Munches Park House
Care Home Service

Barrhill Road
Dalbeattie
DG5 4JB

Telephone: 01556 613260

Type of inspection:
Unannounced

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Service provided by:
Community Integrated Care

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About the service

Munches Park is a care home for older people. The home is located on the edge of Dalbeattie with pleasant views overlooking Colliston Park.

The service provider is Community Integrated Care, a national social care charity providing care and support to people across the UK.

Munches Park is registered to provide care for up to 29 older people, most of whom may have dementia. The home is split into three smaller group living areas. People will be allocated to a "household" within the home depending on their needs and dependency.

The accommodation is over two floors, serviced by a passenger lift and a staircase, but the majority of residents live on the ground floor. All residents' bedrooms are single rooms and have en-suite toilet and sink facilities. There are communal lounges and dining/kitchen areas.

A well designed garden and small patios are available to allow safe access to outdoor space.

The service aims to deliver a person-centred service, which adds value to the lives of the people they support, involving their family, friends, advocates and the local community wherever possible.

The service do not employ nurses as a part of their staff group. Nursing needs are met by referral to District nurses or other health professionals as needs arise.

What people told us

Prior to the inspection we issued questionnaires to help gauge the view of people using the service and their relatives.

We received eight completed questionnaires from people using the service. Of these six "Strongly agreed" and two "agreed", that overall they were happy with the care and support provided.

Comments included:
"They are very good and they are always there."
"They are a really nice lot and I'm lucky to be here."

We received two completed questionnaires from relatives. Of these both "strongly agreed" they were happy with the care and support their relative received.

Comments included:
"The team do really well on the budget they have. It's been extremely disappointing for residents the care home car has been removed (by the company) this gave staff options and residents enjoyed the trips out. They do an exceptional job but more staff would make it easier for all."

"Staff team are very professional and always keen to help."

During the inspection we spoke with six people using the service and three relatives visiting. They told us they were highly satisfied with the service and felt people were treated well.

We carried out periods of observation to gauge the experience of care for people who cannot express their views easily. These observations suggested staff were attentive but at times there was no staff visible. For some people they may experience periods of time with little staff interaction and this could lead to negative feelings. There were other periods of the day with lots of activity and positive observations were made indicating people enjoyed it when they could see people and feel involved.

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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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 do we support people's wellbeing? 5 - Very Good

People should expect to experience compassion, dignity and respect for their rights. We observed staff interacting with people in a kind, caring manner. People's preferences were well known and people told us they had high levels of confidence in staff. This indicated people felt well treated and enjoyed good relationships. We observed very sensitive and caring interactions between staff and the people they support. However, at times staff were observed to stick rigidly to routines rather than adopt more relaxed and homely approaches. This was discussed with the manager and more person centred approaches to care were to be encouraged. Dignity could also be supported better if a wider range of shower chairs were available. The induction for new staff could also focus more on the health and social care standards to ensure better understanding of how to achieve these for people supported. See area for improvement 1.

People should expect their views to be sought and responded to, to ensure care is how they want it to be. There were meetings held with people in small groups or as a part of the individual review process. People told us they could live life as they wanted at Munches Park and were confident if they raised issues they would be responded to.

We evaluated how people get the most out of life and concluded lots of effort was made to support this. Many residents were able to engage in the regular exercise groups and staff tried hard to support activities on a daily basis. People felt able to spend their day as they wished but may inadvertently slip into staff led routines. It may be some staff have perceptions that it's too risky for people to engage in particular everyday activities such as

making a hot drink or ironing. However, with minimal adjustment this could be enabled safely. It was noted some residents had skills which were not being supported sufficiently to enable them to maintain independence. See area for improvement 2.

People's choices were encouraged to some extent but the availability of staff and lack of transport meant opportunities for trips and outings was more limited than previous when the care home had their own car. The manager was looking at ways to involve volunteers more and ensure people could remain well connected with the local community.

It was recognised by management, staff had difficulty in providing meaningful activity for people in the later states of dementia. In order to support more sensory types of input the service planned to introduce a care programme called "Namaste care". Progress with this is encouraged and we look forward to seeing this at the next visit.

People should feel confident their rights are respected. People felt safe within the service and staff were aware of adult protection procedures if needed. Staff registrations were monitored well by management and this helped ensure a professional workforce.

People should expect their health to benefit from the care and support provided. People were confident staff knew about their medical conditions. We saw clear records of medical history and health care professionals visits. We found medications were managed well for the most part. Minor improvements were discussed with the manager and actions taken immediately. The medication round was carried out by seniors which was time consuming and meant other aspects of care could not be supported as well. Medication administration could be broken down into smaller units led/supported by seniors to free up time and support people in a more person centred way.

People told us they enjoyed the meals and snacks provided. We observed meals which were unhurried and staff assisted people with dignity. Systems were in place to monitor people's nutrition, hydration, skin and oral care. However, at times this was not used to best effect. See key question 5.1 how well is our care planned?

Areas for improvement

1. The service provider should ensure people experience care in a homely way in order to promote dignity and wellbeing. Improvement should focus on:

- raising awareness of health and social care standards with staff at induction, for example through use of SSSC resources such as open badges.
- reminding staff of principles of person centred care so routines are led by people's preferences and not by historic routines/practices.
- increasing the range of shower chairs so choice of personal care can be offered more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.19 'My care and support meets my needs and is right for me'.

2. The service provider should ensure people can retain skills and be as independent as possible. The following could be considered:

- To support involvement in every-day activities staff should ensure people are encouraged to use facilities such as kitchenette or mini laundry.

- To support people in making hot drinks safely staff should encourage use of kitchenette facilities in the main part of the home. Simple adaptations could be used to enable this.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.6 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned? 4 - Good

People should expect their care plans to reflect their needs and wishes. The format and style of care plans was under review by the care provider. Those in current use covered important aspects of care and in general there was good recording of personal care preferences. Staff training was underway to improve confidence in compiling care plans. This needed to develop to ensure clarity for staff with links to good practice and outcomes for people supported.

Some documents were not completed well such as "resident of the day", care plan audits and duplication of some risk assessments such as nutrition was confusing. Some risk assessments were not used well to define a plan of care. For example waterlow pressure risk assessment was not informing a clear plan of pressure reduction. Although staff knew people well and were aware of care needs, refusals of support for oral care lacked a proper strategy and record of what to do. A lady who clearly stated discontent with an aspect of care had no record of this in her care plan to show recognition and agreement of how to support her. This meant people's needs and wishes were not always recorded sufficiently. See area for improvement 1.

People should be confident their legal status is clear so consent and agreements are made with the right people. People should also expect their wishes in the event of a sudden change of condition to be recorded. Anticipatory care plans still needed development to ensure the documentation was up to date, agreed and shared with the GP practice appropriately.

The six monthly review process could be strengthened to ensure important areas such as finances, goals/aspirations/dependency levels and legal status are checked. Action plans following reviews could also be used more robustly to ensure progress is made when needed.

Overall, leadership and staff accountability for people living in the three small group living areas could be defined more clearly. However, outcomes for people were generally good and the staff team were motivated to improve.

Areas for improvement

1. The service provider should ensure personal plans reflect the health and welfare support needs of service users.

This will be demonstrated by records which show:

- how goals identified are supported day to day,
- links to best practice such as use of Multi-factorial risk assessment for falls,
- anticipatory care plans/ links to electronic key information summary.
- application of medicated creams should be better described/recorded e.g. using a topical medication administration record. This would help ensure consistent and correct application,
- nutrition risk assessment to be rationalised so only one is used, for example,. MUST and staff to be more conversant with provision of a fortified diet. For example using fortified milk and high calorie snacks more regularly,
- accountability for care planning and other staff roles such as medication administration to be reviewed to better support small group living.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 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'.

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

The service provider should further develop how staff support people with day to day activities. This should include:

- clearer identification of supports so people can use the skills they have
- encouragement to move and exercise
- use of resources from national Care About Physical Activity (if appropriate)
- use of resources for people at sensory stage of dementia e.g. Namaste care.

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

1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

This area for improvement was made on 30 January 2019.

Action taken since then

Progress was seen in the use of CAPA resources and Namaste care was in the early stages of development. There was still scope to ensure people used skills they had to retain independence for longer. This is reflected in area for improvement of this report.

Overall this area for improvement is met.

Previous area for improvement 2

The service provider should develop key aspects of support to better reflect good practice. With specific reference to:

- medication systems should include retention of photocopy of prescription to show this has been checked against the medication order and any anomalies reported back to the prescriber/ doctor.
- application of medicated creams should be better described/ recorded e.g. using a topical medication administration record. This would help ensure consistent and correct application.
- checks on controlled medications should ensure syrup bottles have a date of opening, staff check expiry and return to pharmacy if no longer required.
- nutrition risk assessment to be rationalised so only one is used e.g. MUST and staff to be more conversant with provision of a fortified diet. For example using fortified milk and high calorie snacks more regularly.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.24 'Any treatment or intervention that I experience is safe and effective'.

This area for improvement was made on 30 January 2019.

Action taken since then

Medication systems were satisfactory. Cream applications could be recorded better and this is reflected in area for improvement in this report. There was no issue with controlled medication checks. Nutritional assessments continue to be an area of confusing which needs improvement.

Overall, most areas for improvement are not met and new areas of improvement have been reflected in this report.

Previous area for improvement 3

The service provider should ensure more robust audits and self evaluation are used to drive a dynamic improvement plan with direct links to practice and outcomes. With specific reference to improving:

- health and safety checks to include electric profile beds, wheelchairs and staff call system.
- infection control audit to ensure pedal bins and discreet disposal of pad waste.
- fill/tip facilities for mop buckets.
- use of smaller space dining facility in larger unit, to be more compatible with best practice.
- accountability for care planning and associated staff roles to be reviewed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.' and 4.19 'I

benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 30 January 2019.

Action taken since then

Audits remain as previous with little impact on improving outcomes for people supported. Self evaluation had not yet been used to effect improvement plans. Health and safety checks were in place with new records set up to ensure staff call systems were checked regularly. Pad waste was stored discreetly and pedal bins were appropriate. There was no change to fill/tip facilities for mop buckets and this should be upgraded if possible. There was no change to dining arrangements in the larger unit. However, this seemed to suit people supported at this time. Accountability for care planning and staff roles to align with areas of smaller group living was discussed again and encouraged. This area for improvement is on-going.

Previous area for improvement 4

The service provider should ensure personal plans continue to develop in keeping with best practice. Specific reference to:

- ensuring there is clear accountability for the overall plan of care and this is kept up to date.
- detailing goals to promote exercise and support day to day activities.
- links to best practice such as use of Multi-factorial risk assessment for falls.
- anticipatory care plans/ links to electronic key information summary.
- ensure short term care plans are used when changes occur for example infections or injuries.
- nutrition - ensure dietician's recommendations are included in the care plan and followed on the food chart.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 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 30 January 2019.

Action taken since then

See Key Question 5.1 How well is our care planned? New area for improvement is detailed. This area for improvement is on-going.

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

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

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

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