

Drummohr Nursing Home Care Home Service

47a Drummohr Gardens
Wallyford
Musselburgh
EH21 8BH

Telephone: 01316 533 737

Type of inspection:
Unannounced

Completed on:
5 May 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
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 en-suite 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. The home has its own car park and there is a garden area to the front and an enclosed garden to the rear. The provider is aware that the premises require refurbishment.

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

This was a focused inspection to assess how good peoples care was during the Covid-19 pandemic. This inspection was undertaken by two inspectors from the Care Inspectorate. We concluded the service was required to make improvements. The provider agreed with our findings and action to address improvements was already underway.

What people told us

Forty-nine people were resident when we visited. People were relaxed and comfortable in their home. Individuals had developed friendships with others and they told us how important that was to them. Relationships with staff were positive, with humour and chat observed during the visit. Some people were unhappy with meal choices.

We met with available visiting relatives. They had confidence in the staff team and praised the commitment of staff and the care and support provided during challenging circumstances.

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

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| How good is our care and support during the COVID-19 pandemic? | 2 - Weak |
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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?

2 - Weak

7.1: People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

The focus of this inspection was to establish if people's health and wellbeing were supported and

safeguarded during the COVID-19 pandemic. We found that the service was performing at an adequate level, with strengths outweighing weaknesses.

People were supported to stay in touch with family and friends using various methods including electronic technology. Essential visits had been made available throughout the pandemic when people were reaching end of life, or staff identified that there was significant detrimental impact on an individual's wellbeing. The service was following the principles of Open with Care guidance and were reviewing individuals' circumstances accordingly. A visiting relative told us of their confidence in the staff and how their approach supported individuals' physical and mental health.

People benefited from staff monitoring their health through formal meetings and key risk assessments. Reviews of people's health and medication were scheduled on a regular basis. Supplies of medication had been available to manage people's symptoms during the pandemic. This provided assurance that people could get the treatment that they needed. Care plans were detailed and reflected people's likes and preferences; they were respectful of people's choices and considered risk and benefit. This helped people to be supported effectively.

Anticipatory care planning provides an important opportunity to have conversations with individuals, carers and loved ones about the type of care that they would like to receive should they become unwell. Anticipatory care plans were not in place. The provider plans to review and formalise this aspect of care planning. Please see area for improvement 1.

People enjoyed the range of snacks and drinks available, but the formal mealtime experience needed to be improved. Dining areas were basic, furniture tired and marked. People told us that they often do not enjoy the choice of food available. This has the potential to impact significantly upon people's health and wellbeing. Action was underway to improve this for people. Where there was a need for food and fluid monitoring, this was not consistently evaluated. The area for improvement made in January 2020 remains.

Having meaningful things to do is important for giving people a sense of purpose and wellbeing. Staff encouraged individuals to keep physically active by utilising a range of indoor spaces and use of the enclosed garden. The formal activities programme had been impacted during the pandemic due to restrictions and staff vacancies. In line with guidance, the service planned to improve opportunities for people to return to more activities and social events.

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

We evaluated how well infection control practices support a safe environment for people experiencing care and staff. We concluded that there were strengths, but that these were compromised by weaknesses. When added together these weaknesses increased people's risk of infection and required actions to improve.

People should experience an environment which is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment. The care home was being cleaned but not always in line with good practice guidance. Rooms including bathrooms, treatment rooms and linen cupboards were not clean and were untidy. Cleaning schedules, and a management overview of the environment needs to be improved to provide assurance that effective cleaning happens. Please see requirement 1.

Individual and shared care equipment, such as toilet frames, bath seats and mattresses were dirty or damaged. This increased the risk of the transmission of infection. Robust processes must be in place to ensure that care equipment is clean and fit for purpose. Please see requirement 2.

Furniture and fittings were also damaged. There was extensive damage to woodwork and doors, this prevents effective cleaning to these areas. We were told that there was a plan to refurbish the home which would address the overall condition of the building. The provider must evidence their plans for refurbishment of the home to ensure that the setting is safe and well maintained. Please see requirement 3.

The care home had good supplies of personal protective equipment (PPE) and there were PPE stations around the home for staff use. We observed examples of practice that had the potential to increase the risk of infection for people living in the care home, and staff. These included a lack of good hand hygiene and PPE not being removed and changed when it should be. The provider plans to review their policy on the use of gloves over mealtimes to promote increased hand hygiene. Reference is made to area for improvement 2.

PPE stations contained some non-essential items and one was broken. This risked the effectiveness of the PPE. The daily management checks of the PPE stations should consider the contents, condition, and location to promote good attention to infection prevention and control practice.

The importance of people coming together, maintaining friendships and social contact was promoted. Social distancing had been considered in communal areas helping to reduce the risk of infection. Staff mostly followed social distancing guidance and were sensitively supporting everyone to do the same.

Government guidelines and processes provide regular testing for staff and visitors. Staff are aware of the testing procedures and were compliant with guidelines.

7.3: Staffing arrangements are responsive to the changing needs of people experiencing care

We concluded the performance of the service in relation to staffing arrangements and the responsiveness to the changing needs of people to be of an adequate level when we evaluated the service.

We observed staff being available and supporting people with consideration and warmth. Staff knew people well and people were at ease with the staff team.

We considered how the service assessed people's needs and the staffing required. We concluded that there were sufficient staff to support the needs of people, including those in their own rooms. The organisation had built in a contingency plan to ensure appropriate staff cover during the pandemic. This was supported by the staff and visitors who told us that there was a level of consistency in the staff team. The manager had a very good understanding of the needs of the service and the people they support within it.

The training records we saw confirmed most staff had undertaken training in infection control practices. However, there was no evidence to show when training was scheduled for those who still required it. There was no record of recent direct observations of infection, prevention, and control practice of staff. If this had been done it would have helped staff to be more aware of their practice. Please see area for improvement 2.

Staff had experienced loss and challenges because of the pandemic. We were assured by the provider that there were several ways in which staff could access help to assist their well-being and resilience. Staff felt supported by their manager who was available for both formal and informal support. This helped to strengthen the staff team and build good working relationships.

Requirements

1. By 24 May 2021, the provider must ensure that the care environment is clean and maintained in a way that supports effective infection prevention and control.

In order to achieve this, the provider must:

- (a) Put effective systems and processes into place to ensure that the care environment is clean.
- (b) Put effective systems and processes in place to ensure that unnecessary items which are not stored appropriately or are unable to be effectively cleaned are removed.
- (c) Ensure that environmental cleanliness is effectively monitored, recorded and evaluated and where improvements are required, a plan of action is put in place to address them timeously.

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

This is consistent with the Health and Social Care Standards;

5.17: 'My environment is safe and secure'

5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'

2. By 24 May 2021, the provider must ensure that the care equipment, including toilet frames, bath seats and mattresses, are fit for purpose, clean and maintained in a way that supports effective infection prevention and control.

In order to achieve this, the provider must:

- (a) Put effective systems and processes into place to ensure that the equipment is cleaned between use.
- (b) Ensure that the cleanliness of care equipment is effectively monitored, recorded and evaluated and actions are taken where improvements are required, and a plan of action is put in place to address it timeously.
- (c) Clarify to staff their roles and responsibilities in cleaning and maintaining care equipment

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

This is consistent with the Health and Social Care Standards;

5.17: 'My environment is safe and secure'

5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'

3. By 24 May 2021, the provider must ensure that there is a plan in place for refurbishment of the premises to ensure that the setting is safe and well-maintained and that people experiencing care have a high-quality environment.

To achieve this the provider should undertake the following:

- (a) An assessment of the layout, quality and condition of the premises
- (b) An assessment of the maintenance of the premises
- (c) A plan for the involvement of people experiencing care and/or their families/representatives in the upgrade of the premises
- (d) Provision of a written timeline of the priorities and planned upgrade of the premises

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

This is in order to ensure that care and support is consistent with the Health and Social Care Standards:

5.17: 'My environment is safe and secure'

5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'

Areas for improvement

1. People experiencing care should be involved in directing and planning their own care and support in anticipation of a deterioration or change in their health. To support this the service should:

Formalise how they plan for future changes in individuals health and care in a way that can be recorded, shared and reviewed.

Evidence consultation with the individual or their families/representatives, ensuring any expressed wishes are contained in their anticipatory care plan.

This is consistent with the Health and Social Care Standards:

1:12: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'

1:14: 'My future care and support needs are anticipated as part of my assessment'

2.17; 'I am fully involved in developing and reviewing my personal plan, which is always available to me'.

2. People experiencing care should feel confident that staff are trained, competent and skilled, particularly in the areas of infection prevention and control procedures. To support this the service should:

Review training records and ensure that all staff employed in the care home receive Infection, prevention and control training appropriate to the duties they are to perform.

Improve upon internal audits and observations of staff practice in relation to PPE use and hand hygiene

This is in order to ensure that care and support is consistent with the Health and Social Care Standards:

3.14: 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes'

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 make sure that staff are guided in practice to provide sufficient food and fluids when intake has been insufficient. This is to ensure care and support is consistent with the Health and Social Care Standards:

3:21: 'I am protected for harm because people are alert and respond to signs of significant deterioration in my health and well-being, that I may be unhappy or may be at risk of harm.'

This area for improvement was made on 13 January 2020.

Action taken since then

We observed people having regular access to snacks, food and fluids. This included both in communal rooms and private bedrooms. But care records showed an inconsistent approach to evaluating peoples needs when their fluid intake was insufficient. This meant that people might not receive support that met their individual needs. Whilst guidance was available it was a lengthy document and due for review. The service should consider how to best guide staff in their practice.

Has the area for improvement been met? (Met / **Not met** / Not assessed)

Previous area for improvement 2

The provider should ensure that peoples' care plans are up-to-date and accurate and ensure their safety and well-being. This is to ensure care and support is consistent with the Health and Social Care Standards:

1:15: 'My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.'

3:21: 'I am protected for harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.'

This area for improvement was made on 13 January 2020.

Action taken since then

This area for improvement was not assessed at this inspection.

Has the area for improvement been met? (Met / Not met / **Not assessed**)

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

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|---|--------------|
| How good is our care and support during the COVID-19 pandemic? | 2 - Weak |
| 7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic | 3 - Adequate |
| 7.2 Infection control practices support a safe environment for people experiencing care and staff | 2 - Weak |
| 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care | 3 - Adequate |

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