

## Marcus House Care Home Service

1883 Hope Avenue  
Bridge of Weir  
PA11 3SX

Telephone: 01505613836

**Type of inspection:**  
Unannounced

**Completed on:**  
21 March 2025

**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 ensuite 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 18 people at the time of inspection.

## About the inspection

This was an unannounced follow-up inspection which took place on 20 March 2025 between 09:30 and 17:30, and 21 March 2025 between 09:30 and 12:00. The inspection was carried out by two inspectors from the Care Inspectorate. We followed up one requirement and three areas for improvement from the previous inspection which was finalised on 7 October 2024.

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

## Key messages

- We followed-up one requirement and three areas for improvement. 1 requirement and one area for improvement were met.
- Personal plans clearly outlined people's outcomes and needs which meant that staff had the right information to support people well.
- Protocols for 'as and when required' medication (PRN) had been implemented but these did not provide enough clarity to support best practice.
- Staff competency checks had taken place but further developments were needed to ensure staff were clear about expectations.
- The provider was obtaining feedback from people and their representatives to drive improvements in the service.

## 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 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 is our care and support planned?

4 - Good

We found a number of important strengths in personal planning which had a significant positive impact on people's experiences and outcomes. We have re-evaluated this key question from adequate to good.

We followed-up one requirement under this key question. Improvements had been made to personal plans to better reflect people's circumstances, needs and agreed outcomes. Please see 'What the service has done to meet any requirements we made at or since the last inspection' for further details.

Personal plans reflected people's outcomes and needs, and had been reviewed and updated with the involvement of people, their families and key professionals. Personal plans were up-to-date and person-centred. They outlined people's needs, wishes and preferences. Risk assessments were in place, where required, and had been used to inform personal plans including providing information about when professionals should be involved. This meant that personal plans were dynamic and the right people were involved to support decision making to keep people safe and well. Personal plans had been reviewed and shared with family and key professionals, where appropriate. Where there had been changes in people's outcomes or needs, this information had been updated in personal plans to ensure staff had access to the most up-to-date information about people's needs. We asked the manager of the service to continue to reflect on how outcomes are written in personal plans to ensure these always clearly state what the person wants to achieve. This is to ensure that people's care and support is effective and continues to meet their needs.

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

### Requirements

#### Requirement 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, at a minimum, ensure:

- 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; and
- 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 011/210).

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 24 October 2024.**

#### Action taken on previous requirement

Personal plans were in place for all people using the service. These had been re-formatted to more clearly set out people's outcomes in all areas where they required care and support. People's support needs were clearly identified along with clear information for staff about how to support people in the ways they prefer.

Each personal plan contained a 'daily routine' section which was carefully written and provided a good overview of how people wished to spend their day. This clearly set out each person's desired outcomes. Information about key individuals in people's lives was set out alongside how and when they are involved in their care and support. This meant that staff had clear information about how to support people and when to contact their family members or representatives. The service retained copies of Power of Attorney or Guardianship documents alongside additional health documents such as DNACPR and treatment plans. This meant that this information could be accessed easily to provide clarity about people's legal rights and to provide information to external professionals in an emergency.

Risk assessments and health assessments were in place, where required, and had been used to ensure personal plans reflected people's current health and wellbeing needs. This included information about people's nutritional needs, skin care and mobility assessments. This supported the service to make decisions about risk management and make referrals to external professionals when required.

Six monthly reviews had taken place with the involvement of people, their family members or representatives and external professionals, where appropriate. Review minutes contained a sufficient level of detail to show what had been discussed and agreed. Personal plans had been updated following reviews to reflect these decisions. Future reviews had been scheduled and the staff members responsible for reviews took time to plan in advance. This helped to ensure that appropriate information was shared so families and professionals had relevant information about people's care and support needs.

**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 good health and wellbeing, the provider should update the system used to monitor use of 'as and when required' (PRN) medication.

This should include, but not be limited to:

- a) 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; and
- b) recording the effect of the medication each time it is used, to enable health professionals to review same 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).

**This area for improvement was made on 24 October 2024.**

#### Action taken since then

The provider had implemented an overall PRN protocol for the service. This outlined the process senior staff should follow when administering PRN medication. A new record of PRN medication had been created for each person using the service. This contained information about each medication along with copies of information sheets and possible side effects. This helped staff to identify any concerns when providing PRN medication. When PRN medication had been used, this had been recorded on the person's medication administration record (MAR). A separate PRN record provided an overview of when this medication had been used and whether it had the desired effect.

Individual PRN protocols had been created for each person but these did not contain sufficient information to direct staff when administering this medication. Details of signs and symptoms to look for and alternatives to try before administering medication had not been recorded in these protocols. We provided further guidance to the service to support them to make further improvements.

**This area for improvement is not met and will be continued.**

#### Previous area for improvement 2

To support development of staff practice, the provider should implement a system of competency observations.

This should include, but not be limited to:

- a) formal observations of medication administration, moving and assisting practice and infection prevention and control (IPC) practices; and
- b) 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).

**This area for improvement was made on 24 November 2024.**

#### Action taken since then

The provider had implemented a system of competency observations including medication competency, moving and assisting, infection prevention and control (IPC), and communication and recording. All staff were required to have a competency observation in one of these areas each month. Feedback to staff had been recorded alongside actions to be taken where improvements were required.

The provider did not have a protocol or procedure in place for the competency observations. This would ensure transparency and guide staff to understand what is expected of them. We asked the provider to clarify in their guidance what areas of practice were being assessed and what would indicate good or poor performance. We also asked the provider to ensure feedback from competency observations was included in staff supervisions and used to identify future training needs. This is to aid consistency and fairness of approach and support staff development.

**This area for improvement is not met and will be continued.**

## Previous area for improvement 3

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:

- a) seeking feedback from people, families and other stakeholders;
- b) carrying out observations of people's experiences, including mealtime experience, interactions with staff, and meaningful activities; and
- c) 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).

**This area for improvement was made on 24 October 2024.**

## Action taken since then

The provider had implemented a quality improvement feedback process to support leaders to reflect on people's experiences. This included information gathered from staff competency observations, informal feedback at review meetings and formal feedback gathered through an annual survey. A questionnaire had been developed to give to families and representatives at review meetings to help gather formal feedback at this stage also. The manager of the service had reviewed feedback provided in the December 2024 survey and had written a report to outline positive feedback and areas for improvement. This had been shared with families in a letter from the service. The service had a quarterly newsletter and updates about service improvements had also been shared in this newsletter.

Quarterly residents' meetings had taken place. Minutes from these meetings reflected a good level of discussion and opportunities for people to be involved in plans for the service.



The service had an improvement plan (SIP) and actions from feedback had been added to the SIP in order to monitor progress.

**This area for improvement is 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)

## Detailed evaluations

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.