

# Manor Grange Care Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

Manor Grange Care Home LLP

**Service provider number:**

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**Service no:**

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## About the service

We used the quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Manor Grange experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

Manor Grange is a care home for older adults/people and was registered with the Care Inspectorate in October 2016. It is registered for 83 places and has nurses and carers who support and care for people. The provider of the service is also associated with other care homes across Scotland.

Manor Grange is in Edinburgh, at the bottom of Pinkhill, near to the zoo and overlooking the golf course. The accommodation includes 83 ensuite rooms of three sizes, some large enough to accommodate twin or double beds and seven with their own enclosed garden area. There are four units; Mull, Iona, Skye and Arran, over two floors which have lift access. Additional amenities include a cinema, small dining room for fine dining and celebrations, library, central area with café/bar, a hairdresser and two communal lounges with dining areas. There are secure landscaped gardens with an external covered seating area on the ground floor and veranda on the first floor.

The services aims and objectives, captured in their mission statement include:

".....to provide individuals with care in a safe environment which is committed to excellence where personal dignity is maintained, personal privacy respected and personal needs are met."

For more information about the service visit the Care Inspectorate website at

<http://www.careinspectorate.com/index.php/care-services>

And the provider's website at

<http://www.manorgrangecare.co.uk/>

## What people told us

We took account of what people told us, seeking views from 45 of the 73 people living in the home, 15 relatives/friends and 14 staff working in the home. We also took account of views from 13 relatives/carers and four staff who returned questionnaires to us.

To make sure we involved as many people as possible we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During SOFI observations we saw that breakfast was a meal that could be improved as some people could have been better supported, however lunch was more organised with kind and caring interactions between staff and those they supported.

Overall people spoke positively about living at Manor Grange. They spoke about the kind and courteous staff, the good facilities in the home and some spoke about the positive difference the home had made for them.

Comments included:

"I've been here for a while now I think. I've got to know all the staff they are all very good. The food is very good too"

"It's quite a nice enough place to be. I've been here two years. The staff are kind and courteous I've no worries"

"They are very practical and efficient, and they look after the detail which is most important"

"The food isn't good, but it isn't bad; more choice would improve it"

"I wouldn't go as far as saying I'm happy here.....I don't like to sit about doing nothing, I'm looking forward to going to Hopetoun this week"

"You do get well looked after here, it is very comfortable"

"On the whole.....Top marks for here!"

Relatives/friends commented:

"There are a number of occasions when hearing aids and glasses have disappeared, these things are expensive and essential for quality of life.....aside from these things I'm perfectly satisfied with the care"

"My relative moved here recently and is very well cared for"

"I am impressed by the kindness and helpfulness of the staff, which leads to a pleasant atmosphere"

"My relative very much enjoys social interaction and the activity level of outings and in-house entertainment or services (hairdressing, memories, cinema, music, therapy pet visits and coffee mornings) is very good".

Other comments are highlighted in the report along with comments from staff where relevant.

## 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?	5 - Very Good
How good is our staffing?	4 - 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?

**4 - Good**

We evaluated how well people's wellbeing was supported and concluded that there were a number of important strengths with some areas to consider developing.

The principles of the Health and Social Care standards were promoted in the home. People moving into the home were given copies of the standards so that they knew what to expect from their care and support.

People told us that staff were respectful, kind and polite:

"The staff are kind and courteous I've no worries"

"...they responded to her increasing dependence by increasing the care and support offered. But the thing is they look after the family too".

There were very positive interactions between staff and people, demonstrating empathy staff had with people and people's trust in staff. Appropriate legal processes had been completed where people needed additional support.

A new care and support planning process was beginning to help people influence and express their wishes and aspirations. Although not everyone had been involved in the new process, where they had we saw that people were able to identify things that were important to them and that they wanted to do.

"There is usually plenty to do here. We are off to Hopetoun this week and I'm really looking forward to that"  
"There is enough to do, I'm never bored".

The manager had plans for the home to have a dog because many people loved pets. There were plans to involve them in caring for the dog.

Some people were supported to be very independent, going out on their own and we asked that this be something the staff always consider for everyone who wants this. The environment was open for people to wander, there were no internal locked doors and access to the garden and veranda on the first floor were freely available. During the sunny weather lots of people went out or were supported to go out and enjoy the sun. The gardens were inviting, colourful and safe to wander freely in. There was a garden club and people were encouraged to share ideas about developing the grounds. Some people had their own garden off their rooms.

The nurses and team leaders were involved in completing comprehensive health and risk assessment which give staff a good understanding about people's health and support needs. These then informed care planning and because the focus was on the person how often these assessments were repeated was driven by the assessed need and to some extent their wishes.

To promote person centred care the home was transferring to medication pods in people's rooms. This was a positive step to improving care experiences.

There was a good range of well-maintained equipment to promote health. The staff had good links with the hospital at home team helping to support people to be cared for in the home and people were involved in anticipating their future care should an emergency happen.

"They are always really good with her health, they catch things before they become an issue" (relative)

".....very good care and a lot of tender loving care"

"I am happy about the care and attention that my friend is receiving at Manor Grange".

People spoke about the food being good, there was availability of  
"sin food and saint food" (for example cakes and fruit for afternoon tea).

Areas to develop relate to key question three, reviewed later; some staff feeling rushed and unable to always give the care and attention they wanted to.

Some people also felt this:

".....some of the staff are not good, some are"

"The night staff come on at 2000 hours, but that's not late at all, but there are less of them and you often have to wait longer. I don't mind what time I get up, but I like to be in bed for nine, that cant always happen as they are so busy".

On one occasion staff used terms that though well-meant could be wrongly interpreted, for example calling someone a "good girl". The promoting excellence in dementia care has training at enhanced levels which help staff explore these areas.

We asked the manager to think about supporting people with no family to access, buy and do things they would really like.

While assessments and care planning was needs led, working on negotiation and planning that reflects people's wishes is important.

For example:

"They are trying to fatten me up and I don't want to be fat, I've always been thin!"

"It's alright here, but I can't come and go as I please. Being outside is important to me....I know I fall a lot".

Some people felt the food could improve:

"The food leaves room for improvement it's the choice and quality that could improve".

The chef was keen to have more time to develop the menu and engage with people about the menu.

## How good is our leadership?

## 5 - Very Good

We evaluated how well quality assurance and improvement was led and concluded that there were important strengths with some suggested areas for development.

We attended a "residents meeting" and saw how people were encouraged to raise ideas and suggestions. One point raised had been acted on during the course of the inspection. These regular meetings demonstrated how keen everyone was to involve people in improving things that mattered to them.

People told us about the very good management:

".....management always listen and take on board suggestions"

"Any problems that have occurred have been sorted as soon as they have been pointed out"

"The whole place is so well run".

The management team had used the care homes for older people quality framework to help them evaluate the quality of the service they gave. We felt this was a very good way for the team to critically reflect on their service and suggested using staff and people to review and comment on their evaluation and subsequent improvement plans.

The manager, deputy and staff had worked hard on improvements. They had met two of the suggested areas for improvement from previous inspections, with very good progress on the third area (see key question five). Everyone's commitment and motivation was evident and made the quality of the atmosphere in the home very positive.

One person who continues to visit the home after their relative died said:

"When I come in it feels like visiting a dear old friend, it's a lovely family atmosphere. I can't praise it highly enough".

Areas for development include using the key questions at the start of evaluations and involving everyone in answering the questions, particularly people experiencing care. We suggested identifying time scales and key people responsible for improvements and getting people and staff to comment on progress. Incorporating aspects of complaints and suggestions and using quotes and the health and social care standards would help to demonstrate an outcome focus to the improvement plan.

## How good is our staff team?

4 - Good

We evaluated staffing levels and how staff work together and concluded that there were a number of important strengths with some areas to consider developing and one area for improvement.

Staff felt well supported and motivated by their managers. Staff roles and responsibilities were being reviewed to enable staff to develop. Because the home was large it was a challenge to keep staff turnover to a minimum, but management did well to make staff feel supported and valued:

"I feel well supported....I'm happy working here. We've enough staff..."

New staff felt they had been made to feel welcome and had been given an induction that helped them understand the Health and Social Care Standards:

"Part of my induction was looking at the health and social care standards and how they promote joined up care between nursing models and social care models; I can see for example how the POD system for medications is promoting more person focused care".

As new systems and ways of working were being introduced staff felt supported and were beginning to understand the reasons for change. The staff knew about their roles and spoke about the recent developments that let them get more involved (see key question five).

Everyone from domestic to kitchen staff, carers to nurses felt positive about their work, all mentioning the best reason for being here was for the "residents".

"I love the banter with the residents, some have the same interests as me" (a domestic as she engaged a resident in a "boogie").

People spoke fondly about the staff:

"The staff are very attentive, patient and cheerful"

"I know that when I go on holiday I will have peace of mind that she is in a very safe place, in beautiful surroundings, being well looked after and eating well. She is very clean and her cloths properly cared for"  
"You can go home at night and there's nothing to worry about".

Areas to develop and improve relate to those in key question one as well as some others. Breakfast times were very busy meaning some people didn't get as much support as they needed. Hostesses have been planned and this should help with better support for everyone.

People did speak about times when they needed to wait for help and several reiterated what these people said:

"The poor staff are rushed off their feet"

"Well, asking for the toilet, you will have to wait. Evenings are worse"

"Not much happens here in the evenings, it can be quite boring".

Night staff start at 2000 hours and though they tried to facilitate some entertainment they did explain how busy it was with less staff on duty.

While we saw many positive interactions, as mentioned some staff would benefit from further training to help them develop:

"Some care staff need a lot of support and training on the way they speak to residents".

There were a few people who raised issues or niggles, for example hearing aids, glasses and small things getting lost. This seemed to relate to staff being rushed rather than careless. Overall, in relation to staffing levels we have made one area for improvement.

### Areas for improvement

1. To reassure people that staff caring for them are knowledgeable and have enough time to care for them; training and numbers should be regularly reviewed. This could include, but not be limited to:

- i. Staff undertaking/refreshing their training needs around dementia;
- ii. Aiming to have more staff trained at the excellent level of the Promoting Excellence Framework for Dementia;
- iii. Reviewing morning and evening staffing levels by introducing the planned hostess role and other ways to improve staffing levels; and
- iv. Evaluating the training and adjustments in staffing levels which should include seeking feedback from people experiencing care about how well staff are caring and supporting them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards standards which states "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); "My needs are met by the right number of people" (HSCS 3.15); "People have time to support and care for me and to speak with me" (HSCS 3.16); "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17); and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

### How good is our setting?

### 5 - Very Good

We evaluated how well the setting promoted people's independence and concluded that there were important strengths with some suggested areas for development.

Use of the environment had improved since the last inspection, for example with more people having access to the gym. The café was busy with regular coffee mornings. During the sunny weather people were able to make good use of the garden and outdoor areas. We saw one lady enjoying a walk in the garden, with the staff discretely following with the wheelchair in case they got tired.

Many people spoke about being independent:

"To help me manage to walk independently they moved my room, so I don't have as far to go to get to the veranda".

Another person slowly making their way to their room at the end of the long corridor said:

"I like to do it myself as it gives me a great sense of achievement".

Another person spoke of their experience of rehabilitation after an operation:

"I told my friends I was moving into the care home and they were horrified, but without this place I would never have managed. They promoted my independence, I had access to the gym and in three weeks I was back on my feet. The staff were super".

Connections with the community were growing, the nursery and school children visited monthly and two people from the home go to the nursery and help. There were outings to the local community and growing connections with three churches; we encouraged staff to continue supporting people to build on these links.

We saw people being supported to keep connected with loved ones using Skype and the "home" was developing a Facebook page for those interested.

Some areas to develop would include supporting people more to use the gym. Some felt it was a great asset but wanted more time there. The manager had some ideas that would mean more support would be available to help people have more access.

We asked the staff to consider little ways to promote independence, like having tea pots at mealtimes, asking people if they would like a kettle in their room and exploring with people what support they may need to promote their independence more.

Some people wanted to be able to get out more. We spoke about developing a walking club and people were keen on this.

"I'd love a walking club because I love walking, but am too afraid to go on my own now. That would be good".

## How well is our care and support planned?

4 - Good

We evaluated that there were important strengths in relation to personal planning meeting people's needs and wishes. There was one area for improvement from the previous inspection that staff were making good progress in meeting.

The depute manager had led a project to change the care planning process and documentation to reflect more person centred approaches. This was aligned to the changeover in the medication system; the ethos was that medication and personal plans should be kept safely with the person in their room. Staff we spoke with were very motivated to make this work and significant effort from everyone meant that many people had been involved in developing their personal plans. Their plans were dynamic, highlighting their needs, strengths and wishes. Daily notes facilitated reviews of planned care and communication with people's relatives where the person was unable to contribute.

"She has dementia and cannot tell me about things, but her care plan is in her room and I look at it regularly

and get up dates and I can ask for changes if needed. It is very much a way of helping me to keep in touch with how mum is".

Some people were not on the new system and they still felt unsure about their care plan. One relative had used a white board to facilitate communication with staff. We felt that if they were on the new system they could be more involved and reassured by their contribution to their relative's personal plan and daily reviews.

Some people said:

"I'm not sure what my care plan is, perhaps I should input into it?"

"Care plan? No I don't really know what that is. There's a red folder in my room that the staff write in each day and I ask "who reads them?" - they say no one .....but it's not my care plan. Maybe I should know about my care plan and be involved in it".

We were encouraged by the commitment to transfer people onto the new system and recognised that rushing this process would compromise things. We offered support and encouraged staff to progress things, better involving all people and those important to them in personal planning. See the outstanding area for improvement.

## 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 make sure people experience care and support that promotes their rights, independence and dignity all staff should understand the outcomes that people can expect, described in the Health and Social Care standards. Staff should be supported to explore the standards and consider new and innovative ways to care and support people that help them achieve their wishes, choices and care needs.

The Health and Social Care Standards headline outcomes are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

**This area for improvement was made on 28 November 2018.**

#### Action taken since then

As can be seen in key questions one, three and five, staff have been supported to explore the standards and consider new and innovative ways to care and support people that help them achieve their wishes, choices and care needs.

This is now met.

## Previous area for improvement 2

To make sure people get the most out of life and are healthier, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important.

This should include:

1. Helping people do things that matter to them, for example, helping them to access regular additional support over and above that provided by the home. Advocacy or a befriender may help ensure access is appropriately planned and financed.
2. Staff should consider utilising the gym by providing keep fit/rehabilitation or independence promotion sessions, maximising the facilities for people in the home.
3. Making the most of the enclosed garden areas and making them easily accessible to everyone.

The Health and Social Care Standard's principle of wellbeing state:

I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.

I am encouraged and helped to achieve my full potential.

I am supported to make informed choices, even if this means I might be taking personal risks.

The standards also say:

"I am confident that people are encouraged to be innovative in the way they support and care for me" (HSCS 4.25); "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1) and "I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate" (HSCS 5.9).

**This area for improvement was made on 28 November 2018.**

### Action taken since then

More areas of the home were now used and we have asked the manager to keep promoting the library and the gym. We would encourage staff to not always make people feel that they have to go to the day room if they like their own company or a quieter area to sit. Some aspects relate to risk enablement and are captured in key question one and five of this report.

However, we felt this improvement had been met.

## Previous area for improvement 3

To make sure people's planned care reflects things that are important to them they should be involved and central to planning care and support. The plans should only cover needs and wishes and be concise and easy to read. Any system approaches that mean planning for care that is not required should be removed so care and support reflects people's needs and wishes, not policies and processes. The plans should include, but not be limited to supporting people to:

- A) maintain hobbies or develop new ones which may involve positive risk taking;
- B) be as independent as possible which will involve risk enablement;
- C) highlight what is important to them and understand care that staff feel must be included in their plan; and
- D) feel safe and well supported as well as cared for.

The Health and Social Care Standards states:

"I am supported to participate fully as a citizen in my local community in the way that I want" (HSCS 1.10); "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12);

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.14); "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) and "I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made" (HSCS 3.22).

**This area for improvement was made on 27 February 2017.**

### Action taken since then

See key question five; hard work is starting to make positive differences for people, though this improvement is still to be met for everyone. This will remain and be reviewed at the next inspection.

Not yet fully 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 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	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	5 - Very Good

4.2 The setting promotes and enables people's independence	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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