service.

### Areas for improvement

1. To support development of staff practice, the provider should implement a system of competency observations. This should include, but not be limited to, formal observations of medication administration, moving and assisting practice and infection prevention and control (IPC) practices. The provider should develop a format for recording these observations and use this to inform analysis of staff training needs.

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).

2. To support continuous improvement, the provider should gather information about people's experiences and use this to inform the service development plan. This should include, but not be limited to; seeking feedback from people, families, and other stakeholders; carrying out observations of people's experiences, including mealtime experience, interactions with staff, and meaningful activities; and carrying out observations of staff practice.

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 give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8), and, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS, 4.19).

## How good is our staff team?

4 - Good

We identified a number of important strengths in staffing arrangements which had a positive impact on people's experiences. Some improvements were needed to maximise wellbeing. We evaluated this key question as good.

Staff were skilled in their roles and had good knowledge of people's needs. We observed warm interactions between staff and people using the service. The environment was calm and staff responded quickly to requests for assistance. Staff were aware of people's communication styles which helped them to understand their needs. Good quality discussions at handover meetings and ongoing communication with shift leaders helped to ensure staff understood what was required of them. This meant people could be assured staff understood their needs and their role in providing support. We observed staff working flexibly to support each other which promoted a team-work approach. This helped to ensure no-one went without the support they required. One family member told us 'The staff are great with mum, she can't communicate verbally, but they give her warmth and treat her as a real person.'

The service had a system in place for calculating dependency levels and staffing requirements, but staff numbers were static. While we observed staff providing care to people which was personalised and kind, our observations and feedback from people suggested that staff numbers were not always sufficient to meet people's wider outcomes. For example, while all people received good quality support with their personal care and nutritional needs, staff did not have the capacity to spend 'one to one' time with people engaging in meaningful activity. (See 'How well is our care and support planned?'). We asked the provider to ensure that the principles of the Health and Care Staffing (Scotland) Act 2019 are taken into account when assessing staffing numbers. This is to ensure that staffing decisions take people's individual characteristics into account and consider their overall wellbeing. Staffing decisions should also take account of the wellbeing of staff.

The service had effective systems in place to monitor staff training compliance. The manager had oversight of mandatory training and staff were encouraged to undertake additional training which reflected the needs of people living in the service. We asked the manager to ensure that mandatory training is prioritised when staff are completing eLearning. This was to ensure all staff were completing regular refreshers of key training. We discussed how the service could complement 'eLearning' with follow up sessions or 'workshops' with staff to help them consolidate their learning and relate training to their role and good practice standards, including the Health and Social Care Standards (HSCS).

## How good is our setting?

### 4 - Good

We evaluated this key question as good. A number of strengths contributed to good experiences and outcomes for people. We asked the provider to make some improvements to ensure people could consistently have good experiences.

The service layout was suitable for the needs of people, but space was limited for small-group living. The environment was clean, comfortable and homely. People's individual rooms had been personalised and families told us they were welcome to decorate and make changes to bedrooms to make them as homely as possible. Bedrooms were en suite with a toilet and sink. Shared bath and shower rooms were fresh, clean and easily accessible. This ensured people with a range of support needs could be supported to meet their personal hygiene needs.

A former 'activity room' had been re-purposed into a bedroom to maximise resident numbers. Feedback from families and professionals suggested there had been minimal consultation around this change. It is important that people are consulted about environmental changes so they can influence how the space in the service is used. We found that there were few spaces available for people to spend time together in small groups with only the main lounge and dining room being available for group living. People's private rooms were generally spacious. We asked the provider to consider how the spaces available could be used imaginatively to serve different purposes throughout the day. This was to ensure people had a range of options about how to spend their day in ways that were meaningful to them.

The service had effective processes in place to manage maintenance and infection prevention and control (IPC). Maintenance schedules were in place and a member of senior staff was responsible for weekly and monthly maintenance and safety checks, including fire safety. A fire safety risk assessment was in place and all staff had participated in fire drills. Records were in place to demonstrate follow up actions where maintenance of the environment was needed. As the maintenance officer has a dual role in the service, we asked the provider to ensure that sufficient time was available to complete maintenance duties timeously and safely.

IPC processes were managed by the head housekeeper with oversight by the manager of the service. Cleaning schedules were in place and laundry processes were well managed. Family members told us that they had no concerns with the laundry and their loved ones always appeared clean and appropriately dressed. Staff were aware of their responsibility to promote good infection prevention and control. The manager of the service undertook regular awareness sessions with staff to promote good IPC processes. This ensured that people were protected from the risk of infection as much as possible.

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate. While there were some strengths, these only just outweighed weaknesses. Improvements must be made by building on strengths while addressing areas that are not contributing to positive experiences and outcomes for people.

Personal plans were in place for all people using the service, but these did not reflect people's outcomes or adequately direct staff about how to deliver care. Personal plans were not in a format that was meaningful or easy to follow. This was a potential barrier to people or their representatives understanding their personal plans. Families told us they had been included in discussions about their loved one's needs, but they did not have access to personal plans. The personal plans we sampled did not clearly outline how staff should deliver support and what would indicate that people's needs were changing. While risk assessments were being updated on a monthly basis, it was not clear how these contributed to understanding people's care and support needs. It was not clear how analysis of incidents contributed to updates to people's care plans. We saw good quality support taking place throughout the inspection, but this was not reflected in people's written plans. This meant that there were risks to people's safety and wellbeing as staff relied on verbal communication to understand people's support needs. (See requirement 1).

Personal planning for meaningful activity was not sufficient to reflect people's preferences. The personal planning system did allow staff to gather information about people's history and preferences about meaningful activity, but this had not been fully implemented. This meant that care staff did not have a clear understanding of how people might want to spend their time and what had been meaningful and enjoyable to them in the past. While the service did offer a range of activities throughout the week, these tended to be group based and did not reflect people's individual preferences. (See requirement 1).

The service maintained good quality information about people's legal status, family and professional input. We sampled records which were well maintained to reflect if people had legal arrangements such as Power of Attorney (POA) or Guardianship in place. The service maintained records of people's preferences around their future care (ACP), and legal authority to administer medication to people who lack capacity to consent. Six monthly reviews took place with input from families and external professionals where appropriate. The service supported people to access advocacy support where complex decisions were required. This helped to ensure people's legal rights were upheld and the people important to them were included in decisions about their care.

### Requirements

1. By 3 February 2025, the provider must ensure that personal plans reflect people's current circumstances, needs, and agreed outcomes. To do this, the provider must ensure, at a minimum:
  - a) All people using the service have a personal plan that is up to date, accurate and detailed. Personal plans should include information about how people should be supported to achieve their desired outcomes.
  - b) Six monthly reviews lead to updates of personal plans, to reflect people's changing needs and outcomes.
  - c) Risk assessments are used, where required, to inform personal plans. These are updated regularly and as people's needs and circumstances change.
  - d) Personal plans contain clear information about how and when family members, professionals or other representatives should be contacted and their level of involvement.

This is to comply with Regulation 5 (Personal Plans) 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).

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	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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