

Drummohr Nursing Home Care Home Service

47a Drummohr Gardens
Wallyford
Musselburgh
EH21 8BH

Telephone: 0131 653 3737

Type of inspection: Unannounced
Inspection completed on: 1 May 2018

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300690

About the service

Drummohr Nursing Home is registered to provide care for up to 60 older people and is situated in a residential area of Wallyford, East Lothian. It is close to local transport links and amenities.

Accommodation is provided over two floors in 60 single bedrooms with toilet and hand basin ensuite facilities. Stairs and a lift provide access to the upper floor. Communal lounge and dining areas are on both floors. Bathing facilities and additional toilets are available throughout the home. There are separate kitchen, laundry and staff facilities in the home. The home has its own car park and there is a garden area to the front and rear.

The provider, HC-One Limited, state that it aims "to have the kindest homes in the UK with the kindest and most professional staff."

At this inspection 58 people were using the service with one person planning to take up accommodation on the first day of our visits.

The weather was pleasant and we saw some residents enjoying the garden.

Staff were kind and caring in their approach to residents during our visits.

What people told us

Four relatives/carers and five responses from residents were received from 30 Care Standard Questionnaires (CSQ) sent to each group.

The majority of respondents said that they were satisfied with the quality of care in the home although one person told us that they were not satisfied.

Concerns were raised by a number of respondents in respect of lack of staffing, the care and use of clothing and personal items and the malodours and lack of cleanliness of the facilities.

These issues were raised by people we spoke with during inspection, with individuals also telling us about the time taken to respond to their care needs. It was concerning that we had reports of individuals feeling that they/ their relative were not always treated with respect or in a polite manner.

Many residents were unable to hold an extended conversation about their experience of life in the home.

We spent time observing staff practice and interaction with residents.

We also carried out a Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for a few people who were unable to tell us their views as part of the inspection.

Self assessment

This was not requested before this inspection.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

As at the last inspection, activities took place throughout the home and residents were enjoying this and some knew group events that were planned. However, there was only one coordinator in post but recruitment was to take place for additional hours. The structured and varied activities was a positive aspect of life in the home.

The community nursing team was supporting services to put in place legal documents. These are important to show when individuals are unable to make decisions for themselves and when medications can be given covertly.

Mealtimes are an important part of home life. Dining rooms were available in each unit, however we did not see these being utilised to best effect. Several residents used small tables in lounges or corridors for meals. We accept that this may be the choice for some. However on the third day of inspection all used the dining facilities. We also noted that, where there had previously been access to a small kitchen in the upstairs unit, this was not in use. There was no rationale for this and we thought that this would hamper resident/relatives/visitors easily accessing snacks and drinks.

There was a lack of oversight and management of food and fluid intake in the home. Nineteen residents were recorded as having lost weight in March 2018. Five had significant weight loss.

We observed instances where residents did not take their meal and nothing else was offered, teas were often left cold and untouched and one resident walked around taking others meals and drinks. We also noted that there was specific guidance in a care file from the dietician in respect of food and fluids that one resident could have. The instructions were not followed.

These issues, together with the lack of guidance to staff in respect of monitoring, recording and evaluating intake is concerning.

It is essential that good care planning is in place and staff are guided in practice to meet the nutritional needs of residents and to ensure that their dining experience is positive as this helps encourage eating and drinking.

We recognise that some of this lack of care could be attributed to a lack of staff. Staffing levels are covered in a requirement in Quality Theme, staffing.

Some residents looked in need of attention to their personal care and clothing. Good care in respect of this helps to maintain healthy skin and to give a sense of well being. This is an issue of concern for relatives as this does not give them assurance that their relative is cared for.

We are aware from documents that often care can be refused, particularly where individuals are affected by stress and distress and this can make it difficult for staff. Care plans need to set out strategies that guide staff in these instances.

Records could not evidence that this care was delivered. (See the section 'What the service has done to meet any requirement at or since the last inspection', requirements numbered 1 and 2).

Additionally, a recommendation was made in respect of grooming items. This was not met.

Recurring issues were identified at this and previous regulatory visits and requirements relating to care planning and clothing have been outstanding since 2016.

The findings affect the outcomes for residents and some critical needs are not met. There needs to be action in the form of structured and planned improvement by the provider to demonstrate clearly that sustainable improvements have been made.

These issues form part of an Improvement Notice.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of environment

Findings from the inspection

Drummohr has good space available and residents were free to walk and use small lounges and seating areas. Some people chose to spend time in their bedrooms which were personalised with their own belongings and memorabilia.

At the last inspection we made a requirement about maintenance and cleaning of the home. We found a good system of maintenance checks of equipment and the environment which helped keep people safe. These were completed and satisfactory in April 2018. Actions were taken to rectify faults or address recommendations made by other regulatory bodies. We were satisfied with the actions taken in respect of maintenance. This aspect of the requirement has been met.

However, we were concerned about the lack of cleaning in the home which meant that people did not live in an odour free, safe environment. Previous outbreaks of infection had been reported and, whilst we could not attribute this to the cleanliness, it is essential that good practice is in place to prevent any spread of infection. Cleaning was needed in the general environment, equipment and personal care items, such as mattresses and seating. Further details of our findings can be seen in the section, "What the service has done to meet any requirements since or at the last inspection".

It is concerning that cleaning has not been addressed appropriately since our requirement was made in 2016. Relatives, visitors and staff have commented on the cleanliness and odours. There had been a refurbishment plan for the home at previous inspection but there is no indication that this has been fully completed. This should be updated.

We have assessed that the welfare of residents is compromised due to the environment and there needs to be action in the form of structured and planned improvement by the provider to demonstrate clearly that sustainable improvements have been made.

This forms part of an Improvement Notice.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

People that we spoke with were generally positive about staff working in the service. However, there were variable comments on their care, such as, "I get the best quality of care from the carers", "Some staff are so good and others couldn't care less" and "It can be up to 30 minutes to respond to my call".

Our observation showed some very kind and positive interactions between staff and residents.

It was evident that staff knew the residents well and that they were frustrated at being unable to deliver care as they wished. Examples of where care needs left unmet are reported under care and support.

They felt that the home had an opportunity to get better and many were strongly supportive of the new manager whom they thought was 'the person to take Drummohr forward'.

As at the last inspection they gave us their views on staffing in the service and this had not changed. They continued to feel that there was insufficient staff working in the home. This was in all departments. (Housekeeping, care staff, activity and kitchen).

We have reported on one requirement made at the last inspection about staffing in the home. Details can be seen in the section "What the service has done to meet any requirements since the last inspection". This remained not met.

We did not fully complete an audit of safer recruitment at this inspection. Recruitment is on going and we will look at this at the next inspection.

Staff training was mandatory in subjects such as, infection control, adult protection and moving and handling. Staff told us about how they were working through their e-learning.

One recommendation was reviewed at this inspection about staff training. We did not look at records in respect of this as practice indicated that staff either did not have the training in key areas of that they were unable to implement this in practice.

We have assessed that the lack of staff working in the service has a negative impact on the health and well being of both residents and staff. We thought that there must be immediate remedial action taken by the provider to make improvements. The provider acted swiftly at inspection to suspend admissions to the home for a period of time. This was a positive step to allow the service to focus on existing residents.

However, we now need to see action to ensure that people are protected and their well being improves. There needs to be action in the form of structured and planned improvement by the provider to demonstrate clearly that sustainable improvements have been made.

This forms part of an Improvement Notice.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

As at the last inspection we did not look at all of the audit systems in the home. The findings at inspection relating to care and support, the environment and staffing have shown that these were not used effectively to identify areas for improvement and influence change.

It was concerning that some audit information had no evidence to indicate that actions had been taken from the results. For example a staff survey carried out in 2017 gave the following facts:

42.86% - disagreed that residents were offered choices

42.66% said that the home was clean and free from odours

14.29% not reporting of incidents of abuse.

Staff felt more positive about the approachability of the manager.

It is important that staff are given a safe environment/forum to share their views and express their concerns and be reassured, where appropriate, these will be addressed.

We saw that meetings were planned and supervision was to be cascaded.

People (relatives and residents) told us that they had repeatedly raised issues about care in the home. CSQ information told us that people were unaware of either the service's or our complaint procedure.

This is an important method whereby people can be responded to. We advise that this is promoted in the service.

We made a recommendation at the last inspection that a log of concerns was implemented. This would allow the service to have an overview of issues being raised and how they are addressed. This was not met.

Records showed that there were significant events which had not been reported to us and it was not clear if the local authority were aware of events that had caused harm to residents.

Since March 2018, there has been clearer reporting of events that we would expect to see.

However, the recommendation will remain until we are satisfied that all staff responsible for reporting do so.

Notification reporting forms part of an Improvement Notice.

It is concerning that there has been no action taken in response to our requirements and recommendations made since the last inspection. This was despite senior management from the organisation managing and overseeing the service.

It is also worrying that the issues we have again identified at this inspection indicate that these are of an acceptable standard to the provider.

We acknowledge that there is a more positive culture in the service and that some actions have been taken to audit and address some issues, such as medication and introduce a system of support for staff.

However, our assessment is that the issues we had identified and set out in requirements and recommendations since the last inspection need to be addressed and maintained. This is through strong leadership and management. This is to meet the safety and welfare needs of residents and must be done as a matter of priority.

There needs to be action in the form of structured and planned improvement by the provider to demonstrate clearly that sustainable improvements have been made.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

The provider must make sure that residents are safe, and that their health and welfare needs are taken care of. In order to do so, the provider must ensure that:

- a) Care plans contain information that is current, detailed and specific to the needs of the individual resident.
- b) Care plans are updated to reflect changes in residents' needs or circumstances.
- c) Care plans are effectively evaluated to ensure they are meeting the identified aims and goals of the individual resident.
- d) Care is recorded accurately to evidence that it has been delivered as planned.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Regulation 4 (1) - Welfare of service users.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.

Timescale: For completion by 31 July 2017.

This requirement was made on 13 December 2016.

Action taken on previous requirement

The provider sent us an action plan stating:

"Care plans are all being changed over to the new format. This system is much clearer and less duplication required. This means the care needs are more easily identified, evaluated and care delivery matched the care plan."

We continued to see that care planning was ineffective.

Some care plans were not updated or evaluated to guide staff on the current needs of residents. Instances where needs were identified, for example in referral to health professionals, could not be tracked to evidence that this had been done and to make changes to care if necessary.

Records to evidence that care was delivered were often poorly completed.

The following is information on our findings:

Personal hygiene care - We looked at 15 records for the month of April 2018.

Minimal showering or bathing had taken place for some residents. Some residents had no entries since 2, 3 or 5 April 2018. This was a two week period for some.

There were no records of hair washing for at least six individuals and no nail care for seven.

This level of care would have contributed to the lack and attention to personal hygiene we noted throughout the inspection.

These records also document the days of bed changing and we noted that there were lengthy gaps, infrequent changes of bed linen and a few with no changes of linen recorded. This supported our observations where some beds were less than fresh and inviting.

Repositioning - this is necessary to show that residents have been helped to move which will reduce pressure to specific areas of the body and prevent pressure ulcers.

Guidance to staff on the frequency of repositioning needed for each resident when they remained in bed was insufficient. Nightly repositioning times were detailed, however these were not always adhered to. There was no clear, specific instruction for staff in the care needed throughout the day with instruction of "frequently throughout the day".

Nutrition - As at our last inspection, there were some residents whose food and fluid intake was being recorded. There were no additional entries to show that residents were encouraged or afforded extra drinks and snacks between meal times.

Whilst target fluid intakes were set, there was no evaluation of these. This meant that there was no consideration of the next steps to support the resident's intake when they had consistently not taken sufficient food and fluid.

Oral care - We acknowledge that some residents often refused to have oral care.

However, there was no evaluation and consideration of reviewing the care plans to guide staff in practice.

Stress and distress - We saw some good information about residents and how stress and distress affected them. One record was brief but clearly set out which would help staff to assist the resident. This had not been evaluated since November 2017 therefore there was no sense of how stress was identified or managed. By identifying what worked well and what staff learned the care plan could be amended to make sure that it was effective.

Epilepsy management - One care plan was in place and this was found to contain relevant information to guide staff in meeting the needs of the resident.

Covert medication - It was positive that the community nursing team were supporting the service to implement appropriate documentation relating to this.

Not met

Requirement 2

The provider must put in place systems to care for residents' clothing and personal belongings to ensure that they are cared for in a dignified manner.

In order to achieve this the provider must:

In consultation with the resident and/or representative, review the clothing and personal property of each resident.

a) Ensure that each item is marked for individual use.

b) Compile an inventory of all items and have a system in place to update this.

c) Ensure that items are stored and cared for in a manner that takes dignity and respect into account.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Regulation 4(1) (a) requiring proper provision for the health, welfare and safety of service users.
Timescale : To commence on receipt of this report and for completion by 31 March 2017.

This requirement was made on 13 December 2016.

Action taken on previous requirement

The provider stated that steps were taken to make improvements in the care of clothing by August 2017. Again we found the same issues as before. Clothing was poorly stored, names were missing, difficult to read or in cases in the wrong residents' wardrobe. We observed that one resident was dressed in someone else's' clothes and staff confirmed this was the case. This is undignified and not respectful. This issue has been raised to us and to the service directly and is a cause of concern for families.

Not met

Requirement 3

The provider must ensure that the premises are maintained to a suitable standard and ensure health and safety measures and standards of hygiene are substantially improved. In order to achieve this they must:

- Ensure that the action plan for the environment is reviewed and there is a system in place to sign when issues are completed.
- Ensure that effective cleaning regimes are implemented in the home and there is a system to monitor the cleanliness.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 , Regulation 3 Principles, Regulation 4 1 Welfare of users and Regulation 14 Facilities in care homes. Consideration should also be given to the National care standards, care homes for older people Standard 4 Your environment, Standard 9 - Feeling safe and secure.

Timescale for completion: To commence on receipt of this report and for completion by 31 July 2017.

This requirement was made on 13 December 2016.

Action taken on previous requirement

It was concerning that there were many areas of the home which were malodorous and unclean on the first days of inspection. There was a minimal number of housekeeping staff working in the home and on discussion it was evident that it was difficult to carry out appropriate cleaning in the time allocated.

The manager took action to draft in additional support to assist with cleaning.

By the third day, the lower floor looked clean and smelled fresher.

There were however, malodorous chair cushions and mattresses which would have contributed to the malodours and there was no system in place for routine, effective cleaning.

The issue of malodours and cleaning was raised in some CSQs we received and in face to face discussion with relatives and/or staff.

The management had reviewed the hours for housekeeping at the last inspection and made no changes. These were stated to be sufficient for the home.

Not met

Requirement 4

The provider must ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care

Services) Regulations, Scottish Statutory Instruments 2011 No 210 regulation 4, Welfare of users and regulation 15(a) Staffing.

Timescale: For a review of staffing to commence on receipt of this report and on-going.

This requirement was made on 13 December 2016.

Action taken on previous requirement

As at our last inspection, we were not assured that there was sufficient staff working in the home to meet the needs of residents.

We have mentioned the lack of cleaning which was likely due to the numbers of staff carrying out that role. Staffing levels for delivering care was reported to us by staff, relatives and residents.

We were given examples of how this affected them. This included waiting times to be assisted and/or unable to deliver care to a high standard.

Our observations showed that staff were unable to meet continence, personal care and nutritional needs of individuals.

Dependency assessments were carried out to determine the number of staff needed to give direct care. We selected a few individual assessments and found that these were inaccurate and did not capture the needs of the resident. For example, one person had a break in their skin and this section was recorded as 'skin intact'. Accurate information is crucial in the first instance to determine the hours needed.

Duty rotas showed that the service did not always operate as set out in the staffing schedule which is part of the conditions of their registration. For example, one registered nurse worked on 20 March 2018 when two should have been on duty. Whilst we accept that there can be an occasion where it is difficult to access staff to cover absence, this is best notified to us to tell us how the service is then managed.

The staffing schedule sets out the minimum numbers of staff who would be needed to deliver care when the home is fully occupied. This can be used flexibly when numbers fall but this is dependent on the assessed needs of residents.

Duty rotas confirmed that staffing fell short on many occasions with a reduction in staffing by three in the mornings.

This was concerning as it was evident that care needs could not be met and there was significant improvement needed in the home.

Not met

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

Previous recommendations

Recommendation 1

It is recommended that the provider makes sure that personal grooming items of residents are clean and/or stored to take account of dignity and respect of the individual.

National Care Standards Care Homes for Older People, Standard 4 - Your environment.

This recommendation was made on 12 July 2017.

Action taken on previous recommendation

Hairbrushes and grooming items were not always clean.
This recommendation is not met.

Recommendation 2

It is recommended that the provider review training to make sure this meets the needs of the client group. A system to evidence that staff can put the learning into practice should be developed.
National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

This recommendation was made on 12 July 2017.

Action taken on previous recommendation

Staff training was on going in the service. A system of staff supervision had commenced and took account of any learning. This was to be cascaded to all staff.
Some residents and relatives commented directly or in CSQs about how they thought that they were not always treated respectfully. This is not in line with the values needed to work in a care setting.
We cannot be assured that training alone is the only factor attributed to the lack of care and attention given to residents. However, it was evident that mandatory training in infection control prevention and dignified care was not implemented in practice.
This recommendation is not met.

Recommendation 3

It is recommended that a log of concerns is implemented to record issues that have been raised in the service.
National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

This recommendation was made on 12 July 2017.

Action taken on previous recommendation

From discussion with family members, it was clear that they have raised repeated concerns to the service over time. Their issues have not been resolved.
There was no log in place which would help the service to audit and address the issues being raised in a structured way.
This recommendation is not met.

Recommendation 4

It is recommended that the provider adhere to the care inspectorate guidance on notification reporting about significant events.
National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

This recommendation was made on 12 July 2017.

Action taken on previous recommendation

Significant event were seen in care files that had not been notified to us as we would expect.
We acknowledge that since March 2018, the level and nature of reporting has improved.
However we are not assured, at this point that all staff are aware of how to report and what is expected.
This recommendation is not met.

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings
30 May 2017	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 2 - Weak
16 Nov 2016	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
4 Aug 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
17 Dec 2014	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
19 Aug 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate

Date	Type	Gradings	
13 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
14 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate Not assessed
27 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
20 Apr 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 4 - Good
29 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

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