

Montrose House Care Home Service

Glencloy Road
Brodict
Isle of Arran
KA27 8HF

Telephone: 01770 302 131

Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2003001167

About the service

Montrose House is a care home for older people situated in a residential area of Brodick on the Isle of Arran.

The service provides nursing and residential care for up to 20 older people.

The modern and purpose-built home offers single room accommodation. All bedrooms are en suite. There are several lounges of varying sizes, dining rooms and a cosy lounge/diner. Large windows provide spectacular views of the local hills and countryside. An assisted bath is available to supplement the en-suite showers.

The home has large and well-maintained gardens with high quality patios.

About the inspection

This was an unannounced follow-up inspection which took place on 29 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 two people using the service
- spoke with 5 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service made significant improvements since the previous inspection which had a positive impact on people's experiences and outcomes.
- The service met two previous requirements and four areas for improvement.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 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?

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 met two requirements and four areas for improvement made at previous inspections. Taken together these significant improvements had a positive impact on people's outcomes and experiences (**see details under sections 'What the service has done to meet any requirements we made at or since the last inspection' and 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

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 met two requirements and four areas for improvement made at previous inspections. This included two previous requirements which were directly related to the quality of management and leadership. Taken together these significant improvements had a positive impact on people's outcomes and experiences (**see details under sections 'What the service has done to meet any requirements we made at or since the last inspection' and 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

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

Requirements

Requirement 1

By 11 December 2023, the provider must ensure that effective methods are in place to support the evidence based assessment and planning of staffing levels and deployment.

To do this the provider must, at a minimum, ensure:

- a) comprehensive, regularly updated and reviewed improvement plans are in place
- b) regular staffing assessments and planning are based on current guidance and take into account a variety of meaningful measurements, including quality assurance, care plan reviews and evaluations feedback from staff, residents and families
- c) staff deployment and skills mix are based on people's outcomes and needs
- d) staffing assessment and planning is transparent.

This is to comply with Regulation 15(a) and (b) (Staffing) 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:

"I experience high quality care and support because people have the necessary information and resources."
(HSCS 4.27)

The timeline for meeting this requirement was extended to 21 October 2024.

This requirement was made on 25 July 2022.

Action taken on previous requirement

The provider made significant improvements since the previous inspection. This included a review of staffing deployment and skills mix, which led to positive changes that helped to make the quality of people's care and support more consistent.

The provider and manager took account of the newly introduced staffing legislation and guidance. This meant that the manager focussed on people's outcomes when making decisions about staffing. As a result, the provider took some difficult decisions to ensure that staffing levels were safe and sufficient to meet people's needs. A significant example of this was to temporarily reduce the number of available beds, until sufficient numbers of new staff could be recruited.

The decision to employ an activity coordinator made a significant positive difference to people's daily experiences in the service.

Met - within timescales

Requirement 2

By 11 December 2023, the provider must ensure that robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service. This should include but not be limited to:-

- a) The registered manager has complete oversight of the service and ongoing key activities.
- b) Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
- c) Quality audits and action plans, including care planning, finance and medication, must be accurate, up-to date and ensure they lead to the necessary action to achieve improvements without delay.
- d) Service management have a clear overview of staff SSSC registration and training including identified gaps.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

The timeline for meeting this requirement was extended to 21 October 2024.

This requirement was made on 19 June 2023.

Action taken on previous requirement

The service made significant improvements since the last inspection. The manager had worked with senior staff on setting up a robust system to plan and carry out quality assurance processes, such as audits, checks and observations of practice. This meant that the manager had an improved overview of the service's strengths and weaknesses.

It was positive to see that key quality assurance tasks were delegated to very capable staff members. This made regular quality assurance tasks more achievable and helped to strengthen leadership at all levels.

Necessary improvement actions resulting from quality assurance were transferred into an ongoing action plan. This was shared and regularly reviewed with external managers to ensure effective oversight.

The manager had an overview of professional registrations and an effective system for planning and monitoring staff training,.

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 support people's access to a safe, welcoming and stimulating garden space the provider should implement a clearer system to ensure that the internal garden gates are closed, so that the garden door can be kept open most of the time.

This should include, but is not limited to, reviewing the garden setup to ensure that paths are even and safe to walk and that there are opportunities for people to be actively involved.

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

'If I live in a care home, I can use a private garden' (HSCS 5.23),
and

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This area for improvement was made on 20 June 2024.

Action taken since then

The service made several improvements since the previous inspection.

The outer gates to the main garden areas were kept closed, so that this area could be used by people who could safely use it independently or with minimal supervision.

To enhance the use of the garden space, the service had started to work with a community organisation. This project planned to involve residents in ongoing gardening projects throughout the year. This would create new areas of interest and opportunities for joint activities, including inter-generational activities.

This area for improvement was met.

Previous area for improvement 2

To support a clean, tidy and safe environment for people, the provider should implement robust and regularly monitored cleaning schedules for all areas of the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 20 June 2024.

Action taken since then

We checked the cleanliness of the environment and existing infection prevention and control (IPC) measures, such as dispensers for alcohol based handrub and PPE (personal protective equipment) stations. We found that the cleanliness of the environment was improved since the previous inspection. Cleaning schedules had been introduced to guide housekeeping staff and to enable more robust quality assurance. Appropriate IPC measures were in place.

This area for improvement was met.

Previous area for improvement 3

To support people with participating in a range of activities that meet their needs and wishes and to ensure that they can make informed choices affecting their health and wellbeing, the provider should improve people's care and support plans.

This should include, but is not limited to, implementing meaningful anticipatory care plans and regularly evaluated care plans for activities, with clearly defined personal outcomes.

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

'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services' (HSCS 1.28),
and

'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).

This area for improvement was made on 20 June 2024.

Action taken since then

The service had made significant improvements since the previous inspection. The employment of an activity coordinator had a very positive impact on people's daily experiences and outcomes. We found that activities were varied, person-centred, and inclusive.

A newly established 'Namaste' room in the adjacent day centre space allowed for quiet time and meaningful one to one activities for residents of all abilities.

Inter-generational work with schools and community groups helped people to maintain good connections to their community and increased the variety of experiences.

Although work on improving anticipatory care plans was still ongoing, the good quality of the person-centred activity assessments and care plans created positive examples for wider improvements of people's care and support plans.

This area for improvement was met.

Previous area for improvement 4

To support people's, or their representative's, active and meaningful involvement in the regular evaluation of their care, the provider should improve the process for regular care reviews.

This should include, but is not limited to, ensuring that reviews are well prepared and based on a regular, meaningful evaluation of people's care plans, and that feedback and agreed actions are clearly captured.

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

This area for improvement was made on 20 June 2024.

Action taken since then

The service made improvements since the previous inspection. The manager had an up-to-date overview of planned and completed reviews and there was evidence of ensuring meaningful involvement of residents and/or their representatives.

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.

Detailed evaluations

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| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 4 - Good |
| 1.2 People get the most out of life | 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 |

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