

# Moorburn Manor Nursing Home Care Home Service

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Largs  
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**Type of inspection:**  
Unannounced

**Completed on:**  
2 July 2021

**Service provided by:**  
Moorburn Manor Limited

**Service provider number:**  
SP2003002242

**Service no:**  
CS2003010235

## About the service

Moorburn Manor Nursing Home is registered to provide a care service to a maximum of 35 older people who may have dementia.

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 'quality of care, compassion and kindness with a family warmth.'

The provider is Moorburn Manor Ltd. The service has been operating since 2002 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

## What people told us

We spoke to several relatives and residents as part of our inspection. All were happy with the care provided by the service.

All relatives praised the friendliness and caring attitude of the staff.

Some relatives commented on the need for refurbishment.

## 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?	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**1 - Unsatisfactory**

People who use care services should experience compassionate, dignified and enabling care that meets their physical and mental health needs. During this inspection we found that there were major weaknesses in critical aspects of performance which required immediate remedial action to improve experiences and outcomes for people.

We saw that staff knew the residents well and that interactions were friendly and warm. Feedback from residents and families was positive. People praised the hardworking staff and felt that their loved ones were safe and well cared for.

At the time of our inspection the home helped people to have safe indoor and outdoor visits from friends and families in line with current government guidance. This was done in a well organised and efficient way and people told us that they enjoyed being able to regularly visit their relatives again. Families also told us that they felt the home had kept them well informed during the times when they were not able to visit.

We found that people's care plans, personal risk assessments and health monitoring were kept up to date and regularly reviewed. This helped to keep people safe. When people needed their GP or other health professionals, staff facilitated and documented this well.

However, we found that some of the practice and ways of working in the service were unsatisfactory, not in line with current good practice and potentially harmful to people. There was evidence of a task orientated and not sufficiently person-centred culture of care. Because of the urgency of some of the improvements needed we issued an improvement notice, which was published on 8 July 2021.

We observed a mealtime within the home and found that people were not given a choice of what to eat. Every meal was plated in the kitchen and served on a tray alongside a pudding. Managers explained that staff would decide what residents get to eat, because they knew the residents well (see Requirement 1). This prevented people from using their abilities and increased their dependency.

We also found practices that limited people's choices for personal care. A list used for documenting showers indicated a limiting and task orientated approach that did not put the person and their wishes and preferences at the centre of their care. Residents' views, wishes and abilities should be valued and promoted. This is because being listened to, making choices and decisions strengthens people's sense of self, wellbeing, and confidence.

The home had two activity coordinators who each worked part-time, so that one of them was usually present during weekdays. We saw that the activity coordinators had a plan for some themed activities that were meaningful and also involved some family members. However, we found that about half of the residents spent most of their time alone in their bedrooms. We could not see a coherent or comprehensive plan for how the needs for social stimulation and occupation would be met.

We also found that the current routines and practices in the home reduced people's opportunities to be physically active. For example, most residents were served their meals either in their bedrooms or in the lounge, where they also spent the rest of their day. Enabling people to use their abilities and strengths supports them to stay active and independent for longer.

During the three days we visited the home only a handful of residents were supported to use the garden and only for family visits, despite the weather being warm and dry. Regular access to outside activities is important for people's physical and mental health. We did not find enough evidence that the service promoted regular access to the garden or the surrounding community (See Requirement 2).

We found that several residents were given their medication in altered form, for example by crushing tablets, and by adding them to food or drink. Although this was documented in the persons' care plans, the way this was documented was not in line with current guidance. The process of decision making, consent and pharmacy advice should be clearly documented to ensure that the benefits outweigh any risks, and that the effectiveness of the medication is not affected. Where medication is given covertly the guidance and pathway of the Mental Welfare Commission (<https://www.mwscot.org.uk/>) should be fully implemented (see Requirement 3).

Current guidance states that people living with dementia who experience stress and distress, should have an integrated assessment to establish the cause and a care plan to support and evaluate treatment and care. When psychoactive medication and particularly anti-psychotic medication is prescribed for people with dementia there should be a detailed care plan to help the prescriber to evaluate if the medication works and to monitor any side effects. We found that nearly all the residents were taking one or more psychoactive medication without there being any detailed plans to help evaluate or monitor their effectiveness (see Requirement 4).

The service had not fully met a previous area for improvement for ensuring that all staff completed the level of dementia care training they should achieve in their roles in supporting people with dementia. It is important that senior staff who direct or co-ordinate care complete relevant learning at the enhanced level of the promoting excellence framework (<https://www.gov.scot/publications/promoting-excellence-2021-framework-health-social-services-staff-working-people-dementia-families-carers/>). This would enable them to gain the right skills and competencies to identify and lead necessary changes to ensure dementia care practice in the service is in line with current standards (see Requirement 5).

## Requirements

1. By 2 August 2021, you must ensure that the service is provided in a manner which promotes people's abilities and choices. In particular,

b) Ensure that service users can choose from a variety of suitably presented and healthy meals and snacks, including fresh fruit and vegetables.

c) Ensure that people are enabled to make choices according to their individual abilities, including the provision of visual choices.

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

2. By 2 August 2021, you must ensure that the service is provided in a manner which enables people to get the most out of life and stay in touch with their local community. In particular,

a) You must ensure that service users can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities, both indoors and outdoors.

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

3. By 2 August 2021, you must keep people safe from harm by administering medication safely. In particular,

a) You must ensure that the decision-making process for administering medication covertly and in altered form, as well as the practice of administering, documenting and reviewing it, follows current best practice as outlined in the Good Practice Guide – Covert Medication by the Mental Welfare Commission for Scotland (<https://www.mwscot.org.uk/>).

b) Managers must regularly audit medication records to ensure the guidance for covert medication is adhered to and regular reviews are completed.

This is in order to comply with Regulation 4 (1)(a)(b) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and The Adults with Incapacity (Scotland) Act 2000, Principles 2, 3 and 4 and Section 47.

4. By 13 August you must improve the care plans for people living with dementia who have been prescribed psychoactive medication. To achieve this the provider should improve practice in line with current guidance as summarised in the Scottish Government Communication 'Dementia - psychoactive medication prescribing and review' (September 2020). In particular, the provider should:

- ensure that where psychoactive medication is used to manage stress and distress, this is detailed in personal plans, with clear conditions for its use and expected outcomes, a record of if expected outcomes were actually met and any possible side effects,
- ensure that staff understand and know their residents well enough to use non-pharmacological interventions in the first instance to reduce the need for "as required" medication,
- continue to build links and relationships with community mental health teams and/or care home liaison teams to ensure that interventions are person-centred and based on current good practice guidance,
- engage with the local HSCP and/or NHS Education for Scotland and Scottish Social Services Council to further develop staff understanding of stress and distress in people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'Any treatment or intervention I experience is safe and effective (HSCS 1.24), and 'I am assessed by a qualified person, who involves other people and professionals as required (HSCS 1.13) and if my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

5. By 27 September 2021, you must ensure that staff and managers of the service have completed the appropriate level of training for their role of 'Promoting Excellence 2021.

- a framework for all health and social services staff working with people with dementia, their families and carers' as laid out in the National Dementia Strategy. In particular,

a) You must ensure staff have the necessary knowledge and skills to meet the needs of people with dementia, their families and carers, and to plan staff development activities to reflect the recommended levels of competency for their job role as set out in the Promoting Excellence framework.

b) To identify any staff development needed to support delivery of the Standards of Care for Dementia in Scotland.

This is in order to comply with Regulations 15 (a) and (b) and 7 (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How good is our setting?

## 1 - Unsatisfactory

People who use care services should benefit from a setting that is comfortable, homely, safe and well maintained. The layout of the setting should meet people's needs, promote independence and enable people to spend time outdoors. During this inspection we found that there were major weaknesses in critical aspects of performance which required immediate remedial action to improve experiences and outcomes for people.

People who prefer to take a bath should be enabled to choose this. We found that the service had no functioning baths. There were only two communal showers for all residents. When we spoke to the manager and provider about why the bathrooms had been taken out of use, we were told that they knew that no residents would want to have a bath. This added to our concerns about a lack of person-centred approach in the service. We asked the provider to urgently work on making the baths fit for use and refurbishment started immediately (see Requirement 5).

We saw that various areas of the home needed refurbishment. This included the bath and shower facilities and damaged surfaces that were difficult to keep clean. There were also issues with some of the environment limiting people's independence, for example poor access to the garden and no door handles on the outside of the bedroom doors. The provider had a basic refurbishment plan and some of the work in that plan had been completed and/or costed. However, we made a requirement to ensure that the refurbishment plan will have clear timelines for starting and completing the required work (see Requirement 6).

We found that a previous area for improvement that asked for the completion of an assessment how dementia friendly the environment is had not been met yet. We asked for this to be completed as part of the refurbishment planning (see previous area for improvement 4). This should ensure that, wherever possible, adaptations are made to help people living with dementia to remain as independent as possible. It should also ensure a review of the currently available communal areas to ensure that people have a variety of options that meet their wishes and needs.

### Requirements

1. By 2 August 2021, you must ensure that service users have access to safe and well maintained bath facilities. In particular,

- a) You must ensure that people can choose to have a bath or a shower, according to their preference and that their preferences are laid out in their care plan.
- b) Ensure that bathrooms and equipment are clean, safe and well-maintained.

This is in order to comply with Regulation 14 (d) and Regulation 10(1) and (2)(a)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 13 August 2021, you must put in place a comprehensive refurbishment plan for the service to ensure that it is safe and promotes independence and quality of life. In particular,

- a) You must ensure that damaged surfaces on walls, handrails or flooring are replaced or repaired to ensure that they can be cleaned effectively.

- b) Ensure that furniture with damaged surfaces is repaired or replaced to ensure it can be cleaned effectively.
- c) Ensure that door handles are fitted to the outside of people's bedroom doors to promote independence and a more homely environment.
- d) Ensure that the refurbishment plan contains timelines for the start and completion of planned works.
- e) The refurbishment plan must be aligned to the aims and objectives of the service to ensure the premises fit and suitable for their purpose.
- f) The refurbishment plan must be guided by current guidance like the King's Fund 'Is your care home dementia friendly?' environmental assessment tool and the Care Inspectorate guidance 'Building better care homes'.

This is in order to comply with Regulation 14 (b) and Regulation 10 (1) and (2)(a)(b)(c) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

**2 - Weak**

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 some important weaknesses.

The environment was generally clean and tidy. This included an effective system of mattress checking that ensured that all mattresses we inspected were clean and intact. Frequently touched areas were cleaned and disinfected on a regular basis to help keep people safe from infection.

However, when we checked the environment, we found issues that indicated that some cleaning tasks, as well as checks and audits needed to be improved. We found that there was a build-up of mould in the two shower rooms. There also were some shared toiletries and used razors in the shower room cupboards (see Requirement 7).

It is important that staff have easy access to Personal Protective Equipment (PPE) that is stored safely and close to where it is needed. We found that staff had sufficient access to PPE close to where they needed it. Waste disposal was managed correctly. We saw that staff knew when and how to use PPE in line with current guidance. This helped to keep everybody in the home safe from infection.

It was positive to see that training in relation to Covid-19 was available for staff. Staff told us that they were kept updated with any changes to guidance and that they felt generally well informed. We found staff to be competent and motivated to use their knowledge and skills to keep people safe.

Staff should benefit from regular opportunities for reflective learning to support their professional competence and confidence. We found that managers had an overview of staff learning needs and records. However, we found that regular reflective learning was not well supported and not sufficiently encouraged. We asked managers to improve this by including it in their service development plan.

To reduce the risk of Covid-19 virus being brought into the home from the surrounding community, staff should not travel to and from work in their uniform. We saw that the home had implemented several changing facilities for staff. This helped to make it easy and quick for staff to get changed.

## Requirements

1. By 2 August 2021, you must ensure that effective quality assurance is in place to ensure service users experience a safe, clean, and well-maintained environment. In particular,

a) You must ensure that regular quality assurance checks are in place to ensure that the environment is consistently safe and well maintained. The checks must include:

- assurance that regular maintenance checks have been completed, including those carried out by external contractors,
- regular checks of functionality and safety of equipment,
- regular checks of all surfaces to ensure that they are clean and free of damage.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).



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

### Requirements

#### Requirement 1

To protect the health, safety and welfare of people using the service, the provider must by 28 June 2021 improve the quality and accuracy of records detailing the management of health care needs and risk management. This includes, but is not limited to:

- nutritional risk assessments and care plans,
- falls risk assessments and care plans, including falls analysis,
- evidence of falls analysis data as part of regular health and safety meetings and the service development plan.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: '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 (HSCS 1.15) and I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

and

In order to comply with Regulations 4(1)(a) - Welfare of users and 5(2)(b)- Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 9 April 2021.**

#### Action taken on previous requirement

We found that the service had continued to make improvements to care plans and documentation.

We sampled several care plans and personal risk assessments and found that they were completed, up to date and regularly reviewed.

Managers had started to improve falls analysis by using tools that enabled them to have a regular overview of the number of falls as well as time and place of falls. These tools could be used to improve falls prevention in the service.

This requirement is met.

**Met - within timescales**

## Requirement 2

To protect the health, safety and welfare of people using the service, the provider must by 28 June 2021 be fully compliant with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20), and I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how privacy and confidentiality are respected (HSCS 4.18). And in order to comply with Regulations 19(3) and 21(2) of The Regulation of Care (Requirements to Care Services) (Scotland) Regulations 2002.

**This requirement was made on 9 April 2021.**

#### Action taken on previous requirement

We assessed the recent notification history of the service and checked the service's own incident and accident records.

We found that the service was compliant with the guidance.

This requirement is met.

**Met - within timescales**

## 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 service should include personal outcomes in personal plans and ensure that these are meaningfully evaluated.

This would improve the person-centredness and effectiveness of care plans, promote a holistic and ability focussed approach, as well as promote involvement and participation.

- the personal outcomes should acknowledge things that are important to people in their lives in relation to the subject of the personal plan,
- the personal outcomes should acknowledge individual strengths and should demonstrate a shared sense of purpose to which the person, their family, staff and relevant others contributed,
- evaluations and reviews of the personal plans should meaningfully measure if and how the personal outcome is achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: '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' (HSCS 1.15).

**This area for improvement was made on 9 April 2021.**

## Action taken since then

We found that the service had made progress with improving people's care plans. There were some good examples of newly completed care plans for people who experienced stress and distress. These care plans included details of people's abilities and other relevant details that showed that staff took a holistic approach to support the person.

Staff had worked on formulating personal outcomes as part of people's care plans. However, many care plans still lacked formulated personal outcomes.

We discussed the progress so far with the managers and gave further advice on how to fully meet this area for improvement.

This area for improvement is not met and will continue.

## Previous area for improvement 2

The service should further improve the assessment and care planning processes for stress and distress in dementia.

This would ensure that people living with dementia who experience stress and distress will be supported in a holistic and person-centred way, that promotes their dignity, personality and choice.

This should include, but not be limited to:

- the use of evidence-based assessment tools for the assessment of pain to support the evaluation of pain management,
- following best practice for the use of ABC charts as part of the assessment process for stress and distress in dementia,
- the use of care plans for all psycho-active medication to support the evaluation of their use and effectiveness,
- the use of care plans and protocols for 'as required' medication to ensure their correct use and to support the evaluation of their use and effectiveness.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: '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' (HSCS 1.15).

**This area for improvement was made on 9 April 2021.**

## Action taken since then

We found that the service had worked effectively with external professionals to improve care plans for people living with dementia who experienced stress and distress. We sampled some of the newly written care plans and found that they contained well formulated outcomes and actions. The plans also showed that staff were starting to use behavioural assessment tools, like ABC charts, to identify possible triggers for stress and distress. Furthermore, the new plans demonstrated a holistic approach that included people's life history, medical history, wishes and abilities.

Although we found that the care plans included information about psychoactive medication that was prescribed for stress & distress, this information was very limited and should be further improved. We have therefore made this a Requirement under 'How well do we support people's wellbeing?'.

This area for improvement has now progressed to a Requirement.

### Previous area for improvement 3

The service should ensure that all staff complete Promoting Excellence dementia care training at a level that is appropriate for their role. The service should ensure that staff are supported to gain this training.

This would ensure that staff develop the skills and knowledge to deliver responsive, person-centred care which reflects the principles of dignity, privacy, choice and respect in line with the Health and Social Care Standards.

The provider should formally assess the impact training has on staff practice to determine learning and understanding.

To fully implement the recommendation, the service should:

- make sure that all training provided matches the knowledge and ability criteria outlined in the Promoting Excellence framework (<http://www.gov.scot/Publications/2011/05/31085332/0>),
- identify all staff members who should complete Enhanced level training and make a plan for how and when to achieve this,
- create ways to find out if and how learning is applied to practice, for example observations of practice and reflective records.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: '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' (HSCS 3.14).

**This area for improvement was made on 9 April 2021.**

### Action taken since then

We found that progress had been made with staff completing the Skilled Level of the Promoting Excellence dementia training.

However, there had been no progress with senior staff completing any learning at the Enhanced Level or above.

There had also been no progress with assessing the application of learning, including the use of reflective practice.

We have therefore made a requirement under 'How well do we support people's wellbeing?'.

This area for improvement has now progressed to a Requirement.

## Previous area for improvement 4

The provider should carry out a thorough assessment of the dementia friendliness of the internal and external environment. This should centre on the King's Fund assessment tool for dementia-friendly environments. It should include, but not be limited to:

- meaningfully including residents, staff and visitors in working with the King's Fund assessment tool,
- establishing an ongoing and regularly evaluated action plan based on the King's Fund assessment tool outcomes, and as part of the service development plan.

This to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

**This area for improvement was made on 9 April 2021.**

### Action taken since then

We found that little progress had been made. Managers told us that relatives had been contacted and asked to participate in the use of the King's Fund environmental assessment tool.

However, managers and staff had not yet carried out their own assessment and had not created an action plan.

This area for improvement is not met and will continue.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	1 - Unsatisfactory
1.2 People get the most out of life	1 - Unsatisfactory
1.3 People's health benefits from their care and support	1 - Unsatisfactory

How good is our setting?	1 - Unsatisfactory
4.1 People experience high quality facilities	1 - Unsatisfactory

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