

Muirfield Nursing Home Care Home Service

Main Street
Gullane
EH31 2AA

Telephone: 01620 842116

Type of inspection: Unannounced
Inspection completed on: 14 December 2016

Service provided by:
Randolph Hill Care Homes Ltd

Service provider number:
SP2003002451

Care service number:
CS2008176136

About the service

Muirfield Nursing home is a care home service, registered to provide care and support for up to 38 older people. At the time of our inspection there were 33 residents living in the home. The home is owned and operated by Randolph Hill Care Homes Limited ("the provider").

The service currently is situated on the main street in Gullane, and there is easy access to local facilities such as shops, pubs, cafes and churches.

Accommodation is provided over three floors, with stairs and a passenger lift giving access to the upper floors. Most of the rooms are single bedrooms, although there were five shared rooms in use during our inspection. None of the rooms have ensuite facilities. Shared bathrooms and toilets were available on each floor.

Other communal areas include a dining room and small lounge on the ground floor, a combined lounge/dining room on the second floor, and a small sitting room on the first floor.

There is limited parking space at the front of the home, and gardens to the rear. On-street parking is available close to the home.

The provider states that the aim of the service is: "to provide professional, skilled and empathetic individual care" and that they "are fully committed to providing professional and empathetic individual care for every single one of our residents".

What people told us

During our inspection we spoke with four residents about their experience of living at Muirfield Nursing Home. We also engaged in general conversation with several others, and observed the interactions between staff and residents. On the whole, residents seemed happy with the care they received, and were relaxed in the company of staff.

One person described staff as "good workers" and "excellent staff, they are understanding, give good specialised care". Another said that staff were "lovely, kind".

One resident described to us the enjoyment they got from being able to get out and about in the local community.

One person told us that the food was "good" and their room was "fine".

We also spoke with four relatives. All expressed satisfaction with the care their family member received. Comments made included the following:

- "On the whole, very good";
- "Kept up to date";
- "(Staff) friendly enough made a good choice coming here";
- "Some specific problems relating to the building staff have been really good and supportive. They always listen".

Self assessment

The service completed a detailed self assessment before our inspection, as we had requested. However, the evidence that we saw during our inspection did not support all of the grades that the service had suggested as part of that assessment.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We found that the service provided an adequate standard of care for residents.

Staff were caring and well-intentioned, but we assessed that they needed further training and support to fully understand how best to provide care for people living with dementia.

There was a busy activities team, and we saw that residents had regular opportunities to go out into the local community.

Care plans are crucial to make sure that all staff know the different needs of each resident and how to provide the care and support to meet those needs. We found that the quality of care plans varied. Some had good levels of detail and were specific to the resident, but this was not always the case. Staff need to get better at using their knowledge of each resident to write care plans that are not only detailed and accurate, but which reflect the individual experiences and preferences of each resident. Some aspects of the delivery of care, such as wound care and oral care, also needed to improve.

Residents who received help with medicines generally received their medicines as prescribed. There were, however, a few areas where staff needed to improve the way they managed medication, in particular topical medicines, such as creams or lotions. Staff also needed to develop detailed protocols for "as required" medication for agitation or distress. We discussed the areas for improvement with the management team.

We observed three mealtimes and felt that the dining experience for residents needed to improve. Staff needed to consider the noise levels in the rooms, the length of time residents sat waiting at the table, and the interactions between staff serving the meal and the residents. Improving these would make dining a better experience for residents.

Residents were asked to choose their meal a day in advance. People with dementia may not remember what they ordered, and when the meal is served they may feel unhappy with their choice, and be less likely to eat.

We observed staff at work, and saw that they were generally caring in their approach towards residents. However, we felt that the quality of some interactions needed to improve, particularly with those residents who were less able to communicate and engage easily in conversation. Training in dementia care should help staff to have a better understanding of dementia and how to improve the quality of interactions. We have made a requirement about training under Quality of Staffing.

Requirements

Number of requirements: 2

1. The provider must ensure that care plans set out how residents' health, welfare and safety needs are to be met. In order to achieve this, the provider must ensure that care plans:
 - a) accurately recognise and address in detail all of each resident's needs, taking into account information from assessment tools, charts and other records of care, and advice from other health or social care professionals;
 - b) reflect the individual life experiences, choices and preferences of each resident;
 - c) are effectively evaluated to make sure that they are helping staff to provide care in a way that the resident wants and needs.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the health, welfare and safety of service users, and Regulation 5(1) - a regulation regarding personal plans.

It also takes into account the National Care Standards Care Homes for Older People Standard 6 - Support Arrangements, the Nursing and Midwifery Council's "Guidance for the Care of Older People" 2009, the Scottish Government's "Standards of Care for Dementia in Scotland" 2011, and the Scottish Social Services Council Code of Practice for Social Service Workers Section 1.

Timescale for achieving this improvement: by 31 March 2017.

2. The provider must ensure that residents receive their medicines in a way that is safe, effective, and as intended by the prescriber. In order to do so, the provider must:
 - a) review and improve the way topical medicines are administered and recorded, and make sure that this is monitored and evaluated by the nursing staff;
 - b) regularly audit medication administration records (MARs) for all types of medication to assess the quality of recording, both of transcribed prescription instructions and records of administration, to make sure that it is clear and accurate;
 - c) where deficiencies in medication management are identified, take steps to correct those deficiencies and support staff to improve their performance;
 - d) put in place detailed and individual protocols to guide staff in the safe and effective use of "as required" medication for agitation or distress.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the health, welfare and safety of service users.

It also takes into account the National Care Standards Care Homes for Older People Standard 15 - Keeping Well, Medication, The British Pharmaceutical Society's "Handling of Medicines in Social Care" (2007), and the Care Inspectorate's "Guidance About Medication, Personal Plans, Review, Monitoring and Record Keeping in Residential Care Homes" (2012).

Timescale for achieving this improvement: by 28 February 2017.

Recommendations

Number of recommendations: 1

1. We recommend that the provider review the mealtime arrangements to assess and monitor the experience of residents, and put in place changes in practice in order to improve that experience. These should include, but are not limited to:

- a) reviewing the seating arrangements for residents to make sure that they are comfortably and appropriately seated, have choice in their table companions, and are able to enjoy meals as a social event;
- b) reviewing other factors in the environment, such as noise, lighting and staff movement, to reduce distraction and distress, and increase independence;
- c) providing true choice at the table for all residents, including a visual choice from plated meals for those residents with dementia;
- d) improving the way staff present meals and interact with residents during service.

This takes into account the National Care Standards Care Homes for Older People Standard 13 - Eating Well, the Royal Institute of Public Health's "Eating for Health in Care Homes: A Practical Nutrition Handbook" 2007, the University of Stirling's "Hearing, sound and the acoustic environment for people with dementia" 2010, and the University of Stirling's "Light and lighting design for people with dementia" 2010.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

In considering our findings for this theme, we recognised that the service will shortly move to new premises. These will provide better facilities and a more suitable environment. However, we also recognised that this is the residents' home for the present, and we looked at ways in which the current environment of the home could be improved, for the comfort and safety of the current residents.

Some residents and a relative we spoke with told us that they liked the homely nature of Muirfield, and hoped that this could be maintained in the new building.

There were systems in place for repairs and maintenance of the environment and equipment. We also saw that legal requirements for regular testing of equipment used for lifting and transferring residents had been met.

Generally the home was clean, especially individual residents' bedrooms. However, some areas (such as the laundry) and some equipment (such as fans and commodes) needed to be cleaner.

We were concerned about the way some items were stored around the home. We saw some storage which increased the risk of spreading infection, and we found that domestic chemicals were not always stored securely to prevent accidental spillage or ingestion. We also saw that food thickeners were not stored in a secure way. These can pose a risk of choking to residents who may ingest them in error, and a national patient safety alert had been issued about this.

There were no handwashing facilities in the sluices or domestic storage room. These are areas where staff are handling dirty items, and they should be able to wash their hands before leaving the room, to reduce the risk of spreading infection.

Lighting was poor in some areas, especially in some of the bedrooms. This can affect residents' confidence and independence, and increases the risk of falls.

The legionella risk assessment was not up-to-date, and there were no records to show that the necessary actions identified in the risk assessment were being carried out.

Where residents shared a room, we found that staff had not taken enough steps to provide privacy and preserve dignity.

We have commented more about how the management monitors the quality of the service, including the environment, in Quality of Management and Leadership.

Requirements

Number of requirements: 2

1. The provider must carry out an assessment of the environment of the home, and draw up an action plan which shows how they will address those issues identified at our inspection (some of which are listed above), as well as any other issues identified by their own assessment. The action plan must be detailed, and must include timescales for the completion of any action. Those timescales must demonstrate that the quality of the environment will improve for current residents, prior to the move to the planned new premises.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(c) - a regulation regarding the welfare of service users, and Regulations 10(1) and (2) - regulations regarding the fitness of premises.

Timescale for achieving this improvement: a copy of the assessment of the environment, along with a detailed action plan, must be sent to the Care Inspectorate by 31 January 2017.

2. The provider must ensure that when residents occupy a shared room, appropriate steps are taken to maintain the privacy and dignity of each resident, including the provision of privacy curtains around each bed space and sink area in the room.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(b).

It also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale for achieving this improvement: by 31 January 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We assessed that the quality of staffing was adequate. Staff were caring and well intentioned, but needed support from management and on-going training to enable them to provide the standard of care they aimed for.

The provider had a range of policies and procedures to support good staff practice.

Staff gave us positive feedback about the support they received, and how much they enjoyed working in the service. Staff, residents and relatives all spoke of a more settled and stable staff team, although some relatives still expressed concerns about the number of agency staff providing care.

Recruitment files showed us that the provider followed best practice guidance when selecting staff to work in the service. This helps to make sure that residents are safe, and looked after by staff with the right skills. The provider could improve this further by exploring gaps in employment history, and recording this in the interview notes. We also suggested that the provider record evidence to support the appointment of staff to promoted posts, as the reason for these decisions was not always clear.

The provider had identified a range of training that they considered essential for all staff, depending on their role. Records showed that not all staff were up-to-date with this training.

All staff had received basic training in dementia care, but we assessed that the provider needed to prioritise training that was in more depth for the care and nursing staff. The provider was in discussion with a local university to provide these different levels of training.

We could see that staffing levels were influenced by the needs of residents. We did not see residents waiting unreasonable times for assistance. However, staff were often busy with tasks of care, and did not always have time to sit and engage with residents. On occasion, when there was time available, staff did not always take the opportunity this provided to socialise and interact with residents. Training in the needs of residents with dementia may help staff to recognise the importance of such opportunities.

A system of one-to-one staff supervision was not fully established, and staff described different experiences of this type of support. The manager and deputy told us they planned to implement an effective system which included clinical observation of staff, and assessments of competency in different areas of practice.

There had been few staff meetings recently. These provide staff with peer support and opportunities to share experience and knowledge.

Requirements

Number of requirements: 1

1. The provider must ensure that staff are provided with the skills and knowledge to carry out their work, and that their performance is monitored to identify any areas where support is needed to improve practice. In order to do so, the provider must:

- a) carry out a training needs analysis, and use the information from this to draw up a detailed training programme for the coming year, including suitable training in dementia care for care and nursing staff;
- b) implement a system to monitor the quality of staff performance in all areas of their work, to recognise good practice and identify where staff need further support to improve their performance;
- c) implement a system of staff supervision which promotes best practice and provides individual staff with support to continuously improve their performance.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 15(b) - a regulation regarding staffing.

Timescale for achieving this improvement: a copy of the training needs analysis and detailed training programme should be available to the Care Inspectorate by 31 March 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Staff and relatives told us that they had confidence in the management team. They found the manager and deputy approachable, and felt that they were being listened to. People told us that the management team communicated well, and kept them up to date with what was happening in the service.

The provider had systems in place for monitoring and reporting on the quality of the service. We saw that these systems were not being used to their full effect. For example, some audits simply checked that documentation was in place, without giving consideration to the quality of the information in the document, or how it enhanced the residents' experience of the service. Work to improve the service had not always been signed off as having been done. The management team in the home need to get better at using these systems to provide them with useful information that can help them to continue to improve the service. We were concerned that these monitoring systems had not identified the issues that we had found at our inspection, for example the issue of cleanliness in some areas of the home. There were also recommendations from our last report that had not yet been met.

The deputy manager was relatively new in post. The manager told us that his appointment had freed up time for her to focus more on assessing the service, and planning for ways to improve. We discussed the need for the management team to prioritise areas for improvement, particularly those areas highlighted in this report, and to put in place detailed plans for making those improvements.

As well as the management team, other senior staff in the service have a responsibility to monitor the care given, and support the whole staff team to provide a good standard of care. We discussed with the manager the need to support senior staff to develop methods of critical thinking, and to take delegated responsibility for ensuring standards of care are maintained.

The provider had a policy and procedure for handling complaints. We saw that the manager used this system effectively, responded positively to complaints or concerns, and communicated outcomes to complainants.

Requirements

Number of requirements: 1

1. The provider must ensure that systems to monitor the quality of the service are fully and effectively implemented, and the information from this used to plan improvements in the service. Quality assurance systems must be used to evidence that improvements are not only achieved but are sustained. In order to achieve this, the provider must ensure that:
 - a) audits and checks are put into place and carried out regularly to identify good performance in the service, and areas where improvement is needed;
 - b) where deficiencies are identified, a detailed action plan must be drawn up to show how improvement will be achieved;
 - c) any action or work to bring about improvement is signed off once completed to evidence that the improvement has been achieved;
 - d) audits and checks are followed up after improvement has been achieved, to make sure that the improvement is sustained.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation regarding the principles of the Act.

It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

Timescale for achieving this improvement: by 31 March 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure medication, including topical medication, is managed in a manner that protects the health, welfare and safety of service users. The provider must ensure this by monitoring if residents take medicines administered to them administering creams and ointments as prescribed by the prescriber and making sure medication is available at the care service at the time it is due for administration.

This requirement was made on 8 October 2015.

Action taken on previous requirement

We saw that generally, medication management had improved. There were still some areas where further work was needed, especially in the way topical medicines such as cream or lotions were managed. We did not see any improvement in this. We have made a requirement about medication management in Quality of Care and Support.

Not met

Requirement 2

Personal plans must accurately set out how service users' health, welfare and safety needs are to be met. In order to achieve this the provider must:

- a) ensure that the personal plans/support plans accurately set out all aspects of the service users' current health and social care needs.
- b) ensure that personal plans/support plans are effectively evaluated to make sure they are meeting residents' needs.

This requirement was made on 8 October 2015.

Action taken on previous requirement

There was some good, detailed information in care plans, but this was not consistent. We have described our findings more in Quality of Care and Support, and have made a requirement about care planning.

Not met

Requirement 3

The provider must ensure that the environment is safe and service users are protected, and that the accommodation is fit for use. In order to achieve this, the provider must:

- (a) ensure cleaning materials are stored securely.
- (b) ensure call bells are plugged in, operational and accessible to residents
- (c) ensure nutritional thickening agents are stored safely
- (d) discard out of date food or drinks
- (e) ensure fridges are working

- (f) ensure equipment is in good working order and used appropriately
- (g) provide sufficient toilet and bathing facilities to meet the needs of residents and keep this under review to ensure it is being met in accordance with residents needs and preferences.

This requirement was made on 8 October 2015.

Action taken on previous requirement

We saw that some of this requirement had been met, and have reported our findings in Quality of Environment. There were still areas for improvement that needed to be addressed, and we have made a requirement about these.

Not met

Requirement 4

The provider must ensure staffing meets residents needs. In order to achieve this: Staffing must be calculated in a way which reflects the needs of the residents and these records must be auditable. Duty rotas must accurately reflect who was on duty including the full name and designation of staff. The overall assessment of staffing levels and deployment must be made available to any visitors to the service and anyone using it.

This requirement was made on 8 October 2015.

Action taken on previous requirement

We found that the planning and recording of staffing in the home had improved. We have reported on this in Quality of Staffing.

Met - outwith timescales

Requirement 5

The provider must make sure that the quality of the service that residents and their families receive is of a good standard and continues to improve. In order to do so, the provider must:

- a) fully implement an effective system of quality assurance that is specific to the needs and circumstances of this service and the people who use it;
- b) be able to evidence the actions taken to maintain and improve the quality of all aspects of the service, including staff performance and practice.

These should include care planning, medication, infection control, the environment, nutrition, staff training and staff supervision.

This requirement was made on 8 October 2015.

Action taken on previous requirement

There had been some improvement to the way the service monitored quality, but more work was needed. We have reported on this in Quality of Management and Leadership, and have made a requirement about quality assurance.

Not met

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

Previous recommendations

Recommendation 1

The manager should find ways to inform residents and relatives how their feedback, comments and ideas have been used to inform and shape the development of the service.

This recommendation was made on 8 October 2015.

Action taken on previous recommendation

Although we did not see written evidence of this, relatives we spoke with told us that the service was good at communicating with them and keeping them informed. We talked to the manager about including a "round-up" of changes made as a result of comments or suggestions into the home's newsletter, or at the start of each relative or resident meeting.

Recommendation 2

It is recommended that mealtimes audits are carried out to help staff identify improvements in the mealtimes experience, including the quality of support offered at mealtimes.

This recommendation was made on 13 March 2015.

Action taken on previous recommendation

The new deputy manager told us that he had audited some mealtimes, and was considering ways that improvement could be made. We also suggested ways to improve mealtimes for residents. We have reported on this in Quality of Care and Support.

Recommendation 3

The provider and the manager should seek advice from the Health and Safety Executive to ensure that appropriate steps are being taken to minimise the risk of legionella in the home and ensure that the home's designated competent person has the appropriate knowledge, skills and qualifications for the role. The provider should inform the Care Inspectorate when this action has been taken and the outcome of the consultation.

This recommendation was made on 8 October 2015.

Action taken on previous recommendation

We did not see evidence that this had been done. A risk assessment had been carried out, but this was now out of date. There were no records to show that the necessary preventative measures were being carried out, in line with the Health and Safety Executive guidance. We have made a requirement about a safe environment in Quality of Environment.

Recommendation 4

The views of residents in shared rooms about whether they wish a single room should form part of the six monthly care review and this discussion and outcome should be documented. The clear benefit to each party of sharing should be recorded.

This recommendation was made on 14 July 2014.

Action taken on previous recommendation

We saw that the shared use of a room was being discussed with relatives at reviews of care, although we did not see that the way that each resident benefited from the sharing arrangement was identified and recorded. We have talked about the lack of privacy in some shared rooms in Quality of Environment, and have made a recommendation about this. When the home moves premises in May 2017, all bedrooms will be single occupancy.

Recommendation 5

The service should review how resident's personal clothing is labelled and who has this responsibility.

This recommendation was made on 8 April 2015.

Action taken on previous recommendation

We found that this recommendation had 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.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
8 Oct 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
13 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
14 Jul 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
4 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	3 - Adequate
27 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Sep 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 Jan 2011	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
22 Apr 2010	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
23 Nov 2009	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
16 Jul 2009	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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