

# Manor Grange Care Home Care Home Service

31 Pinkhill  
Edinburgh  
EH12 7FB

Telephone: 01313 346 462

**Type of inspection:**  
Unannounced

**Completed on:**  
6 October 2022

**Service provided by:**  
Manor Grange Care Home LLP

**Service provider number:**  
SP2016012760

**Service no:**  
CS2016349056

## About the service

Manor Grange Care Home is a purpose-built home providing care for up to 83 older 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 which are large enough to accommodate double beds and seven with their own enclosed garden area.

There are four units within the home Mull, Iona, Skye and Arran, over two floors which have lift access. Additional facilities include a cinema, private fine dining room, library, central area with café/bar, hairdressing salon and two communal lounges with dining areas. There are secure landscaped gardens with an external covered seating area on ground floor.

The services aims and objectives include: "... that Manor Grange feels like home and offers home comforts...is more than meeting care needs... the wellbeing, happiness, and comfort of our residents is our priority".

## About the inspection

This was an unannounced inspection which took place on 4 October 2022 between 10:30 and 17:00, 5 October 2022 between 09:15 and 16:30 and 6 October 2022 between 10:15 and 15:30. 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 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 people living in the home and external health professionals. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff and the management teams
- observed staff practice and daily life
- reviewed a range of documents

## Key messages

- The staff were knowledgeable about people's care needs and had genuine caring and respectful attitudes when supporting people
- The premises were very well maintained, clean and well equipped, with personalised bedrooms
- Relatives and friends were welcomed to the home and could visit at any time
- There were a range of activities that people could choose to do, with the support of a dedicated activities team.
- There was strong leadership in place. The managers vision for the home has been embraced by the management team and this will enhance the service to the benefit of the people living there once fully established.

## 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?	5 - Very 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 overall as very good.

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

There was warmth, kindness and compassion between the staff and people supported. Staff had a calm, professional but relaxed approach to care. This meant people felt confident in requesting support. Staff clearly knew the residents very well which benefitted people's health and wellbeing. One person told us 'this place is fantastic; the carers are brilliant'.

An activities team provided a range of events and activities. The coordinator had worked in the home for several years and knew what people liked to take part in. Activities included smaller craft groups, larger group activities, a men's group, exercise classes and one to one outings.

However, this was not consistent in other areas of the home. Further support was needed to ensure people were involved in different activities throughout the home. Plans were being developed to ensure that those who chose to spend time in their rooms benefitted from specific activities that was beneficial to them. It was clear that people's views, and requests for activities were actioned, showing that activities, wherever possible, were resident led.

People benefitted from regular access to health care professionals including district nurses, community nurses and GPs. There were prompt referrals to health professionals where people's health changed or deteriorated. Staff recognised changing health quickly and this benefitted residents by being able to make referrals promptly.

Personal plans contained information which consistently informed staff of how people should be supported. The management team were in the process of updating individuals care plans to a new format and these were very well written, plans were outcome based, reflective of people's choices and person centred.

Daily records were written in a way that was not reflective of the quality of care seen at the inspection. Some information needed updated to reflect the care provided. This did not detract from the quality of care because staff had very good underpinning knowledge of people's needs, and this was being reflected in the updated plans.

The overall dining experience was positive, but we observed there were areas that could be improved. The manager had already identified this prior to our inspection and staff training and development was already planned to enhance staff practice.

### 1.4 People experience meaningful contact that meets their outcomes, needs and wishes

People's wellbeing benefitted from having contact with their families and friends and staying connected to their local community. The systems in place to support visits of families and friends were working well and were responsive to individual's needs. Family and friends were welcomed to the home at any time. No restrictions were placed on this. Relatives we spoke with felt they could visit at any time and felt relaxed and confident in doing so.

People were supported to celebrate notable events such as birthdays and anniversaries. The manager recognised the importance of meaningful visits and contact to people's wellbeing.

Relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member.

There were regular relative and resident's meetings, where people could raise any issues or ask questions. The outcome of these fed into quality assurance and action plans.

Friendships were encouraged and we could see how much this mattered to the small groups of people who had made friends. Regular updates were posted on the homes Facebook page to keep friends and families informed of what was happening.

1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures

People living in the home were safeguarded from infection as the environment of the home had a good standard of cleanliness. Cleaning was carried out in line with best practice, and this was evidenced through cleaning records. All appropriate guidance was followed in terms of cleaning regimes.

There was dedicated laundry workers, who had a very good knowledge of infection prevention and control practices for linen. All clothing was washed as per best practice.

There was adequate personal protective equipment (PPE). This was well stocked and readily available. All staff were aware of the guidance on PPE use and staff testing arrangements, including recently published guidance on the use of face masks.

Communal areas were exceptionally clean, safe and, homely with personalised pictures displayed. Staff were confident in their roles as they were provided with support, training, and up-to-date information. The IPC practice supported a safe environment for people to live in and relatives told us they felt "confident" in the service.

## How good is our leadership?

**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 overall as very good.

2.2 Quality assurance and improvement is led well

It is important services have effective systems to assess and monitor the quality of the service and environment/equipment. This helps drive service development and improvement which results in good outcomes for people living in the home.

Quality assurance was well led, and actions were taken as a direct result of feedback from residents and relatives. An extensive and comprehensive system of audits were in place and regularly completed. The audits fed into an improvement plan for the home, of which senior management had an overview.

The service was committed to involving resident's, relatives, and staff with improving care provided to support better outcomes for people living in Manor Grange. This gave confidence that the service is dedicated to maintaining person-centred care through continuous evaluation.

## 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 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 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).

**This area for improvement was made on 10 July 2019.**

#### Action taken since then

The service is accessing skilled dementia level training from promoting excellence, through Edinburgh Council.

All new staff on recruitment are given training in promoting excellence framework for informed level at induction to the service and skilled level is completed as mandatory training for all care staff.

All trained nurses and team leaders are given training to excellent level of the promoting excellence framework.

Staffing levels are reviewed on a monthly basis by the dependency levels of the residents.

Staff are given additional training on essentials in psychology dementia care.

This area for improvement has been 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good



## To find out more

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

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

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

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

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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