

# Lammermuir House Care Home Service

East Links Road  
Dunbar  
EH42 1LT

Telephone: 01368 862 999

**Type of inspection:**  
Unannounced

**Completed on:**  
3 March 2022

**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. On the ground floor there are two sitting rooms and a dining room. 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

We spoke with 10 of the 42 residents in the home and observed the care of others.

All of the residents looked well cared for and their clothing was clean and people looked comfortable when they engaged with staff.

Residents told us they were happy with their care. Comments made to us included:

"Love it here, staff are good, nice and helpful",

"I'm not lonely because there is always someone around",

"Everyone is lovely - they will help. I have been welcomed and my room is lovely",

"Staff are very helpful and kind. The food is very nice. I have been spending time colouring. I went to the Olympic games and enjoyed that. I go to bingo, dominos and have been outside in my wheelchair to the garden yesterday".

We spoke with 11 relatives who were equally complimentary about the care and support offered to their relatives and who said they appreciated the regular communication and updates from the home.

We also sought and received the views of three professional visitors who were complimentary about the way staff welcome and engage with them when they visit the home.

## 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?	5 - Very Good
How good is our care and support during the COVID-19 pandemic?	5 - Very Good

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

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

5 - Very Good

**1.1 People experience compassion, dignity and respect**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced care and support delivered with compassion, dignity and respect through positive relationships with staff. People felt respected by staff who listened to their wishes and preferences and used this information to shape their care. This meant that people's wellbeing was enhanced.

People's rights were respected and there was an ethos of ensuring people retained control over day to day life. This included where people spent their time, how they spent their time and where meals were enjoyed.

Improvements had been made to the environment including replacing leaking and draughty windows. A refurbishment plan for the home was underway and has already improved the comfort and quality of life for residents respecting people's rights to live in a comfortable home.

**1.2 People get the most out of life**

We found significant strengths in helping people to get the most out of life and how this supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from a range of solutions to stay connected when visiting to care homes was restricted by public health advice.

The home were following Open with Care guidance from the Scottish Government that clearly sets out how care homes can welcome visitors safely. A recent outbreak of COVID-19 had meant that fully opening the home to all visitors had been delayed. We saw that people were supported to have meaningful contact with loved ones, but that a booking system was still in place. We would encourage the home to ensure that the booking system does not act as a barrier to visitors. As public health guidance allows, the service should continue to work towards open and unrestricted visiting. This will enable residents to return to a more normal life where they can meet freely with friends and family.

Family members and friends were kept up to date with visiting arrangements and news updates from regular, proactive communication by the manager. Comments to us included how highly appreciated the communication was and how it helped to alleviate some anxiety when visiting was restricted.

Some changes to the telephone system by the provider has resulted in an issue when the line will ring continually when all four lines to the home are in use. This has caused concern for both families and professionals when they are unable to contact or speak to staff. The provider has agreed to find a solution for this with the telephone company.

Personal plans reflected people's rights, choices and wishes. They were person-centred and included preferences for which family and friends that people wished to be in contact with and any legal arrangements in place. This is important because the correct people are able to contribute to care and decision-making.

Meaningful activity is important for providing stimulation, enhancing health and wellbeing and preventing isolation and low mood. It was good to see that there was a wide range of stimulating activities on offer.

People were also encouraged to be physically active and take walks outdoors which made the most of the views in the stunning sea front location.

Personal choice and preferences for activities was recognised. People were able to choose where and how they spent their time and what they took part in by themselves or as part of a group. Opportunities for meaningful activities took account of people's previous interests and hobbies as well as supporting people to try new things. Meaningful activity time was spent with people who preferred to be in their bedrooms. Activity and care staff supported people to find purposeful ways to spend their time and we saw and heard from residents that they enjoyed what was on offer.

## 1.3 People's health benefits from their care and support

We found significant strengths in people's health outcomes as a result of the care and support they received, therefore we evaluated this key question as very good.

People in the home benefited from strong links that staff made with a wide range of external professionals. The skilled care home staff followed specialist advice to provide the right healthcare at the right time. This had improved wound healing and early intervention prevented unintended weight loss.

The importance of the dining experience to maximise nutritional intake was recognised. Residents enjoyed the food and drinks provided to them in an unhurried and relaxed atmosphere in a place of their choice. Experienced staff were on hand to oversee the dining experience, helping to identify potential health changes early. Residents could choose from a choice of well presented meals and snacks and had the opportunity to change their mind and were encouraged to choose additional options. Tea and coffee was served frequently and fresh water and juice was available and accessible throughout the home. Food which was modified was beautifully presented to encourage nutritional intake. These contributed to preventing malnutrition and dehydration which affects peoples health.

A wide range of assessments to identify health risks were in place. Suitable equipment and repositioning was provided to prevent skin damage for example. People at high risk of infection, falls, accidents, incidents and skin damage had their care regularly reviewed. Meetings to discuss health risks supported continuous review, referral and improvements. The systems for ensuring repositioning could be strengthened by documenting the planned frequency of repositioning and the mattress setting (if appropriate) on the recording chart. This would help staff minimise the risks of skin damage and support staff to provide consistent care.

Care plans reflected the needs of people and clearly detailed care in a person-centred way. Pain was considered, assessed and managed. This helps staff to provide individualised and consistent care for people.

People received their medication as prescribed. Medicines were reviewed and monitored by qualified staff. Staff understood and respected people's right to receive medicines in accordance with their daily routine. However, recording when some medicines were given using the current system was unclear. Medication records should be improved to reduce the risk of error. **Area for Improvement 1.**

People prescribed medicines to relieve symptoms of stress and distress or for mental health illness were regularly reviewed by the GP and a specialist consultant to optimise the care they received and reduce unwanted side-effects. A review of as required medicine protocols to make them more person-centred and relevant was underway, by nurses in the home, and we would encourage this to be completed. This will ensure a consistent well informed approach to the use of certain medicines and will further inform the medicine reviews.

Relatives told us that they were pleased with the improvements seen in their family members health since moving into the home. One relative said:

*"I know that had we not allowed Lammermuir to take care of dad after various illnesses diagnosis, we would not have had him today. Very professionally run home through (the manager and staff)."*

### Areas for improvement

1. To ensure people's health benefits from their care and support, the provider and manager should ensure a suitable system to accurately record medication. This should include:

- a) the time that medicines are given
- b) the dose when a variable dose is prescribed
- c) changes to prescribed medicines should follow best practice guidance and be rewritten
- d) handwritten entries should include the date of change and the authoriser of the change.
- e) as required protocols and prescribed medication should match

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

**5 - Very Good**

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

We evaluated the service performed at a very good level, as infection control practices supported a safe environment for both people experiencing care and staff, with very few areas for improvement.

Staff working in the service were familiar with guidance on infection prevention and control. Environmental and equipment cleaning processes were in place including the use of cleaning schedules. We gave some further advice on strengthening some processes by adding an identifier to each piece of equipment to track it's cleaning and ensure it wasn't missed. Current advice about the frequency of changing water in mop buckets was highlighted. Following the guidance will help staff to minimise the risk of infection.

Sufficient supplies of Personal Protective Equipment (PPE) was available throughout the home. Senior staff carried out regular observations and audits of staff practice to ensure that everyone maintained good practice in relation to PPE. Handwashing facilities and Alcohol based hand gel were available throughout the home and were used. Minor adjustments to the storage of gloves in communal wet rooms and other bathrooms to prevent cross contamination was requested.

Staff were able to recognise and respond appropriately to suspected or confirmed outbreaks of infection including following local reporting procedures. This ensured that the appropriate authorities were kept updated.

Staff supported people who use the service to maintain good levels of hygiene, cleanliness and follow social distancing guidance including those with dementia, sensory loss and disabilities. This helped keep people safe.

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

We evaluated the service performed at a very good level, as the service demonstrated major strengths in supporting positive outcomes for people by how they considered staffing arrangements.

Staffing levels had increased since our last inspection to respond to people's care needs and increased needs during the pandemic. Changes in staff rota arrangements and how temporary staff were appointed and deployed meant people benefited from the consistency of staff. There was regular interactions between people who used the service and staff which promoted people's independence, dignity, privacy and choice.

Staff were supported to keep up to date with current and changing practice and had access to practice guidance.

Observations of staff practice were regularly undertaken and combined with audits were used by managers to assess learning and competence. Opportunities to discuss risks and care were built into everyday practice through flash meetings and clinical governance discussions.

A staff contingency plan helped manage absences, holidays and unplanned leave. COVID-19 testing was carried out in accordance with Scottish Government guidance.

The right number of staff with the right skills were provided because the manager of the home understood the needs and wishes of the people living there. Staffing levels allowed staff time to provide care and support with compassion and engage in meaningful conversations and interactions with people.

Staffing was organised in a way which ensured staff were clear about their roles. A process of continuous assessment of staffing included consideration of the number of people being supported in their rooms, those requiring one to one support, staff to maintain good infection control practices and to support residents with their daily needs including meaningful engagement. Sufficient staffing is important to keep people safe, free from harm and to make sure they get the most out of life.

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

### Requirements

#### Requirement 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).

**This requirement was made on 19 October 2021.**

#### Action taken on previous requirement

The manager used a dependency tool to assess the needs of residents. This was not used in isolation and other factors were taken into account when staffing numbers were calculated. This included the Registered Nurse time for duties, time taken for residents who needed assistance to get around the environment, the number of floors in the home and additional care needs of people in bed/unwell.

This meant that there were sufficient staffing numbers to meet the needs of people.

**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 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 reviewed the food and fluid monitoring for one resident who had recently recovered from an infection. We saw that the records were completed and evaluated. The use of the record was reviewed and stopped when it was clear that the resident was achieving the targets for food and fluid set. **This area for improvement has been met.**

## Previous area for improvement 2

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".

**This area for improvement was made on 19 August 2019.**

## Action taken since then

The premises were clean. This included sitting rooms and communal areas as well as people's bedrooms. Some beds, mattresses, commodes and other furnishings had been replaced which helped staff keep the environment and equipment clean and free from lingering odours. Some carpets had not yet been replaced and were part of an ongoing refurbishment programme. **Sufficient progress has been made to meet this area for improvement.**

## Previous area for improvement 3

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".

**This area for improvement was made on 19 August 2019.**

## Action taken since then

Work was completed on sea facing windows identified for replacement. These made the home warmer, less draughty and aesthetically pleasing. Further windows were due to be replaced and this should continue. **Sufficient progress had been made to meet this area for improvement.**

## Previous area for improvement 4

In order to ensure good outcomes for people experiencing care, the manager should ensure that nursing and care staff understand how to assess risks to skin integrity, develop appropriate care plans and provide proactive preventative care. This is to ensure care and support is consistent with 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.

**This area for improvement was made on 7 November 2019.**

## Action taken since then

A range of mattresses and pressure relieving and reducing cushions were in place. Repositioning charts were completed. These clearly showed that people were repositioned in bed and told us when people were up to sit. There was no information as a guide to state the frequency of repositioning. We have asked the manager to include this and mattress settings, (where appropriate), which has been



agreed.

Air flow mattresses were used and a few sampled showed that they would have been set appropriately for the person. This information should also be stated on the records so that staff can make sure they are checking and following guidance.

**Sufficient progress had been made to meet this area for improvement.**

## Complaints

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

## Detailed evaluations

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1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	5 - Very Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	5 - Very Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	5 - Very Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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