

# Muirfield Nursing Home Care Home Service

Hall Crescent  
Gullane  
EH31 2HA

Telephone: 01620 842116

**Type of inspection:**

Unannounced

**Completed on:**

5 March 2019

**Service provided by:**

Randolph Hill Nursing Homes (Scotland)  
Ltd

**Service provider number:**

SP2003002451

**Service no:**

CS2008176136

## About the service

Muirfield Nursing home is a care home service, registered to provide care and support for up to 60 older people. At the time of the inspection there were 47 residents living in the home. The home is owned and operated by Randolph Hill Nursing Homes (Scotland) Limited. ("the provider").

The service moved to a purpose built care home in July 2017 close to local facilities such as shops, pubs, cafes and churches. There are good transport links to larger towns.

Accommodation is provided over the ground and three upper floors, with stairs and two passenger lifts giving access to these. All of the rooms are for single occupancy with ensuite facilities. Bathrooms and shower rooms and sitting and dining areas are available on each floor. The top floor was opened recently and offers further bedrooms and sitting and dining areas for residents to use.

There is parking at the side of the home and an enclosed garden to the rear which can be accessed from some ground floor bedrooms and the spacious activity room.

The provider states that the aim of the service is: "to provide professional, skilled and empathetic individual care" and that they "are fully committed to providing professional and empathetic individual care for every single one of our residents".

## What people told us

We received positive feedback, on the whole, from residents and relatives we spoke with. One resident told us: "I like living here, the staff are friendly. They try to keep it as consistent as possible". Another said "I did not want to come at first but I'm glad I came. The care is good on the whole. Can't fault the carers, they are kind and helpful".

We spoke with relatives. One family told us: "It's wonderful, care is excellent. The place is so clean and fresh." Another visitor said, " I am very pleased with how mum is since moving here. Staff are exceptional. I have no concerns at all with the care of mum. I am reassured by the level of care and kindness of most staff."

Other comments included:

From residents:

"I'm fine. I liked my lunch. I am quite happy and I like my room."

"I really enjoyed the art activity today, it was very relaxing. I enjoy when my family visit, they are made to feel welcome. Staff are kind, they take good care of me."

"I feel very comfortable. It's a relaxed place. I was on a bus trip yesterday and I really enjoyed that. Staff are friendly."

"I think they treat us pretty well. I get out when I can which is good."

"Muirfield is a 1st class nursing home."

From relatives:

"They are very good in here. There is always someone looking out for residents. I have noticed a difference with my relative, they have put on weight."

"The standard of care is much better. I can't fault the place. My relative is more settled that she has been. I don't hate leaving her now."

"We are very pleased with the plan of care for our relative. Our relatives' mobility, weight and levels of confusion and anxiety have all improved significantly."

"I widely approve of the overall excellent quality of care provided to my relative."

"It truly is a home from home. The staff have built strong bonds with my mum and she sings their praises. The home is clean and fresh and we are encouraged to visit whenever we want."

"Sometimes the food is not terribly good, it is a challenge to get it to the residents without it getting cold. Staff are very supportive of my fathers needs. They are friendly."

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
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?

**4 - Good**

We saw that residents experienced compassionate care as warm, kind relationships with staff were evident. There was a lot of natural, respectful interaction and residents responded positively to this. We heard appropriate use of humour and banter. Staff were attentive if someone was distressed, they offered quiet, calm support. We did find that staff would often be focussed on the 'task' of caring for residents, therefore the time spent meaningfully with them was limited. Staff needed to be more aware of the choices and preferences of residents

when it came to sitting areas and dining rooms. Residents would often be escorted to the same area and seat every time, this limited their choice and chances to experience something different.

Spending meaningful time with residents was important for their wellbeing. Some residents were positive about how they spent their day. One told us: "We went to the garden centre recently. There are usually things on in the afternoon." Larger group activities, such as going to the local sports club, were enjoyed by residents who were more physically able. Meaningful engagement for residents cared for in their rooms or living with dementia was limited due to staff often being focussed on tasks. We saw residents sitting for a long time, in the same place, with little staff interaction. Residents should have an equal opportunity to participate in meaningful activity no matter what their health or mental wellbeing needs may be. This will be an area for improvement.

The clinical health needs of residents were supported by trained and attentive staff. They were good advocates for residents and their needs with other health professionals. Families felt reassured that the health needs of their relatives were well taken care of. We spoke with three visiting professionals who were positive about the home. They told us that communication was 'good' and that staff 'always followed their advice'. This meant that residents' health needs were well monitored. To fully support the health and well-being needs of residents, staff needed to appreciate that residents were not living in the home just because they had health issues, they were there to get the most out of life.

The dining experiences offered a pleasant opportunity for residents to enjoy their meals. Staff were attentive and gave discreet assistance where required. A choice of meals was available but required staff to go back to the kitchen to get it, if a resident changed their mind. This did not promote a fully responsive mealtime as residents got limited opportunities to see and smell their food before eating. This was particularly important if a person had a cognitive impairment and they needed encouragement to eat well.

## Areas for improvement

1. Meaningful activity should be available for each resident and respond to their needs, wishes and choices. The home needs to review the activities provided for those residents cared for in their rooms or living with dementia to ensure that they have every opportunity to participate. How a resident has enjoyed an activity should be recorded in such a way that a picture is built up of what the resident got out of participating.

HSCS - 1.25 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'.

## How good is our leadership?

4 - Good

The management team were well established and knew the residents and staff well. They spent time 'on the floor' with residents and observed and supported staff practice, for their development. They told us, however, that a lot of their time recently had been taken up with moving into the new building and getting settled in. The quality assurance systems and processes were not as organised or well developed as the management team would have liked.

We found the management team to be responsive to the inspection and determined to continue to improve, for the benefit of residents and staff. They were aware of the importance of robust quality assurance systems that could be used to improve the quality of care provided and therefore improve the quality of experience for residents. The systems in place included regular audits of care plans and medication management to ensure that the health and well-being needs of residents were being reviewed. An action plan would be drawn up following

an audit and the expectation was that staff would undertake the improvements required. The current quality assurance was good but did not capture, evaluate or co-ordinate all of the systems in place.

As stated, the service had many types of quality assurance processes in place, including staff supervision, surveys and action plans. However all of this stayed within the office. To reassure residents and relatives that the care home was listening to views and working to improve it would be good to share the information gathered with residents, relatives and other stakeholders.

To help promote residents health and wellbeing and staff development the service should develop a robust system to monitor and evaluate the care and support provided, informed by a home development plan. The home development plan would identify what the management team saw as priorities for improving the home, in consultation with staff, residents and relatives. The plan should identify positive outcomes for residents and drivers for change. This will be an area for improvement.

## Areas for improvement

1. Quality assurance systems and processes should offer residents and relatives reassurance that the home is striving to improve. This should be done in a transparent and co-ordinated way. The management team should consider drawing up a home development plan.

HSCS 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

## How good is our staff team?

4 - Good

Staff that we spoke with were knowledgeable about residents needs, in particular what they liked and about their past history. Residents were complimentary about staff, describing them as 'kind' and 'caring'. Most residents told us that they felt there was enough staff to meet their needs however one resident told us 'staff seem very busy'. One family member stated 'it is important that staff are consistent.'

There was good communication between staff to support the care needs of residents and positive teamwork was evident. All members of staff on duty, including catering and housekeeping would become involved with helping or supporting residents and this was appreciated by them.

We asked the management team to review the deployment of staff, within the home, at certain times of the day. The home was on four floors and whilst staffing levels were good but we felt that there were particular times of the day, where the supervision of residents was not as evident as it should be. Therefore residents could be at risk.

Training was key to helping staff to improve outcomes for people and the training programme for staff within the home was good. Staff had participated in various training sessions, such as stress and distress, to equip them to respond to the health and care needs of residents. The training records were up to date. To fully support staff to improve their practice, for the benefit of residents, the management team should initiate a process of reflective learning and formal observations.

For the safety and well-being of residents, staff should be aware of not focussing too much on the 'task' of caring. Residents would prefer to have staff spend meaningful time with them than be busy doing other jobs. In discussions with staff they understood the value of spending time engaging with residents. They also

acknowledged that this could be a challenge as 'there was so much else to do.' These challenges need to be discussed and agreed with staff so that outcomes for residents are the priority.

## How good is our setting?

4 - Good

The home was purpose built to care for older people. It had lounge areas on each floor, with accompanying dining rooms. There was good access to an enclosed garden on the ground floor and residents had access to balconies from the upper levels. Bedrooms were spacious and personalised with en-suite shower facilities. All of this promoted an environment where residents were encouraged to be independent and could potentially make the best use of the many facilities available.

The environment was safe and secure and the front door had good security. The building, on the whole was calm, welcoming and relaxed. The current 'buzzer' system could be loud and intrusive at times. We asked the management team to consider other options so that residents would not be disturbed by the noise. The door to the unit in the ground floor was locked when we arrived, meaning that residents could not access the rest of the home. We asked the management team to unlock the door so that residents could walk safely around the rest of the home if they wished. This would promote their independence and interest in other areas. The home had potential that was not being used for the benefit of residents as staff were used to locking the doors or escorting residents to certain areas within the home. This custom and practice was not in the best interests of residents.

For the safety and well-being of residents we asked the service to consider further measures to help residents with orientation around the home, such as more signage. We asked the service to reference the Kings Fund Audit Tool when developing the environment more for residents living with dementia.

The records in place to check equipment and other resources important for keeping residents safe were accountable and very organised. The maintenance person was aware of his responsibility to keep the home safe for residents.

## Areas for improvement

1. The service should review aspects of the home to ensure that residents can safely use as much of it as possible. The Kings Fund Audit Tool should be used to develop the home further to support and promote independence for residents living with dementia.

HSCS 5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.

HSCS 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

## How well is our care and support planned?

4 - Good

Residents benefited from assessments carried out by competent and suitably qualified staff. We saw that care plans were evaluated at regular intervals. Assessment and care planning did reflect residents' needs and wishes to an extent. Most of the information contained within the care plans was relevant and up to date. There was good information about residents health needs and some about their likes, choices and preferences for everyday life. However we did not get a sense of resident's identity from the care plans we looked at. The management team acknowledged that there were further improvements needed to ensure that information recorded helped residents, or their relatives, communicate the things that were important. Therefore the response from staff would be more informed.

The care plans where stress and distress for a resident was evident were good. The information guided staff on what the distress could look like, what worked to support the resident and ultimately what medication could be used to support the resident, if required.

The daily notes recorded by staff about residents and the regular review minutes were clinical in tone and used language that could be perceived as disrespectful, such as 'aggressive' to describe a resident. These processes did not reflect how a resident had enjoyed their day or how meaningful their lives had been over a period of months, they tended to focus on medical health interventions. We suggested that the current model of care planning could be developed to more clearly reflect personal outcomes and how these outcomes were evaluated. There was a requirement about care planning made at the last inspection. We saw progress with the care plan process so the requirement has been met however there will be an area for improvement to ensure the management team and staff continue to develop care plans that fully reflect all the assessed needs and aspirations of each resident.

### Areas for improvement

1. Each resident should have an up to date care plan that identifies their needs as well as their wishes and choices. The care plan, daily notes and review minutes should be written in a person centred way and be outcome focussed.

HSCS 1.15 - 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.

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

### Requirements

#### Requirement 1

The provider must ensure that care plans set out how residents' health, welfare and safety needs are to be met. In order to achieve this, the provider must ensure that care plans:

- a) accurately recognise and address in detail all of each resident's needs, taking into account information from assessment tools, charts and other records of care, and advice from other health or social care professionals;
- b) reflect the individual life experiences, choices and preferences of each resident;
- c) are effectively evaluated to make sure that they are helping staff to provide care in a way that the resident wants and needs.

**This requirement was made on 8 March 2018.**

## Action taken on previous requirement

We sampled care plans for residents living on all floors within the home. We looked at plans that supported a variety of needs including nutrition and stress and distress. Each resident had a care plan in place that was regularly evaluated. Health needs were well recorded but the preferences, aspirations and day to day choices of residents needed to improve. The care plans were not reflective of all the needs of residents and did not evidence positive outcomes for them in all areas. The requirement has been met but there will be an area for improvement to ensure that each resident has a care plan that is person centred and outcome focussed.

**Met - outwith timescales**

## Requirement 2

The provider must ensure that staff are provided with the skills and knowledge to carry out their work, and that their performance is monitored to identify any areas where support is needed to improve practice. In order to do so, the provider must:

a) carry out a training needs analysis, and use the information from this to draw up a detailed training programme for the coming year, including suitable training in dementia care for care and nursing staff;

**This requirement was made on 8 February 2018.**

## Action taken on previous requirement

We reviewed the training plan in place. A system was operating that allowed the management team to see which training had been completed and which was due to be undertaken. We saw individual training folders for each staff member. Staff were able to access the Promoting Excellence training to support residents living with dementia and there was a plan in place to ensure all staff accessed this training relevant to their role. Training was evaluated and discussed through supervision sessions with staff. We asked the management team to develop staff competence further through the use of reflective learning and formal observations of practice.

**Met - outwith timescales**

## Requirement 3

The provider must ensure that systems to monitor the quality of the service are fully and effectively implemented, and the information from this used to plan improvements in the service. Quality assurance systems must be used to evidence that improvements are not only achieved but are sustained. In order to achieve this, the provider must ensure that:

- a) audits and checks are put into place and carried out regularly to identify good performance in the service, and areas where improvement is needed;
- b) where deficiencies are identified, a detailed action plan must be drawn up to show how improvement will be achieved;
- c) any action or work to bring about improvement is signed off once completed to evidence that the improvement has been achieved;
- d) audits and checks are followed up after improvement has been achieved, to make sure that the improvement is sustained.

**This requirement was made on 8 March 2018.**



**Action taken on previous requirement**

The management team were aware of the importance of robust quality assurance systems that could be used to improve the quality of care provided and therefore improve the quality of experience for residents. The systems in place included regular audits of care plans and medication management to ensure that the health and well-being needs of residents were being reviewed. An action plan would be drawn up following an audit and the expectation was that staff would undertake the improvements required. The current quality assurance was good but did not capture, evaluate or co-ordinate all of the systems in place. They should have a development plan in place which pulled together all of the quality assurance systems and processes available and ensure that these inform future improvements for the benefit of residents and staff. The requirement has been met however there will be an area for improvement.

**Met - outwith 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 manager should review recruitment practices in the home to ensure that these follow safe recruitment practices in line with the Care Inspectorate and SSSC guidance "Safer Recruitment through better Recruitment"

**This area for improvement was made on 8 March 2018.**

#### Action taken since then

We sampled recruitment files for newly employed staff members. We found the information and recruitment process to be accountable and following good practice. Staff were only employed after all the appropriate checks and references had been received. We asked the management team to record the verbal responses from candidates given at interview, not just tick a box to show that they had answered the question. This recommendation has been met.

### 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
4.3 People can be connected and involved in the wider community	4 - Good
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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.