

Lammermuir House Care Home Service

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Dunbar
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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Tamaris Healthcare (England) Limited, a
member of the Four Seasons Health
Care Group

Service provider number:

SP2007009155

Service no:

CS2003040714

About the service

Lammermuir House is situated in a residential area of Dunbar, close to local transport links, shops and community services. The service provides nursing and residential care for up to 48 people.

Accommodation is provided over four floors in single bedrooms, each with an en-suite toilet and wash hand basin. There are a number of sitting and dining rooms. Some rooms, including the main dining room have unobstructed views over the Firth of Forth. There is a large communal seating area at the entrance to the home and access to a well-tended garden.

The service is owned by Tamaris (RAM) limited, a part of Four Seasons Health Care Group who are national health care providers.

The service's philosophy of care, as stated in their brochure is:

"We are committed to providing the highest possible standards of care possible. Residents will be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate".

What people told us

Before the inspection we issued 15 Care Satisfaction Questionnaires (CSQ) to service users and none were returned. 20 were issued to carers/relatives and 3 were returned completed. The views expressed in the CSQs reflected the conversations we had with people (5 relatives/visitors) we met during the inspection.

They thought highly of staff members and they were complimentary about the standard of care they delivered. Individuals were satisfied that they were kept informed about their relative.

A number of areas that concerned individuals were raised. This included the lack of progress in refurbishing the environment, the quality of meals and fluid monitoring. We have looked at these issues as part of the inspection.

During the inspection, we saw most of the residents and spoke with individuals who told us about their life staying in the service. Everyone again praised staff highly and told us that they enjoyed the activities provided and gave examples of the outings they had to the local community.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staffing?	2 - Weak
How good is our setting?	2 - Weak

How well is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We have assessed that the service is reaching a weak level overall in response to the question 'How well do we support peoples' well being'. Whilst we identified areas of strength, these were outweighed by weaknesses.

These weaknesses were due, in part to the staffing levels and/or deployment of staff working in the service. We have written about this under the question "How good is our staff team?"

Residents experienced kind, caring and compassionate care when staff attended to their needs. It was clear that staff knew residents well and we saw examples where staff acknowledged and responded to the resident's preferences and wishes.

However, staff were overstretched and this meant that at times interactions were task driven and some residents had to wait or were not given the help they needed. We noted that staff who were deployed to work on the ground floor attended to a buzzer on another floor. This was because it was activated without response for a considerable time.

Staff were not available on the ground floor to respond to the needs of residents many times throughout the days of inspection. This meant that there was no engagement or interaction for residents and inspectors intervened to support a resident with stressed behaviour to avert their attention from other residents. Inspectors also supported residents to make sure that their dignity could be maintained by unlocking the toilet door several times for one resident and seeking assistance for another when they were not appropriately dressed.

A few residents remained in bed and staff explained the rationale for this. However, where monitoring charts were in place to ensure that repositioning took place, these were not completed as we would expect. There was no frequency of the position change needed and there were examples where considerable hours had passed before the resident was repositioned. This places the individual at risk of developing damage to their skin.
(Area for improvement 1)

Together with repositioning, the application of topical medications is necessary to maintain the integrity of healthy skin and treat any skin problems. We found gaps in the application of creams and this may have been attributed to the lack of guidance and direction to staff in how and when these should be applied.
(Area for improvement 2)

Food and fluid intake is important in the care of older people to ensure their health and well being. There were several times where we saw that residents had not been assisted with meals and tea/coffee was left cold and not taken. Where individuals needed to have their intake monitored, records did not guide staff to the expected targets that should be reached. This was particularly concerning where weight loss was identified.
(Area for improvement 3)

Good oral hygiene is necessary to help stimulate the appetite and encourage eating and drinking. We asked that one resident was attended to promptly as their oral hygiene was very poor. Records for this resident and others

had gaps in entries which indicated that care had not been delivered and one resident did not have an oral care plan. We understand that there are times when care is not delivered but it is good practice to record a reason for the omission.

(Area for improvement 4)

Our review of medication management showed that some improvements were needed in checking the storage of items and the administration of medication. This was because we found one tablet on the floor of a bedroom and returned this to a staff member and wound care items were in storage but dated 2017.

Medication administration records showed that protocols for 'as required' medications were not always completed with the purpose of the medication, expected outcome, review date and time between doses.

Additionally handwritten entries were made but we could not see information on when the prescription was started and the signatures for administration.

(Area for improvement 5)

Residents should expect to get the most out of their life and be able to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. Activity coordinators worked hard over six days to give variety of engagement and stimulation to residents. They knew the popular activities that residents enjoyed but they were conscious of the need for one to one interaction. Discussion was had with new residents and their families to help them get to know the resident's interests and preferences which helped the staff offer and encourage attendance at appropriate planned events. Activity staff were also introducing 'My wishes' which would help review the preferences of all residents. Residents knew activity staff well and were eager to give us examples of outings that they enjoyed and they knew what else was on offer.

We have concluded that, whilst the staff team worked hard to meet the needs of residents, there were periods of time where support and supervision was not given. This meant that safety and well being of residents was compromised. This was due to the lack of staff working in the service. We have written about staffing in "How good is our staff team".

Areas for improvement

1. The provider should clearly evidence that residents who require repositioning receive this and staff are guided to the frequency of repositioning needed and maintain records.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which state that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

2. The provider should clearly evidence that residents who require applications of creams and lotions are receiving this and staff are directed and guided to deliver care in accordance with prescriber's instructions.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which state that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

3. The provider should clearly evidence that residents who require monitoring of food and fluids have targets set and that staff are guided in care to be delivered after evaluation of records.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which state that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

4. The provider should clearly evidence that residents have plans of care for oral hygiene and that staff are directed and guided to deliver the necessary care and maintain records .
This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which state that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

5. The provider should ensure that residents' medications are managed and administered in line with the prescribers instructions and good practice guidance. In order to achieve this, some improvements were needed;
a) medication checks should be carried out to make sure that items are in date and fit for use
b) handwritten prescription entries/changes should clearly detail who has authorised any change or addition
c) put in place protocols for medication which is given on an 'as required' basis to give information on the purpose of the medication and give information on the dose and maximum to be given in a 24 hour period. Additionally, a review date should be clearly recorded.

This ensures 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." (HSCS 1.24).

How good is our leadership?

3 - Adequate

We have assessed that the service is reaching an adequate level overall in response to the question 'How good is our leadership?'.

We acknowledge that a newly appointed manager was in place during the inspection and was in the process of learning about the service and the residents' needs. They were willing to take account of our inspection findings and make any necessary improvements which has been taken into consideration and reflected in our grading.

Residents' should expect that their experiences are continually evaluated so that, as far as possible, they are provided with the right care and support.

Key issues which have led to poor outcomes for residents have not been identified, for example staffing and dependencies of residents, the cleanliness of the home, medication management and care planning.

We have written about these in areas of this report and these may have been addressed and acted on if an effective system of audit had been used.

It was surprising that an audit was carried out in November 2018 where the home had scored highly for the cleanliness and equipment checks which differed from our findings. We are aware that there is a system of audit in the service and that earlier audits have identified areas for improvement and action had been taken. For example, in the purchase of chairs for the lounge. We expect that auditing which takes account of our findings at this inspection will make progress.

We will look at this at future inspections.

How good is our staff team?

2 - Weak

We have assessed that the service is reaching a weak level overall in response to the question 'How well do we support peoples' well being'. Whilst we identified areas of strength, these were outweighed by weaknesses.

Staff were clearly committed to the care of residents and they stated that they felt sorry that we would not be able to see the positive care for residents as had been at the previous inspection.

Records of staff registration with regulatory bodies were in place and up to date. Supervision records of staff had a period of a few months where these had not taken place but a system was in place to have these back of track.

It was positive that moving and handling was stated to be completed by all staff. A variety of training was available and completed in the service and staff confirmed this was the case. Training records would benefit from a matrix to show which events were mandatory and time limited and those which were additional to help meet the needs of residents. We will look at training records again at future inspections.

We spoke with the regional manager about recruitment of staff and the need for appropriate checks to be made before staff worked in the organisation. Where the necessary checks were not in place a risk assessment was carried out.

The need for checks to be made was acknowledged and was being addressed in the organisation.

We will look at recruitment at future inspections.

Residents should expect that their care needs are met by the right number of people who have time to support, care and speak with them and to also be responded to promptly when they ask for help.

This was not what we found at this inspection. We have written about the outcomes for some people under the question, 'How well do we support peoples' well being?'

The service used a recognised tool to assess the dependency needs of residents. This took account of the care and support needed in aspects of care. However our observations of residents and discussions with staff showed that some of these initial assessments were incorrect. In addition the majority of staff told us about how they could not meet residents' needs at all times.

We spent time discussing dependency assessments and how this linked to staffing with the manager who was extremely receptive to suggestions.

We have seen that without sufficient staff working in the service residents do not receive quality support to meet their well-being needs and can miss out on meaningful interaction and stimulation which is necessary for a sense of well-being.

Additionally where staffing levels are a problem in a care home this can lead to staff morale and team work being affected. (See area for improvement 1).

Areas for improvement

1. The provider should ensure that dependency assessments of residents reflect their daily needs and that there are sufficient staff numbers deployed across the home to meet the needs of residents.

Calculation of staff numbers should take account of additional duties, record keeping and factors such as the layout of the building.

This is to ensure that care and support is consistent with Health and Social Care Standards, 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our setting?**2 - Weak**

We have assessed that the service is reaching a weak level overall in response to the question 'How good is our setting?' Whilst we identified areas of strength, these were outweighed by weaknesses.

Lammermuir provides spacious accommodation and a well kept garden area in a beautiful setting with a variety of seating areas inside and outside the home.

Each resident had their own single room with en-suite facilities. We saw that some residents had personalised their rooms with their own items such as furniture, ornaments and enjoyed spending time there.

Residents should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. This was not always the case as we saw items of equipment such as chairs and personal items dirty, the floor of the main dining room was left with food debris for the full day and we could not see some records to evidence that all checks were made. This was in respect of profiling beds but it was positive that weekly and monthly safety checks were up to date.

It was concerning that there were pockets of malodours in the home and in one case we attributed this to a mattress. This was promptly changed when brought to staff attention and the manager assured us that a full review would take place of all mattresses.

The setting did not always reflect that dignified and respectful care was provided at all times (See area for improvement 1).

Refurbishment of the home had been planned for a considerable time and the lack of progress was a source of frustration for some relatives. Works including window replacement had been delayed due to the local authority planning permission required. Whilst we accept that this had caused delay, some bedrooms would have benefitted from redecoration and perhaps could have been done.

There is a need for an updated plan with timescales for completion of any work. This should be shared with residents and relatives/carers. (See area for improvement 2).

Areas for improvement

1. The provider should make sure that all areas of the home are free from malodours and that there is sufficient cleaning taking place to provide a comfortable and homely environment.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.21 which states "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" and 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

2. The provider should develop a plan, with timescales for completion of any work that is to be carried out in the home.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

How well is our care and support planned?**3 - Adequate**

We have assessed that the service is reaching an adequate level in response to the question "How well is our care and support planned?". This is because strengths have a positive impact but there is a likelihood of positive outcomes and experiences being reduced because key areas of performance need to improve.

Residents should expect that their care plans are right for them because it sets out how their needs will be met, as well as their wishes and choices.

It was positive that legal documents were in place which was necessary for representatives of the resident be involved in any decision-making relating to their care if the resident was unable to express their own needs and wishes.

Information was seen giving details of contacts and the relationship of people who would be involved in the residents' care and therefore had the rights to contribute to the planning and reviewing of their care. However, there were instances where reviews of care had not been up to date.

There was some good person centred information in care plans but the care delivered did not always match the expected outcomes. For example, in a pain assessment it stated that repositioning helped make the resident's pain better. However, associated charts showed that care was not detailed to guide staff in the actions required of them in their practice.

Risk assessments were seen for key aspects of care and helped support care planning by taking account of the steps to take if the resident was 'at risk'. These covered areas such as the risk of falls, the development of pressure ulcers and nutrition and were evaluated on a monthly basis. However we saw instances where care plans were not in place.

We thought that evaluations of care plans could be more meaningful to show that full consideration of the experiences of the resident was taken into account. This was particularly in respect of activity.

Records and our observations showed that there were instances where residents became stressed or distressed. Where people are affected by stress and distress, it can impact on all aspects of their daily life. It is important for staff to be guided on how best to recognise the signs for early intervention to support and comfort the resident at these times. Care planning could be improved for residents affected by making sure that information on the triggers, how staff recognise stress and any intervention and management strategies needed should be explicit. (See area for improvement 1).

Areas for improvement

1. The provider should ensure that residents' personal plans are right for them and set out how all their needs will be met, as well as wishes and choices. In order to achieve this, the provider should:
 - a) make sure that care plan assessment information should match associated records about the residents' support needs.
 - b) make sure that risk assessments are in place for all aspects of care where necessary.
 - c) give information to staff about how to support residents when experiencing stress and distress.
 - d) make sure that evaluation of the care and support provided is meaningful to make sure that the care provided fully meets residents' needs.
 - e) make sure that a plan is in place to complete reviews of care that are outstanding.This is to ensure care and support is consistent with the Health and Social Care 1.15 which states "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices".

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

It is recommended that the provider develops a plan, with timescales for completion of any work that is to be carried out in the home.

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

This area for improvement was made on 29 January 2018.

Action taken since then

This has been carried forward taking account of the Health and Social Care Standards.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	2 - Weak
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3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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