

Moorburn Manor Nursing Home Care Home Service

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Largs
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Type of inspection:
Unannounced

Completed on:
10 March 2021

Service provided by:
Moorburn Manor Limited

Service provider number:
SP2003002242

Service no:
CS2003010235

About the service

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate.

Moorburn Manor Nursing Home is registered to provide a care service to a maximum of 35 older people who may have dementia. The provider is Moorburn Manor Limited. The service has been operating since 2002 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

The home is located in the town of Largs and is near to local shops, train station, and bus routes.

Moorburn Manor states they will provide the following:

Quality of care, compassion & kindness with a family warmth.

We inspected the service initially on 2, 8 and 9 March 2021. On 3 March, we issued a letter of serious concern regarding infection prevention and control and management oversight.

The letter required immediate action on these areas. We visited the service again on 8 and 9 March. We were not satisfied that progress had been made on areas contained in the letter of serious concern. We have now issued an improvement notice.

What people told us

An inspection volunteer spoke with four family members by telephone. These are some of the comments made.

One person told us that the care home including bedrooms was bland and more needs to be done to make it feel more like being at home.

Other comments from family members were:

'I certainly can't complain and nobody could'.

'They protect staff and patients, keep you totally informed and up to date and have the patients best interests at heart'.

'Very difficult during these times but in a more normal time I'd like to see her more involved in activities as she is in a wheelchair and is limited to what they do'.

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 good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

1 - Unsatisfactory

7:1 How good is our care and support during the COVID-19 pandemic.

We have assessed that the service is performing as unsatisfactory in the evaluation of this question.

The focus of this inspection was to assess if people's health and wellbeing benefited from the care and support they received during the COVID-19 pandemic. We also wanted to ensure that people experienced high quality care and support that was right for them.

There was a coordinated approach for communication with people experiencing care, their families and those important to them. This meant that people were able to keep in regular contact with those important to them.

We found that people did not benefit from regular opportunities to engage in activity which was meaningful to them. Some people told us 'there is never much happening' and 'I'm fed up'.

There was limited opportunity for people to remain active or engaged within the home. We saw little meaningful interaction or activity during our visit. For some people this meant long periods of isolation with little opportunity for social stimulation or conversation, leaving them appearing disinterested or bored. We observed people in the lounge area who were socially distanced but there were no staff present in this area to provide support and the only stimulation was music from a television. The door was closed with a key pad and residents would have required support to move freely from this area.

We were concerned as all doors in corridors are only accessible through the use of keypads. We found people who were very distressed as they were subjected to unnecessary limitation to movement around the home. (see requirement 1)

There was an increased risk of low mood for individuals who had previously enjoyed hobbies and pastimes that were of personal interest. At our first visit people were sitting at dining room tables long after their meal had finished and were sleeping whilst awaiting assistance to mobilise to lounge area.

Care plans contained limited person-centred information. We were told that not all care interventions and observations were documented. We found limited evidence to suggest that people had been consulted over their wishes for end of life care, in the event their condition should deteriorate.

Care and support plans did not appear to be routinely used to inform staff practice and approaches to care and support. There were no clear actions or direction recorded in the care plans to guide staff on how the needs of people should be met. This meant that when knowledgeable staff were not on duty, staff would not be informed by the care plans to deliver people's assessed care.

It was not clear how people living with dementia and displaying high levels of stress and distress were supported effectively by staff. The care plans we reviewed lacked detail on how to provide support to people experiencing distress. This is also considered under the staffing theme of this report.

For the people living with dementia we saw very few positive staff interactions and interventions particularly when residents required assistance. One resident was ignored when displaying signs of extreme distress whilst nearby staff did other things. People's health, wellbeing and safety is severely compromised because they are unable to summon assistance when required. We saw individuals in their rooms with no means of calling for assistance. The manager told us that there was a risk of "over buzzing". (see requirement 2)

We saw lunch left sitting on a table for one person in their room and it was removed before this person had eaten any without any offers of support from a staff member. This meant opportunities to support people better were potentially missed.

It is important that accurate records are maintained to ensure people's needs and wishes are clearly understood and followed by all staff providing support. We also noted that notifications are not being sent to the Care Inspectorate timeously. The manager acknowledged the service could improve on this area .

People did not all have easy access to fluids and snacks within their own rooms increasing the risk of dehydration.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We have assessed that the service is performing as unsatisfactory in the evaluation of this question.

During the COVID-19 pandemic the application of strict infection control procedures is important to make sure people are safe. Health Protection Scotland issued practice guidance that all social care providers must follow to protect the safety and well-being of people living in the service, as well as staff. At the time of inspection there were two people in isolation having transferred from the community. Arrangements and procedures had been communicated to staff to support their safety and wellbeing and to keep other people safe, however we observed unsafe practice in relation to infection prevention control when entering and exiting this area.

Staff practice regarding the management and control of infection did not comply with current best practice guidance. This included the inconsistent use of personal protective equipment (PPE). We had concerns that this poor practice did not support the prevention or control of infection and may negatively impact on the health, welfare and safety of people using the service.

We were concerned about how clinical waste was disposed of. PPE was discarded in general bins and these were in sluices, communal bathrooms and resident rooms. We observed staff walking through the unit wearing contaminated PPE in order to dispose of it in suitable bins.

This put the health and wellbeing of people at risk. Improvements need to be made to the availability and location of suitable bins for the disposal of clinical waste in order to keep people safe from cross contamination (see requirement 3)

Most of the time we noted that staff were wearing appropriate PPE, however on some occasions we noticed PPE being carried in pockets to be used when required. On a few occasions we noted some staff moving through the home without removing or changing their PPE. There were inadequate accessible PPE stations, and the recommended gloves for personal care and hand gel were not in place at all PPE stations. People

living in the home and staff were not always at the recommended social distance as highlighted in Scottish Government guidance.

People should experience an environment which is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. We observed staff using unsuitable cleaning products and solutions which were not appropriate for the range of cleaning purposes. There were no robust quality assurance systems and processes in place to ensure that the equipment, environment and furnishings were fit for purpose and clean. Housekeeping staff were aware of the importance of cleaning frequently touched areas and cleaning schedules were in place.

This was highlighted to the manager at the inspection. The cleaning schedules lacked appropriate details and frequency of how tasks were being undertaken.

We found that linen and resident's clothing were laundered safely in line with Health Protection Scotland COVID-19 information and Guidance for Care Home Settings.

We were concerned to find that staff wore their uniforms to and from work despite there being many areas that could be adapted for staff to easily change. There was resistance from management to follow Public Health Scotland Guidance. Staff were required to launder uniforms at home. We spoke with staff who were not aware of the correct procedure and temperature.

We were not confident that all staff working in the home had been adequately trained in the correct use and disposal of PPE. (see requirement 3). There was a need for immediate action to be taken by the provider to deliver appropriate training for all staff and regularly review competence and compliance with current guidance in the use of and disposal of PPE.

To ensure that the provider took immediate remedial action to resolve this, we issued the provider with a letter of serious concern on 3 March 2021.

Staff told us that they had some training in infection prevention and control specific to COVID-19. There had not been an outbreak of COVID-19 in the home, however we could not have confidence that staff have the skills and knowledge to ensure the safety of residents. We noted there were no robust systems in place to review or audit staff practice.

We had concerns that management and staff had not identified the significant concerns around infection prevention and control. We issued a letter of serious concern on 3 March 2021 outlining three key areas that we required to see urgent improvements by 12 noon on 8 March 2021. When we returned to the service on this date, we saw that some remedial work had been carried out, however we still required further work to be undertaken.

In response to the findings of this inspection, the Care Inspectorate issued an Improvement Notice on 15 March 2021 in accordance with Section 62 of the Public Services Reform (Scotland) Act 2010 detailing the improvements to be made and the period within which they must be made.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care **Evaluation.**

We have assessed that the service is performing as unsatisfactory in the evaluation of this question.

We saw that staff worked hard during our visit. We spoke with four family members who spoke highly and

praised staff for being so supportive and caring over the period of the COVID-19 pandemic. They said the service kept them informed on the health and wellbeing of their loved ones and important issues like visiting.

People experiencing care were not appropriately protected due to the staff's lack of awareness and understanding of the Public Health Guidance around infection protection and control and the use of PPE. (see requirement 4)

To improve support for people who live with dementia, staff need further guidance on how this can be achieved and help them to understand the potential impact of COVID-19 on health and well being through the use of proactive approaches to prevent distress.

We saw people living with dementia who displayed stress and distress reactions and staff not implementing appropriate interventions to reduce levels of anxiety. Care plan documentation recorded by staff demonstrated a lack of understanding of stress and distress. This led to staff making judgements about people's behaviour which could impact negatively on experiences for people.

Some staff told us that they were unsure where they would find current guidance information and Scottish Government updates. We were disappointed to find documentation in the staff room which referred to guidance from the USA and Canada.

Staff did not always maintain social distancing.

There was little evidence that staffing levels reflected the increased needs of people who use the service where support was being provided within their own rooms. Staff did not have time to provide additional activities and social stimulation for residents. (see requirement 5)

Requirements

1. By 6 April 2021, you must ensure that where restrictions are placed on an individual's freedom of movement, choice and control that these are clearly documented, linked to risk and implemented with the involvement and consent of relevant individuals in line with current good practice.

This is in order to comply with Regulation 3 and 4(1)(a),(b) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 6 April 2021, you must ensure that service users are able to reach and use the alarm call system to summon assistance.

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

3. By 6 April 2021, you must ensure that safe infection prevention and control practices are always followed to ensure the safety and wellbeing of service users.

This must include, but is not limited to, ensuring:

a) that all staff have unhindered access the correct type of PPE for the work they are to carry out, in line with current Health Protection Scotland Guidance on COVID-19 in Care Settings and are observed to be using

it in the correct manner.

b) that staff dispose of PPE correctly and safely.

c) that quality assurance includes observation of staff practice on infection prevention and control, including use and disposal of PPE, including use and disposal of PPE.

d) that staff follow current guidance on wearing of uniforms.

This is to comply with Regulation 4(1)(a) and (d) and Regulation 15 (b) welfare of users and procedures for the prevention and control of infection and staff training of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 6 April 2021, you must ensure that service users experience a service with well trained staff.

In particular, you must:

a) ensure that all staff receive infection control and prevention training relevant to the work that they carry out in order to keep service users safe during the Coronavirus pandemic.

b) ensure that staff have the knowledge and skills they need to support people with dementia experiencing stress and distress.

c) undertake regular quality assurance and staff practice checks to demonstrate how the training received is being implemented throughout the care service.

This is to comply with the Health and Social Care Standard 3.14, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By 6 April 2021, you must ensure that staffing levels and deployment are appropriate for the health, welfare and safety of service users.

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

Complaints

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

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	1 - Unsatisfactory
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	1 - Unsatisfactory

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