

Merse House Care Home Service

Merse House
Merse Avenue
KIRKCUDBRIGHT
DG6 4RN

Telephone: 01557 332250

Type of inspection:
Unannounced

Completed on:
27 June 2025

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000289

About the service

Merse House is registered with the Care Inspectorate to provide a non-nursing care service to a maximum of 32 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

This two-storey purpose-built home is located in a residential area of Kirkcudbright. The upper floor of the home is not used for accommodation.

All bedrooms have ensuite facilities of a toilet and sink. Each of the two units has its own assisted bathing facility, sitting and dining areas. There is an enclosed garden with seating and a car park is available to visitors.

At the time of this inspection, there were 29 people living at Merse House.

About the inspection

This was an unannounced inspection which took place on 25, 26 and 27 April 2025. 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 13 people using the service who were able to give their opinion and four relatives
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- spoke with two visiting professionals.

Key messages

- Staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from meaningful connections.
- The home was clean and welcoming.
- The service should improve the response time for environmental needs.
- From the findings of this inspection, we have made three areas for improvement.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - 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 this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff interactions with people using the service were warm, genuine and respectful. We observed staff supporting people in a calm and reassuring manner, which had a positive impact on their emotional wellbeing. It was clear that staff had worked hard to develop relationships with people using the service. This enabled people to feel a sense of trust and confidence in their support.

Feedback was positive about the quality of care and support people received. Comments included "I'm happy with the care and support provided and happy living at Merse House." Relatives' comments included "My dad has thrived since entering Merse House. He is healthier than previously and has gained weight."

People had personal plans in place which set out how their health and care needs would be met. Staff demonstrated an understanding of the needs of people. Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences.

Assessments were completed for people, these included falls assessments and records of mobility needs and Waterlow assessments to support good skin integrity. Where required, associated risk assessments and care plans were developed to reduce any identified risks to people.

People's health benefitted from good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health-related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

Communication was reported to be good within the service which is important for staff to feel valued and listened to. Handover meetings took place between each shift and daily 'flash meetings' took place where a representative from each department attended. These provided opportunities to share information and highlight areas of concern. Staff were confident to raise any concerns; this reduced the risk of harm to people.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

We observed the mealtime experience. The dining areas were pleasant, and the tables nicely presented. Staff were available at mealtimes and displayed good practice when supporting people who needed assistance. Most residents appeared to enjoy their food. People's preferences were respected, and people chose where they had their meals. Some people chose to eat in their bedrooms, whilst others used communal dining spaces to socialise with others at mealtimes.

People's nutritional needs were communicated with the catering staff.

This included dietary requirement, texture of meals and fortified diets. People were observed to have easy access to drinks and snacks throughout the day.

People should be able to have an active life and be supported to engage in meaningful connections. An activities co-ordinator had recently been appointed, and we saw residents taking part in activities. There are plans to develop the activities within the home which included recording and evaluating people's experiences. People were provided with a monthly activity plan which included physical exercise classes, entertainment, arts and crafts and community engagement.

Emergency call buzzers were in people's bedrooms and communal areas. However, we noted that within some communal areas, these were not in reach of people. We asked the provider to review this to ensure people could access help when needed. (See area for improvement 1)

Areas for improvement

1. To support safety, dignity and independence, the provider should ensure that appropriate and accessible means of calling for help are available in all communal spaces.

This is to ensure care and support is consistent with Health and Social Care Standards which state: "My care and support meets my needs and is right for me" (HSCS 1.19) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

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.

Since the last inspection, we could see progress in making improvements. We found there were effective quality assurance processes in place. There was a schedule for audits to be carried out in respect of all aspects of clinical, environmental and staff practice. There was evidence that the audits had been carried out as planned. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

Areas to improve were included within the refurbishment plan or overarching action plan. These identified areas completed and work that was ongoing which demonstrated continuous improvement within the service. The provider should ensure these are followed through to completion.

The service could further improve their governance and service development processes by including the use of self-evaluation, developing an outcome-based improvement plan. This will support measuring and evaluating the effectiveness of the actions taken in the service. (See area for improvement 1)

During the inspection, the registered manager engaged fully in the inspection process and was very responsive to feedback provided. We received positive feedback on the management and leadership within the service. The staff told us they were well supported and listened to.

People had the opportunity to be involved and to help shape the service. Meetings for people supported and relatives had been less frequent. However, dates had been arranged for these to take place.

Other methods of gathering feedback were 'resident of the day' where staff listened to people on an individual basis and took any suggestions forward. There was also a quick response (QR) code at the door for relatives to scan using their mobile phones to provide feedback.

A procedure was in place for recording and reporting accidents and incidents. We viewed internal records and adult support and protection referrals which had been made to social work to escalate concerns. We suggested the registered manager implements a system to track these referrals and the outcomes. An increased oversight would also help to identify any patterns and mitigate risk for people supported.

Areas for improvement

1. So people can be sure quality assurance drives change and improvement where necessary the service provider should consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

How good is our staff team?

4 - Good

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

The staff team were valued by people experiencing care, this was representative of feedback from residents, relatives, and stakeholders. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: "The staff team are very helpful and always respond to my requests for help and assistance" and "the staff are friendly and kind." This assured us that the staff team were caring and considerate in their practice.

People were recruited following best practice guidance and completed an induction and probation period when they commenced employment at the service. Staff told us they felt supported in their role. This ensured staff had the skills and knowledge to undertake their role safely which supports better outcomes for people.

The home environment supported small group living and care staff were deployed to work within specific areas. Staff were clear on their roles and responsibilities. This offered people continuity in their care.

A recognised assessment tool was used by the provider on a monthly basis to assess people's needs. The outcome of these assessments were used to inform staffing levels within the service. Staff rotas we reviewed told us that the assessed staffing levels were planned and maintained each shift. To ensure these staffing levels, we found staff worked additional hours or 'bank staff' covered these shifts. The provider did not use agency staff.

The service were still recruiting to fill vacant posts. At times, staff morale appeared low. We shared our concerns with the manager about ensuring enough support was in place to reduce the amount of additional hours staff were undertaking. Consideration should be given to supporting staff wellbeing more effectively.

Team meetings and daily staff handovers took place. A wide variety of topics were discussed and captured in meeting minutes. Staff handovers were detailed and supported staff to be knowledgeable about people's needs.

Supervision sessions provided staff with an opportunity to talk about areas of work practice. This helped identify any learning needs, providing better outcomes for people. The approach to staff development in the service meant that residents could be confident that the people who support them are trained, competent and skilled. There was a system in place to monitor the appropriate registration of staff members. This meant that there was clear oversight of when registrations required to be renewed.

How good is our setting?

4 - Good

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

The home was warm and welcoming. We saw that there was a variety of spaces for people to enjoy in the home, with a mixture of busier and quieter seating areas. We observed people freely accessing different spaces at the time of inspection. This meant that people could choose where to spend their day and have privacy when they wanted.

The home had been working to make the home dementia friendly. A Kings Fund Tool was used to assess this, and some areas had been actioned. The home continued to work on areas identified to enhance the setting to good practice and improve outcomes for people.

The communal areas were welcoming, spacious and tidy. The environment and equipment were generally cleaned to a high standard and well maintained.

The provider had systems in place to oversee the home environment. This included maintenance records for safety equipment and the ongoing monitoring and maintenance of the building. The documentation we reviewed was well presented and fully completed.

An environment improvement plan was in place. The home continued to make improvements to the environment and had completed many areas of refurbishment such as painting and decorating. Some areas could be more detailed in relation to what needs to be completed and by when. A timely response is needed to ensure people experience a high-quality environment. (See area for improvement 1)

People could use the well-kept enclosed garden, weather permitting. We saw people enjoying the garden and the different seating areas supported options for people to enjoy a social space with family and friends. People chose where to spend their time.

Areas for improvement

1. The provider should ensure that the service addresses maintenance and environmental needs identified in the service action plans in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

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.

Prior to admission to the home, the registered manager or appointed staff member completed an individual needs assessment. This was to ensure the service would be appropriate and the provider had the resources required. This included a staff team who had the skills and knowledge to be able to meet the person's needs.

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

Where required, staff completed charts to record and monitor aspects of people's health and wellbeing. This included fluid and dietary intake, repositioning to promote skin integrity and weekly/ monthly records of people's weight. Areas of concern were communicated at handovers and 'flash meetings'. The registered manager should maintain an overview of these recordings in order to address any omissions in record keeping.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and how to support people with any related decisions.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

We found people had future planning wishes recorded. Discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

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

Requirements

Requirement 1

By 24 March 2025, the provider must ensure that there is adequate handwashing facilities to ensure cross infection is minimised. This will enhance the living conditions and improve outcomes for people. To do this, the provider must, at a minimum ensure provision of a handwash sink within sluice rooms, the domestic services and medication room.

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (d) (Facilities in Care Homes) 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 an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.24)

This requirement was made on 14 January 2025.

Action taken on previous requirement

Handwashing sinks had been fitted to the sluice, domestic services room, and medication room.

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

So people can be confident their medication is stored appropriately, the provider should review the temperature control within the medication room.

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

This area for improvement was made on 14 January 2025.

Action taken since then

An air conditioning unit was now in place within the medication room and being used when the temperature increased.

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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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