

Lammermuir House Care Home Service

East Links Road
Dunbar
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Telephone: 01368 862 999

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 Healthcare (England) Limited, a member of the 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 14 Care Standard Questionnaires (CSQs) to service users and six were returned. Fourteen were issued to carers/relatives and eight were returned completed. Some of the views expressed in the CSQs reflected the conversations we had with people we met during the inspection.

It was important that everyone responded positively telling us that they felt safe "at home" and accepted in the home. There were also high levels of satisfaction in responses to how they were treated - fairly and with dignity and respect.

At this inspection we continued to receive very positive comments about staff and how they were kind and caring and that they "worked as a team". Relatives thought that staff looked after their kin well but felt that staff were overstretched and there needed to be more as they did not always see anyone around.

Positive views were given about the manager of the service with one stating that she "ran a tight ship".

It was nice to hear from a relative that they thought the laundry service was very good and this helped to retain their kin's dignity.

Some people continued to raise concerns about the lack of progress in refurbishing the environment, with one stating "The physical environment is deteriorating through lack of maintenance" and a few remained concerned about the lack of progress in replacing windows.

There were several comments from people in CSQs about how they would like to see improvement on activity in the home and said that they would like to see more entertainment and outings.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	2 - Weak
How good is our setting?	3 - Adequate
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?

3 - Adequate

We have assessed that the service is reaching an adequate level overall in response to the question 'How well do we support people's wellbeing?'. We noted areas of strength which had a positive impact on people but improvements must be built on to address elements that remain.

Staff demonstrated the principles of the Health and Social Care Standards in their day to day practice. Warmth, caring and kind interactions were seen. People using the service enjoyed the company of staff.

Staff were highly praised by people using the service and their relatives. Relatives told us that they were welcomed and staff took an interest in them as a family. The positive comments extended to the manager of the service.

It was difficult for staff to meet the needs of people at all times as their work revolved mainly around routines and tasks. Staff were aware of this and they were focussed on prioritising direct care. When tasks were being completed, for example serving afternoon tea, staff made sure that people's choices were respected.

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. Staff knew residents well and some group activity was thoughtful. Evaluations of activity showed what the individual enjoyed. Their time was however limited and staff spent time supervising the main area of the home before structured activity began.

It was positive that some individuals spent time outdoors but this did not happen for all, with some seated throughout the days without stimulation and interaction. This meant that their care and experience was not enhanced through social interactions.

People should experience high quality care and support to meet their healthcare needs and for a sense of well-being. People's healthcare needs were supported through risk assessment and involvement of healthcare professionals. It was positive that the service had improved aspects of care and recording of these. This included skin care, where there was clear information and direction for staff to deliver care. This practice helped ensure that there were no pressure ulcers in the service.

Consultation had taken place in respect of menu planning and work was underway to make changes. However, we noted that menus were displayed that did not correspond with what was given on some of the days. With the exception of visual choices, people were unable to see and/or discuss what they wished to eat. The managers planned to look at this. Food and fluid is important in older people's care and helps maintain their health, so it is crucial that where monitoring is needed, staff are guided as to the care of the individual. See area for improvement 1.

Areas for improvement

1. 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."

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?'. There are some strengths for this question which have a positive impact on the experiences for people but there are key areas which need to be improved.

Residents should expect that their experiences are continually evaluated so that, as far as possible, they are provided with the right care and support. It was positive that auditing took place and that this had led to improvements, for example in the dining experience and management of medications.

There were quality assurance processes in place for the maintenance and quality of the environment but we did not see that these were always completed and signed off to show that actions were taken. The managers confirmed that this was done.

There were key issues in the service which needed to improve, namely in respect of cleanliness and staffing levels. These are important issues which help ensure that people's needs are met with dignity and respect.

Effective evaluation of people's experiences to ensure their needs are being met should continue.

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 good is our staff team?'. Strengths are identified but these are compromised by significant weaknesses which are affecting the experiences of people using the service.

Staff practiced understanding the principles of compassion, dignity and respect. However they mainly adhered to ritual and routines as they prioritised basic direct care. There was no capacity for them to respond to other demands to meet the overall well-being of people using the service. They worked under pressure and some aspects of care and support could have been better.

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.

Although dependency assessments were used to determine direct care hours needed, we questioned whether the levels of staff met this each day. Care homes need to have sufficient staff in different roles to ensure that high quality care can be delivered in high quality facilities. Lammermuir House did not have the adequate number of staff, employed as care staff or ancillary staff, working each day to make sure that this happened. See Requirement 1.

Requirements

1. By 31 October 2019, residents must receive high quality care and support which meets their health, well-being and safety needs. In particular, you must ensure that at all times there are sufficient numbers of suitably qualified and competent staff working in and deployed across the service.

This is in order to comply with Regulations 4(1)(a) and (b) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210).

How good is our setting?

3 - Adequate

We have assessed that the service is reaching an adequate level overall in response to the question 'How good is our setting?' Whilst we identified areas of strength, these are compromised by areas of weakness and there is the likelihood that positive experiences and outcomes for people are affected because key areas of performance need to be improved.

Lammermuir House provides spacious accommodation and a well kept garden area in a beautiful setting with a variety of seating areas inside and outside the home. Work was ongoing taking account of the 'Kings Fund tool' for people living with dementia and to improve the facilities. This work would benefit people to experience an environment that promotes and enables independence.

The environment was not as clean, tidy and as well looked after as it should have been. This was due to the lack of ancillary staff available to fulfil their duties. Actions were taken to make improvements in the areas we identified during inspection. We acknowledge that ancillary staff are in the process of being recruited to fill vacancies. See area for improvement 1.

Unfortunately, some planned work, which is funded, to improve the environment had not taken place due to contractual issues. This was in respect of replacement windows. This continues to be progressed by the provider but we will continue to monitor this. See area for improvement 2.

We discussed the need to review items of equipment to help people maintain their independence and get the most out of life. The managers planned to take this forward.

We saw that some people used the setting as they chose and could walk about freely and a few were supported to use the outdoor area. Many people, who were more dependent on staff to assist them, spent time in the same areas indoors. This was more likely to be due to the availability of staff to assist to give them the opportunity to spend time in other areas of the home and gardens. We expect this to improve as activity and care staff are recruited.

Areas for improvement

1. The provider should make sure 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 inform the Care Inspectorate when work is commencing on window replacements.

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?

4 - Good

We have assessed that the service is reaching a good level overall in response to the question 'How well is our care and support planned?' There were areas of strength which positively impacted on people's experiences. However, improvements are required to maximise well being to ensure that people consistently have experiences and outcomes which are as positive as possible.

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. Information was clear about any representative who had legal powers to make decisions on behalf of residents. Reviews of care had been progressed with multi-disciplinary involvement and this gave people the chance to comment on their care and/or make changes where needed.

There was some good person-centred information in care plans sampled. For example, people who experienced stress and distress had plans set out to direct and guide staff in delivering consistent care and we saw that this had had a positive impact on the individual's health and well being.

Risk assessments were seen for key aspects of care and completed monthly. This helped support care planning.

Evaluations of care plans for some aspects of care were good and told us how the individual's needs were met. However, some could be more meaningful to show that full consideration of the experiences of the resident was taken into account.

We discussed the use of consent forms which had been signed by residents' representatives and these were unclear. The managers planned to look at these.

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

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."

This area for improvement was made on 20 December 2018.

Action taken since then

In the main, the frequency of re-positioning was set out and gave direction to staff. Records should evidence that re-positioning has take place when people are seated for lengthy periods of time.

There was sufficient progress to meet this area for improvement.

Previous area for improvement 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."

This area for improvement was made on 20 December 2018.

Action taken since then

There was some good practice noted in respect of this. Dates of opening, body mapping and guides for staff were in place.

There was sufficient progress to meet this area for improvement.

Previous area for improvement 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."

This area for improvement was made on 20 December 2018.

Action taken since then

We did not always see that targets of fluid intake were set for people. Where there was a poor intake, there was no direction and guidance given to staff to make improvements.

This area for improvement is carried forward.

Previous area for improvement 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."

This area for improvement was made on 20 December 2018.

Action taken since then

People's teeth looked clean and cared for and individuals told us that staff supported them if they needed.

Assessments and care plans were in place. There were some gaps in recording the care given and we asked that it was reinforced to staff to use the notes section to comment on why there was omissions.

There was sufficient progress to meet this area for improvement.

Previous area for improvement 5

The provider should ensure that residents' medications are managed and administered in line with the prescriber's 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).

This area for improvement was made on 20 December 2018.

Action taken since then

We did not see any out of date medication. Protocols were in place and contained good information.

Handwritten entries seen, although double signed, did not tell us who had authorised changes. We asked that this is reinforced to staff.

There was sufficient progress in medication management to meet this area for improvement.

Previous area for improvement 6

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).

This area for improvement was made on 20 December 2018.

Action taken since then

The lack of progress in respect of this area for improvement had an impact on the ability of staff to carry out their duties effectively. This meant that people's well-being was not as good as it could have been. Additionally, staffing in the service was inadequate to help keep the premises to an acceptable standard of cleanliness.

We have now considered that this is a requirement.

Previous area for improvement 7

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".

This area for improvement was made on 20 December 2018.

Action taken since then

Malodours were being addressed in the service with flooring being replaced where this is needed. The cleanliness of the premises continues to be an issue with staff needing further equipment to effectively carry out their duties. We acknowledge that this is ordered.

The level of staffing to carry out these duties is hampering progress. People should expect to live in an environment that is well looked after.

This area for improvement is carried forward with amendments.

Previous area for improvement 8

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".

This area for improvement was made on 20 December 2018.

Action taken since then

Work was being carried out in the home, for example installing a wet room and medication room.

There remains outstanding work to replace windows and we acknowledge that there has been difficulties commencing this.

An area for improvement has been made in respect of window replacement.

Previous area for improvement 9

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 Standard 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".

This area for improvement was made on 20 December 2018.

Action taken since then

Care plans sampled showed that assessment information matched associated records about the residents' support needs. Risk assessments were in place for all aspects of care where necessary. Staff were guided to support residents when they experienced stress and distress. Evaluations of care plans was variable and we asked that work continues in this area. Reviews of care were progressing and taking place in the service.

There was sufficient progress in respect of care planning to meet this area for improvement.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

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
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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