

# The Manor Care Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 June 2023

**Service provided by:**  
Nevisbridge Limited

**Service provider number:**  
SP2010010914

**Service no:**  
CS2010249582

## About the service

The Manor Care Centre is registered to provide a care home service to a maximum of 43 people. The service is provided by Nevisbridge Limited which also provides a support service, Grigor House, situated within the grounds of The Manor Care Centre. There were 42 people using the service at the time of the inspection.

Nevisbridge Limited is part of the Meallmore group, which operates other care homes throughout Scotland.

The care home is made up of two separate purpose-built single storey buildings - Hermitage and Larkfield. A service is provided at Larkfield for 27 people with sensory and physical impairment. The remaining 16 places are located in Hermitage, which provides a service for people with a learning disability and/or physical impairment.

The accommodation is made up of single en-suite bedrooms, some of which have distinct sitting areas and most are fitted with tracking hoists. There are dining and sitting rooms in both Hermitage and Larkfield. There is a café area and library in Larkfield that can be used by people living in both units and their families.

The Manor Care Centre aims to:

- Provide an individual with personalised care which improves their quality of life and utilises best practice in palliative care.
- Provide a staff team which will work in partnership with the individual to deliver care that recognises their own wishes, ambitions as well as empower them to participate in their care without causing stress or distress and motivate them to manage their everyday activities in a secure and safe place.
- Identify carers/family members of the individual service user and work together with them to support and involve them in the ongoing care and support of the person.

## About the inspection

This was an unannounced inspection which took place between 20-23 May 2023, across a range of hours. The inspection was carried out by three inspectors 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 several people using the service and a number of their family, some of whom were acting as their legally appointed guardians;
- spoke with a number staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

## Key messages

- People's administration of medication was not being managed in a safe way.
- Staff focused most of their time on task orientated care and support.
- There were limited opportunities for people to take part in meaningful activities.
- Recruitment had continued. The provider had taken innovative steps to recruit staff from other countries.
- Improvements were not happening in a timely manner, nor consistently across 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 do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

Staff interacted with people in ways which were appropriate, kind, and compassionate. Staff appeared rushed and did not always have time for meaningful interactions. People experienced care and support which was task focussed because staff were busy.

People's views and preferences were not always apparent in day-to-day practice. For example, there were limited opportunities to take part in activities, even though some people wanted something to do. Getting the most out of life should be a strong feature within the care home. People spent a lot of their time listening to radios or watching the television. People and their families commented on the lack of things to do 'I wish there was more to do, but there is rarely anything' and 'I do wonder what happens here at times, because I don't see things happening when I visit'.

The provider was about to introduce an activities framework which would help to focus on improvements. The activities staff member had begun to look at people's preferences and interests and was planning how to improve activity support. Because these developments were only beginning, we decided to continue area for improvement 1, as set out in the section "what the service has done to meet any areas for improvement we made at or since the last inspection" within this report.

People's care and support was compromised because their plan of care was not always being followed. Staff at times lacked understanding around people's health and wellbeing, so some opportunities to improve their health were missed. For instance, where people experienced pain, staff did not use a pain assessment tool, nor did they record the efficacy of medication. We were not confident people's pain was being managed effectively. Taking this into account, we continue requirements 1 and 3 as set out in the section "what the service has done to meet any requirements we made at or since the last inspection" within this report. Both requirements 1 and 3 have had the timescales extended to 2 August 2023.

Staff assessed people's wellbeing using a range of health-based assessments which were reviewed regularly. People had plenty to eat and drink. Staff recorded intake of food and fluids to a high standard. Staff had improved how they monitored and recorded skin integrity concerns for people, which had a positive impact on people's health. Topical medication records were not always completed as directed. We spoke with staff about this and there were some changes to be made, which they had struggled to get the GP or pharmacy to do. We stressed the importance of getting this done so that records reflected accurately what staff were doing.

A lot of people had complex health conditions, which required them to take medication. Staff did not manage medication safely and we were concerned about this. We found many errors when we sampled medication. For example, counts were incorrect which meant sometimes people had received less or more medication; medication administration records were not always signed; a person was offered their morning medication twice when we were inspecting. We discussed at length during our inspection our concerns with the manager and provider (see requirement 1).

## Requirements

1.

By 2 August 2023, the provider must ensure they keep people safe and healthy by ensuring medication is handled and administered correctly.

By 5 July 2023, the provider must, at a minimum:

- a) carry out a medication systems audit to identify what improvements are necessary and implement those;
- b) ensure that people administering medication are suitably trained and that they have had their competency assessed. Additionally confirming they have a clear understanding of the medication systems in place;
- c) introduce daily auditing processes to check medication and to identify if errors occur in a timely manner;
- d) notify the Care Inspectorate of all medication errors initially for a period of 8 weeks.

Continued by 2 August 2023, the provider must, at a minimum:

- e) ensure that actions taken are improving the safe storage, administration, and handling of medication;
- f) ensure that staff are confident and skilled to continually administer medication safely; and
- g) ensure that where practice remains of concern, that they take appropriate action and refer to the appropriate professional body where necessary.

This is in order 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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

### How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made a requirement for improvement.

The provider had a structured quality assurance system available to the service. Management used those systems to assess the service regularly. They identified improvements as part of this process. Management had taken forward some of those improvements. For example, staff supervisions had improved and tissue viability monitoring had improved.

Audits of medication had identified several areas for improvement, dating as far back as December 2022. We found that the necessary improvements had not been made. This meant people's health and well-being was at risk of harm because medication administration had not been safe.

We made several requirements and areas for improvements at previous inspections. Many of those have not been met within the required timescales. We raised our concerns at feedback about the services capacity to improve. All of these factors combined indicate there is insufficient capacity and skill to support improvements effectively and to embed changes in practice. The pace of change had been too slow, with improvements not being made in some areas (see requirement 1).

## Requirements

1. By 2 August 2023, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement. This is supported by clear quality assurance processes that drive improvements.

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

- a) that staff are led, directed and supported by suitably qualified, skilled, and compassionate leaders on each shift;
- b) that the care service users receive is effectively monitored to ensure that it meets their needs;
- c) that managers and leaders carrying out quality assurance processes have the appropriate skills, knowledge, and understanding;
- d) that, where improvements are identified, these are taken forward as a matter of urgency to address potential impacts on people's experiences;
- e) that robust follow up actions are taken to minimise risks of harm to people living in the care home; and
- f) that sufficient actions are taken to address any outstanding actions, when these have not been met within the agreed timescales, identified as part of this process.

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); and
- 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staffing arrangements were reviewed on a monthly basis. The manager reported things had improved during the day with recent recruitments of new staff. The service used agency nurses more so during the night, as this was an area they found difficult to recruit. They minimised the consistency issues by working with certain agencies, trying to maintain regular staff where possible.

Staff were not always organised as best they could. For example, deployment of staff; or the time staff spent moving between Larkfield and Hermitage at change of shift. Staff cover had been an issue, with staff calling in absent for work on a regular basis. This meant there wasn't always the necessary staff working. That said, staff were seen to be flexible, and accommodating to changes in the rota. Staff would pick up additional shifts, or would come in flexibly, to help support people living in the care home. People reported some of the effects they experienced when the care home was short of staff. For example, having to wait longer to have support to get up.

Staff reported working under pressure at times, and this impacted on their ability to do everything when it was due. We observed task orientated support being offered during our inspection.

We considered rotas as part of the inspection. These demonstrated flexibility of staff, when attempts were put in place to patch gaps in the rota.

Taking all of this in consideration we have made a requirement about staffing arrangements (see requirement 1).

## Requirements

1. By 2 August 2023, the provider must ensure that people's needs are met by the right number of people.

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

- a) that attempts are made as early as possible, to arrange shift cover when this is identified, either when completing the rota, or when absenteeism occurs;
- b) that staff are deployed in a way which best meets the needs of people; and
- c) that contingency arrangements are reviewed and updated to ensure the best possible outcome for people experiencing support.

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:

'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

## How good is our setting?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People benefited from a setting which was designed so that everyone can independently access all parts of the premises they use, which included the outdoor space. Staff did not always support people to access outdoor space, which meant most of people's time was spent indoors.

People's bedrooms were comfortable and personalised in a way which the person would prefer. Many rooms had additional seating areas, which people enjoyed. They could connect to the internet to use portable devices to access the internet if they chose to do so.

Additionally, there was a central café type area, and a cinema room in the main building. Some people chose to use this area in their day-to-day routines.

To ensure that people benefited more from their home, staff could do more to support them to access the various areas of their home. For example, staff could support people to access outdoors spaces on a regular basis; supporting to access the café area; or supporting to go along to the cinema room when a film was planned.

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Personal plans were completed electronically on Care More and these were supported by health-based assessments. Care More at times limited the scope of information detailed within their plans. For example, it was unclear if people had been asked to evaluate their progress on their outcomes; it was unclear if people had been fully involved in developing their personal plan (see area for improvement 1).

Staff had completed risk assessments over a range of key areas. Most people had a recent care review. Legal arrangements were in place for people, where this was necessary.

The provider told us they were about to introduce the use of outcome stars within the service. They explained these would help to support involvement and would better capture people's outcomes. We will consider this in the future.

Previously, we made a requirement directing the service to use a pain assessment tool, to help with people's signs of pain or discomfort. This requirement has not been met and has had the timescale extended to 2 August 2023, of which we report under key question 1.

## Areas for improvement

1. To improve how people are recognised as an expert in their own experiences, needs, and wishes, the provider should:

- a) improve how they support people to be involved in reviewing and evaluating their personal plans;
- b) improve how they evidence these interactions within the Care More system; and
- c) continue to involve legally appointed guardians where these arrangements are in place.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

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

### Requirements

#### Requirement 1

The provider must by 30 November 2022, demonstrate that where people experience care and require support as per their stress and distress plan, it is always fully implemented by staff, to ensure a person is appropriately supported in a safe manner.

In order to do this the provider must:

- a) Ensure staff know policy and procedures and best practice in supporting people with stress and distress and have received training.
- b) Ensure regular audits are undertaken to ensure staff are providing appropriate support as part of a person's stress and distress plan and it is appropriate to their needs.
- c) Ensure regular reviews on stress and distress plans are undertaken to ensure they remain appropriate to meet people's needs.

**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 care and support is consistent with Health and Social Care Standards which states that:**

**'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).**

Timescale for this has been extended to 2 August 2023.

**This requirement was made on 1 August 2022.**

#### Action taken on previous requirement

The provider had not met this requirement as we did not find enough evidence to support that improvements had been made. We found this requirement linked to a lack of evidence around pain assessments, which combined would form part of evaluating someone's stress and distress.

Therefore, we have extended the required by date to 2 August 2023.

**Not met**

## Requirement 2

By 30 November 2022, the provider must ensure they keep people safe and healthy by ensuring they have safe and appropriate infection, prevention, and control measures in place. To do this the provider must:

- a) Ensure there are recording systems for additional cleaning which staff complete rigorously detailing the cleaning task, who completed the task and the time of completion
- b) Ensure staff are following guidance around social distancing

**This is to comply with Regulations 4(1)(d) (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 state that:**

**'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).**

This requirement was made on 1 August 2022.

### Action taken on previous requirement

Staff had recorded appropriately the cleaning which was being completed on a regular basis. The rules around social distancing no longer were necessary as the guidance around this had been changed.

**Met - within timescales**

## Requirement 3

The provider must, by 30 November 2022, demonstrate that there is a consistent use of a pain assessment tool and plan to ensure that staff assess and manage a person's symptoms and signs of pain or discomfort.

In order to do this the provider must:

- Review with staff the reasons why a pain assessment tool may be required to support people to assist with the management of pain.
- Ensure staff have updated training on when to implement a pain assessment tool.
- Ensure regular audits are undertaken to ensure staff are providing appropriate support to people who may be experiencing pain.

**This is in order 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 care and support is consistent with Health and Social Care Standards (HSCS) which state:**

**'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).**

Timescale for this has been extended to 2 August 2023.

This requirement was made on 1 August 2022.

**Action taken on previous requirement**

The provider had not met this requirement as we did not find enough evidence to support that improvements had been made. Staff were unfamiliar with using pain assessment tools and records demonstrated this was not in place.

Therefore, we have extended the required by date to 2 August 2023.

**Not met****Requirement 4**

The provider must improve the respite admission process to ensure that proper provision for the care of people using their respite service is in place prior to admission.

In order to do this, the provider:

Ensure that the respite preadmission process includes obtaining a full assessment of how a person's needs are to be met during their respite stay.

Where people may have regular respite stays with the service, there are updated care needs assessments undertaken prior to each stay.

Ensure that where a persons' needs identify specific plans of support such as catheter care; stoma care;

- skin integrity (but not limited to) are implemented and the person is supported at all times with best practice.
- Ensure that staff have knowledge of a person's care and support plan prior to their admission for respite.
- Ensure regular audits are undertaken of people's respite admissions to ensure they receive the care and support they require when living in the care home.

To be completed by: 30 November 2022.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard (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 28 July 2022.

**Action taken on previous requirement**

The manager had put in place respite preadmission checks and an updated plan was in place when the person visited the care home.

**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

The provider should explore and develop opportunities for people to engage with meaningful activity. In particular they needed to:

- a) Explore options for people to maintain and develop their interests and skills, which may include education and learning, employment and leisure.
- b) Develop individual activity plans for people that provides a range of options for engagement and meaningful activity, based on their interests and wishes, throughout the week including evenings and weekends.

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

**'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 1 August 2022.**

#### Action taken since then

The service was not providing enough opportunities for meaningful engagement in activities. Recently they had recruited an activities staff member, who had begun to develop a plan to improve activities.

Additionally, the provider was about to introduce an activities framework.

This area for improvement has not been met and remains in place.

#### Previous area for improvement 2

The service needed to ensure that their contingency plan provided for gaps in staffing including housekeeping staff and the actions to be taken to ensure gaps for housekeeping staff are able to be filled when needed.

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

**'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14). and '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 1 August 2022.**

#### Action taken since then

Following the inspection, we continued to have concerns about the contingency arrangements in place for the service.

Therefore, we have made a requirement under key question 3, which will include areas from this area for improvement.

### Previous area for improvement 3

The manager should continue to ensure that staff are supported in their role and have opportunities through 1:1 supervision to reflect on their learning and practice. In particular they should:

- a) Implement regular, planned support and supervision for all staff members.
- b) Ensure the discussion and decisions agreed at each meeting is recorded
- c) Ensure that outcomes from these meetings informs performance appraisals and staff training plans.

**This is to ensure that care and support is consistent with the Health and Social Care Standards 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 1 August 2022.**

#### Action taken since then

The manager had put in place a structure for staff's 1-1 meetings and these were being audited on a regular basis.

Therefore, this area for improvement has been met.

### Previous area for improvement 4

The service needed to develop a training needs analysis for each staff member that recognises individual learning styles and sets priorities based on the gaps in their knowledge and level of competence.

**This is in order to comply with the Health and Social Care Standards (HSCS) which state:**

**'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 1 August 2022.**

#### Action taken since then

The manager had put in place a training needs matrix and records considered demonstrated that staff training had improved. Training was being audited on a regular basis.

This area for improvement has been met.

### Previous area for improvement 5

The manager should review wound assessment and management with staff who support people with wound care to ensure best practice is being undertaken at all times. Information relating to wound prevention and management can be found at the Care Inspectorate website "Prevention-and-Management-of-Pressure-Ulcers-Standards".

**This is to ensure care and support is consistent with Health and Social Care Standard (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 19 January 2023.

### Action taken since then

The manager and staff had put appropriate arrangements in place to monitor, record, and evaluate people with skin integrity concerns. Documents were reviewed and found to be completed to an appropriate level.

This area for improvement has been met.

### Previous area for improvement 6

The manager should review medication storage, administration and recording with all staff who are responsible for this. Regular audits should continue to be undertaken to monitor compliance with appropriate actions taken where required.

This is to ensure care and support is consistent with Health and Social Care Standard (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 19 January 2023.

### Action taken since then

The provider/manager had failed to make appropriate progress within this area and we have made a requirement under key question 1.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

We report on actions taken from an upheld complaint under outstanding requirements, see requirement number 4.

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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