

Mearns View Care Home Care Home Service

Mearnsview Care Home
416 Mearns Road
Newton Mearns
Glasgow
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Telephone: 01628662888

Type of inspection:
Unannounced

Completed on:
31 May 2024

Service provided by:
NM Care LLP

Service provider number:
SP2023000085

Service no:
CS2023000127

About the service

Mearns View Care Home is a registered care home that provides care and support for up to 66 older people and one adult aged below 65. The provider is NM Care LLP operating as Care Concern. This was the care home's first inspection after opening in May 2023. At the time of our inspection there were a total of 28 people living the home.

Mearns View Care Home is situated within a residential area, close to the centre of Newton Mearns on the outskirts of Glasgow. The care home is built over three floors and has 67 individual rooms with en-suite facilities. It contains a café, cinema and hairdressers as well as several communal lounges and dining rooms. It has a large, enclosed garden with outdoor facilities, including a play area for children who are visiting relatives in the home. Several bedrooms on the ground floor have their own patio area leading out to the garden.

About the inspection

This was an unannounced inspection which took place from 29 to 31 May 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 gathered by us since the home opened.

In making our evaluations of the service we:

- Spoke with 11 people using the service.
- Spoke with 13 members of staff and management.
- Spoke with five visiting family members or friends.
- Spoke with one visiting professional.
- Observed practice and daily life.
- Reviewed documents.
- Reviewed online survey responses from three visiting professionals, seven family members and 11 members of staff.

Key messages

This was a well-led service with a dedicated and caring staff team which supported people to live well.

People were fully aware of their rights as staff were good at promoting these ensuring they were upheld.

People's support was carried out in a person-centred way, and they were able to choose aspects of their care.

Leaders were highly knowledgeable about the service including the needs of the people living there and any areas which needed improvement.

The staff team were well supported and trained to do their jobs to a high standard.

The home had high quality facilities which supported people to be active and sociable.

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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
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

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Framework 1.3 People's health and wellbeing benefits from their care and support

People had thorough assessments of their needs and were able to lead their own care and support and this was based on their needs, wishes and abilities. Their personal plans were reviewed regularly, and people's family and friends were involved where appropriate. This meant that people who were unable to express their views were supported based on information provided by people who knew them. Families were positive about their experiences and the home encouraged visitors and participation in the life of the home. One family member told us; "Staff have been amazing but what was amazing is that they welcome us all as a family". This ensured that people were able to maintain meaningful relationships with those who were important to them.

We found that staff at all levels knew people well and were able to tell us what people enjoyed and who they interacted well with. This was reflected in our observations as we found that staff could pre-emptively tell us where people would be and with whom. The atmosphere in the home was very sociable with people coming and going to the hairdresser, cinema and café areas as well as visiting their friends in their rooms. This encouraged people to move around the home to socialise and engage in physical activity.

The way in which the home operated, and policies written by the provider, promoted human rights and an ethos was in place that supported personal choice while keeping people safe. This was reflected in the life of the care home and the activities people chose to participate in. For example, people were encouraged to spend time outside in the grounds. People who were interested were involved in the planning and planting of the garden. Alarm pendants were worn in the garden, which gave assurance that people were monitored discreetly to ensure the home balanced safety with independence.

People's health and dietary needs were met well, the café area ensured snacks and drinks were available throughout the day. Mealtimes were pleasant and calm, some people chose to eat in their rooms while others sat in the dining area for a more sociable experience. People reported that the food was good and enjoyable. We saw that in care plans people who need to be encouraged to eat have additional snack times timetabled to ensure these are offered. All care plans considered people's dietary support needs even when there was not a specific issue, this meant that staff were aware of and able to confidently monitor any changes to people's nutritional intake or abilities to swallow.

The manager completed thorough assessments before offering a place to any individual. This ensured that the home felt able to meet the individual's needs. Where required, external professionals were consulted to enhance staff understanding and improve people's outcomes. For example, the home reported having good relationships with Parkinson's nurses. The activity coordinator had also been looking at specific inventions for people living with Parkinson's disease and ensuring that people with the condition were supported appropriately. This focus ensured that people living with Parkinson's Disease were supported in a way that benefitted them and attention was paid to their specific needs.

Assessments of falls were thorough and considered the full picture of potential causes, each incident included learning and reflection and a full and thorough analysis.

Technology was used when required to alert staff if a person at higher risk needed support to prevent falls. We observed that staff escorted residents who were at risk to ensure they moved safely while retaining their ability to move independently. This analytical and proactive approach helped to keep people safe.

We saw examples of end-of-life care plans and heard about good quality care provided to people at the end of their life. The home had appointed a member of staff to be a champion for end-of-life care with specialist training who ensured that all staff were confident in providing care at this difficult time. There were plans to develop champion roles in other specialisms as the needs of people in the home required. Champions were in place for oral care, continence, palliative care and a dementia champion was identified for when people need it. This ensured that people's needs could be well supported by a skilled and confident staff team.

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.

Quality Framework 2.2 Quality assurance and improvement is led well

There were good systems to monitor the quality of care provided and these were used to identify improvements that were needed. When accident or incidents occurred, or when people made complaints the management team investigated these thoroughly. There was a clear learning culture around these, and apologies made where appropriate. This ensured that mistakes were learned from, and action taken to prevent recurrence.

Residents, relatives, and staff team meetings took place regularly. These were well attended, and good quality minutes were taken. Most of the minutes we reviewed included clear recording of the actions to be taken following the meeting and the service used 'You Said, We Did' boards displayed around the home to provide feedback on actions. This demonstrated that the service was responsive to the wishes of the people living in the home. The service should ensure that all minutes are completed to the same high standard as some lacked details relating to the actions to be taken.

The management team completed regular audits and carried out actions when required. Audits ensured that recording of people's health interventions were carried out including medication recording, food and fluid monitoring when required and reviews of care. There was good recording and monitoring of medication which offered assurance that this was managed well within the home. Regular auditing ensured that any concerns could be found, and changes and improvements made in a timely manner.

The home had a service improvement plan in place which used information gathered from a range of sources including audits and reviews of incidents and accidents to identify improvements. This improvement plan demonstrated that audits were used as an effective way to maintain and improve the environment, safety, and standards of care. The service improvement plan could be enhanced by making use of the information gathered from stakeholders through meetings, feedback, and surveys. This will ensure that people have an even greater voice and influence over their service.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Framework 3.3 Staffing arrangements are right and staff work well together

We reviewed recruitment files for recently recruited staff and found that these followed best practice guidance. Following recruitment there was a good quality, thorough, induction programme that had to be completed and signed off by a supervisor. This included reflective activities and checking of understanding as well as completed both online and face to face training. This meant that people were supported by a staff team who were recruited safely and monitored in the early stages to ensure they carried out their tasks appropriately.

We reviewed the supervision agreements made with staff and a sample of supervision paperwork. This was an annual plan including a range of methods to ensure that staff were well supported and trained. Supervision was used as a tool to support improvement as well as supporting staff and ensuring their wellbeing was considered. Practice observations were carried out on staff to review their competency at moving and handling and medication administration. As part of the supervision process staff members agreed their own learning and development needs with their supervisor and appropriate training was sourced when required. Plans to involve residents in staff supervision were under development at the time of the inspection. This would further enhance the feedback that staff receive on their work.

Staff members were mostly recently recruited, and efforts were underway to develop and build a strong team. Overall, staff told us they felt good about working there and they felt they were building positive working relationships with each other. The provider had several ways to ensure that staff felt valued by the organisation. One of these was a small gift and certificate presented to the staff member who received the most nominations for representing the organisations values. This was based on a chosen value which changed each time this process was completed. This supported staff morale as well as reinforcing the values of the organisation.

Staffing numbers were suitable to meet the needs of residents and people were supported in an unhurried way. Quality assurance systems and recognised tools for calculating the number of staff required to provide support were used by the management team to ensure that staffing numbers were right. The manager discussed that as the home continues to increase its occupancy levels staffing numbers and shift patterns will be considered and reviewed when needed. This will ensure people continue to receive safe and effective care.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Framework 4.1 People experience high quality facilities

The home was pleasant, inviting, accessible and comfortable. As a newly built home it was finished and furnished to a high standard. One person commented; "It is lovely to be in a new facility which is clean and fit for purpose". The environment was clean with plenty of fresh air circulation. The garden was well maintained and large with fencing in place to ensure that residents were safe, including where there were slopes in order to prevent falls.

The layout of the home created a social hub around the café, cinema and hairdressing room. This was enjoyed by people who were able to socialise with others who lived in the home or with their visitors.

There were a choice of lounges and dining areas and people used these to choose who they spent time with or what they wanted to watch on television. Some people visited their friends in each other's rooms which allowed them more privacy than in the shared lounges. The staff team used the building well to support people to be more active by having activities that interested people who rarely left their rooms in the lounges furthest away from them, so they had to move more. This meant that people were supported to enjoy mental stimulation of their choice in addition to physical activity.

Maintenance and cleaning schedules were completed and ensured that the home was maintained to a high standard. Laundry and waste management practices followed good practice guidelines and ensured that people experienced high quality facilities that prevented passing on of illnesses and infection.

The management team had identified in the service improvement plan that the home needs to be mindful to ensure that they continue to monitor the environment if the needs of the people in the home change. This may include increased signage to support people with dementia for example.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Framework 5.1 Assessment and personal planning reflects people's outcomes and wishes

We reviewed a sample of personal plans for people living in the home. Initial assessments made when the person moves into the home captured people's needs well which meant that staff had the right information to care for people well.

People's health needs were well documented and assessed in the plans and these were regularly updated and assessed as people's care needs changed. Regular reviews took place and these involved people and their representatives where appropriate. This meant that information in plans was up to date and based on people's current needs and wishes.

In addition to people's health needs plans were person centred and captured people's likes, dislikes and personal stories. This enabled staff to provide care and support that focussed on the individual.

People's plans considered their end of life wishes where these had been expressed which ensured that the staff team knew what people wanted to happen at that time.

Risks were assessed on a basis of both keeping people safe and enabling risk. This supported the home's ethos of encouraging independence as far as possible.

We discussed at length during the inspection how the home could enhance their recording of personal outcomes. For example, the home could use existing tools such as resident of the day and resident meetings and reviews to discuss individual outcomes and what people want to achieve. This would ensure that plans and recording matched the outcomes focussed care provided.

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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1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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