Muirfield Nursing Home
Care Home Service

Hall Crescent
Gullane
EH31 2HA

Telephone: 01620 842116

Type of inspection: Unannounced
Inspection completed on: 8 March 2018

Service provided by:
Randolph Hill Care Homes Ltd

Service provider number:
SP2003002451

Care service number:
CS2008176136

About the service

Muirfield Nursing home is a care home service, registered to provide care and support for up to 40 older people. At the time of the inspection there were 37 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 September 2017 still close to local facilities such as shops, pubs, cafes and churches.

Accommodation is provided over the ground and two upper floors, with stairs and a passenger lift giving access to these. All of the rooms are for single occupancy with ensuite facilities. Bathrooms/shower rooms and sitting/dining areas are available on each floor. Further dining/sitting areas will be available when the next phase of the homes building is completed, there will be further resident accommodation on the 3rd floor" (4 floors in total).

There is limited parking space 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. On street parking is available close to the home.

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 met and spoke with most of the residents during this inspection. However, due to communication and or memory difficulties some were unable to give their views and experiences of living in Muirfield Nursing Home. We used the Short Observational Framework for Inspection (SOFI) to directly observe the experience and outcomes of people who were unable to tell us their views and have reported on this under quality of care and quality of staffing.

Residents told us that they were comfortable and were enjoying living in the new premises and having their own spacious room with en-suite facilities.

Generally residents had no concerns about the quality of care or the good intentions of staff but several told us that there was not always enough staff around to help them when needed. Staff were considered to be trying their best to make sure residents were well looked after, the food was good and they enjoyed the activities and events available to them.

Relatives spoke highly of the new home environment and the overall quality of care. However, some had concerns about the perceived shortages of staff this was especially noted in the afternoon and evenings. The lack of staff presence in lounge areas and the difficulties of finding staff when needed was also a concern to some relatives/carers.

Self assessment

We did not request a self assessment to be submitted prior to this inspection. However, the service should put in place a development plan to show how they will assess, implement and evaluate any improvements necessary.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We met and spoke with residents on each floor and all generally looked well cared for in their personal hygiene and appearance. However, due to frailty and, or communication difficulties not all of those we spoke with could give their views.

Regular assessment of residents needs contribute to staffing provided. However, some residents, relatives and staff commented on shortages of staff as they were not always available to assist residents in the lounges.

The outcomes of SOFI also indicated a lack of continuous staff presence in the sitting area to assist and supervise residents. Although several staff passed through the sitting room there was no acknowledgement of residents and only one person (of six) spoke to a resident but moved away before the resident could respond. This did not promote respect and dignity towards residents. Also see quality of staffing.

From initial feedback to the provider the staffing will be increased to 10 staff throughout daylight hours. This is a welcome development. The manager and deputy had used the outcome of dependency assessments to identify variations in dependency from month to month, and this had been used to inform staff numbers and deployment. However, work is needed to improve the way outcomes for residents are monitored, to identify where further improvements in staff numbers, deployment or leadership are needed, so that better outcomes are achieved. These assessments will contribute to monitoring as residents needs change and occupancy in the home increases. Also see quality of staffing.

We saw that there was a programme of activities, events, group activities and one to one sessions according to the individual preferences. Residents who had gone on an outing during the inspection told us that they had enjoyed this. Others told us that they were able to join in activities as they wished but the need for private time was also respected.

Care plans were in place for each resident and we saw a plan which indicated that these were reviewed at least once in a 6 month period. This gave the resident and their relative/carer the opportunity to discuss the plan of care and to give their views on the service provided.

The quality in recording in care plans varied in some we could see quite clearly the residents assessed needs and

how these were to met in accordance with individual wishes. While in others information was lacking and some records not fully completed.

Within each care plan it was also difficult to confirm if outcomes of risk assessment and evaluations contributed to care planning and any changes required to individual plans of care.

Overall, we saw deficiencies in care planning which meant that the previous requirement about this had not been fully met. More work was needed to improve the content of these including associated records, such as risk assessment and the evaluations of any charts. See section 'What the service has done to meet any requirements we made at or since the last inspection'.
We have made an amended requirement about care planning. Requirement 1.

A previous requirement about medication management had been met although the review of "as required" protocols needs to be improved to ensure these are undertaken within the given timescales. This had been commenced before the inspection was concluded.

Requirements

Number of requirements: 1

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 is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the health, welfare and safety of service users, and Regulation 5(1) - a regulation regarding personal plans.

Timescale : this was already required of the provider.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The new build facility provides a clean, warm and comfortable environment which also enhances residents privacy through having spacious single en suite rooms. Residents and relatives/carers commented on the lovely facilities, surroundings and comfort of the environment. Bedrooms had been made more personal as the

individual wished and call buzzers, pendent alarms and pressure mats available to alert staff. This may be a reassurance to residents to know that staff can be called upon if needed or in the event of an emergency.

We saw that there were enough cleaning materials /disposable products to attend to cleaning and management of infection control. Cleaning schedules were up to date, however, we noted malodours in two rooms which was attended to promptly but needs to be monitored to prevent recurrence.

A handyman was available to attend promptly to some of the routine safety checks and minor repair work in the home.

The safety checks for the environment, equipment and installations, with the exception of LOLER requirements. (Lifting Operations and Lifting Equipment Regulations 1998) checks were up to date. Subsequent information from the provider confirmed that the equipment inventory was now up to date and where safety checks had not been completed equipment had been removed from use. A date has been confirmed for these checks to be undertaken. As there is no risk to residents safety through the use of possible faulty equipment we have not made a requirement or recommendation about this but systems must be in place to ensure all equipment is checked within the timescales to comply with LOLER .

A monthly overview of accidents and incidents was in place. However, there was no index and individual records were not numbered in sequence therefore it was difficult to confirm that all accidents and incidents had been recorded. Also there was no way to track if any individual records were missing.

In the individual records not all parts had been completed. We saw several examples where future preventative measures were not recorded and there was no record if any consideration had been given to reviewing the risk assessment or care plan. Records could be improved to include an index system with records numbered in sequence and an action plan approach to note any actions as a result of the event and confirm that any preventative measures had been considered and where necessary implemented.

Two previous requirements about the facilities and privacy this afforded are no longer relevant in this new building and have been considered as met. See section 'What the service has done to meet any requirements we made at or since the last inspection.'

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

Staff were reported to be kind considerate and attentive and we saw some kindly interactions. However, we saw little staff social interaction with residents and didn't see staff having time to sit and talk with residents. We also

saw many instances where staff passed residents and didn't acknowledge them. Staff were task focussed in their practice rather than person centred. Outcomes of our SOFI observations (Short observational framework) also confirmed this.

Staff told us that they wanted to do a good job and provide a good standard of care to residents but this was difficult when they did not have enough staff. Also see quality of care.
We made a previous requirement about staff training. See section 'What the service has done to meet any requirements we made at or since the last inspection'

A training plan had been commenced for 2018. However we could not see how a training needs analysis had contributed to this and it was difficult to see that all necessary training identified was planned.

The training records we saw indicated that some time limited training was out of date, for example, fire safety and moving and handling which had not taken place within the given timescales.

Subsequent to the inspection information has been provided to confirm that the records we saw were not accurate. More up to date records indicate that although some time limited training remained out of date this related to a lesser number of staff than previous records showed. In addition dates have been confirmed to show that all staff will undertake the necessary refresher training by the end of March 2018.
We have made an amended requirement about staff training. **Requirement 1.**

Staff were appropriately registered with Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC). However we would question if all staff were working within their code of conduct in affording residents dignity and respect in acknowledging them at all times. The manager confirmed that this will be addressed through supervision therefore we have not made a recommendation about this.

Systems were in place to manage recruitment in the home. A recruitment checklist helped to monitor the process but this was not always fully completed. However, in the individual file this information was included.

We also saw that safe recruitment practices were not always followed in that one person rather than a panel was present at interview. We also saw where a questionable reference was given and there was no follow-up about this to explain the rationale for employing without obtaining a third reference. We have made a recommendation about safe recruitment practices to ensure that appropriate staff are employed to help to keep residents safe.
Recommendation 1.

Requirements

Number of requirements: 1

1. 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 is in order to comply with Social Care and Social Work Scotland(Requirements for Care Services) Regulations 2011, Regulation 15(b) - a regulation regarding staffing.

Timescale: this was already required of the service.

Recommendations

Number of recommendations: 1

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 is also in order to meet The National Care Standards, care homes for older people Standard 5 Management and leadership.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

To assess this quality theme we took into account our findings throughout this inspection and the audit systems used in the home.

The manager and deputy manager were visible in the home and available to residents, relatives and staff. This meant that they were able to speak with residents to gain their views and to observe staff practice which may assist in the development of the service.

We made a previous requirement about quality assurance systems in the home and saw that this had not been fully implemented. We have repeated this requirement. **Requirement 1.**

We saw that there were audits systems in place to measure, develop and improve some aspects of the quality of the service in the home. However, we saw that these were not always effectively used to address identified deficits and make improvements. We have repeated this requirement

It was also difficult to always confirm if the improvements identified had been completed as action plans were not always used, and where used, were not always fully completed to confirm the necessary actions had been taken.

In addition, the monitoring systems and audits did not identify the deficits we found at this inspection. Also there were still requirements and recommendations as a result of our last inspection and a recommendation made as a result of a complaint which had not been fully implemented or met.

Whilst notifications are submitted to the Care Inspectorate from this service these are not always submitted promptly following the event. Individual records often lack detail as to the final outcome and if any necessary referrals have been made, for example, to Social Work. This has already been identified as an area for improvement in the service therefore we have not made a requirement or recommendation but will follow-up at future inspections.

Requirements

Number of requirements: 1

1. 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 is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation regarding the principles of the Act.

It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

Timescale: this was already required of the service.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous 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 is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the health, welfare and safety of service users, and Regulation 5(1) - a regulation regarding personal plans.

It also takes into account the National Care Standards Care Homes for Older People Standard 6 - Support Arrangements, the Nursing and Midwifery Council's "Guidance for the Care of Older People" 2009, the Scottish Government's "Standards of Care for Dementia in Scotland" 2011, and the Scottish Social Services Council Code of Practice for Social Service Workers Section 1.

This requirement was made on 14 December 2016.

Action taken on previous requirement

At this inspection :

a) outcomes of assessment tools did not always inform changes to care plans,falls risk assessment raised from low to medium but care plan remained unchanged. Nutritional flow charts not fully completed, a mini care plan review due in January 2018 did not take place.
b) some care plans gave good information on individual life experiences, choices and preferences of each resident but this was not consistent in the sample of care plans we looked at
c) were not always are effectively evaluated or evaluated within given timescales to make sure that they are helping staff to provide care in a way that the resident wants and needs.

Not met

Requirement 2

The provider must ensure that residents receive their medicines in a way that is safe, effective, and as intended by the prescriber. In order to do so, the provider must:

a) review and improve the way topical medicines are administered and recorded, and make sure that this is monitored and evaluated by the nursing staff;
b) regularly audit medication administration records (MARs) for all types of medication to assess the quality of recording, both of transcribed prescription instructions and records of administration, to make sure that it is clear and accurate;
c) where deficiencies in medication management are identified, take steps to correct those deficiencies and support staff to improve their performance;
d) put in place detailed and individual protocols to guide staff in the safe and effective use of "as required" medication for agitation or distress.

This requirement was made on 14 December 2016.

Action taken on previous requirement

At this inspection we saw:

a) improvements in the recording of topical medicines, this element of the requirement is met

b)audits of medication management were in place but these could be improved further although enough improvement had been made to consider that this element of the requirement had been met.
c) where deficiencies in the management of medicines had been identified this had been addressed with staff to improve performance. This element of the requirement is met.
d) although protocols were in place we saw several examples of where the review of these had not taken place. Whilst this element of the requirement had not been fully met the Care Standards Manager gave an assurance to attend to these as a matter of priority. Therefore we have considered the requirement to be met and the review of protocols as an area for development.

Met - outwith timescales

Requirement 3

The provider must carry out an assessment of the environment of the home, and draw up an action plan which shows how they will address those issues identified at our inspection as well as any other issues identified by their own assessment. The action plan must be detailed, and must include timescales for the completion of any action. Those timescales must demonstrate that the quality of the environment will improve for current residents, prior to the move to the planned new premises.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(c) - a regulation regarding the welfare of service users, and Regulations 10(1) and (2) - regulations regarding the fitness of premises.

This requirement was made on 14 December 2016.

Action taken on previous requirement
At this inspection the service had moved to the new premises and the previous deficits, for example, cleaning materials not stored securely, lack of hand-washing facilities and poor lighting were no longer a concern.

Met - outwith timescales

Requirement 4

The provider must ensure that when residents occupy a shared room, appropriate steps are taken to maintain the privacy and dignity of each resident, including the provision of privacy curtains around each bed space and sink area in the room.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(b).

It also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale for achieving this improvement: by 31 January 2017.

This requirement was made on 14 December 2016.

Action taken on previous requirement
At this inspection the service had moved to the new premises and all rooms were for single occupancy.

Met - outwith timescales

Requirement 5

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;
b) implement a system to monitor the quality of staff performance in all areas of their work, to recognise good practice and identify where staff need further support to improve their performance;
c) implement a system of staff supervision which promotes best practice and provides individual staff with support to continuously improve their performance.

This requirement was made on 30 January 2017.

Action taken on previous requirement

At this inspection we saw that;

a) a training plan had been commenced for 2018. However this was not detailed and did not cover all aspects of mandatory training. We also saw that other training such as moving and handling and fire safety had not been undertaken by all staff within the given timescales. We have made an amended requirement about this element.
b) and c) we saw that individual and group staff supervision had been introduced to support staff development and performance. These elements of the requirement were met

Not met

Requirement 6

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 16 November 2016.

Action taken on previous requirement

At this inspection we saw that some quality assurance measures and checks were in place to monitor the quality of the service. However we also saw that:

a) audits and checks were in place but these were not always effective , for example the improvements needed which we have identified through inspection, care planning, medication management and management of mealtimes.

b) In the medication audit for January 2018 this was not correctly dated or signed and we could not confirm if the intended action had been completed. A dining experience audit had been completed in November 2017 but again the action plan did not confirm if the intended actions had been completed.
c) as above we saw several examples of where action plans had not been fully completed to evidence that the intended improvements had been made.
d) audits and checks are followed up after improvement has been achieved, to make sure that the improvement is sustained. The deficits we saw in auditing confirmed that any improvement had not been sustained.

Not met

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

Previous recommendations

Recommendation 1

We recommend that the provider review the mealtime arrangements to assess and monitor the experience of residents, and put in place changes in practice in order to improve that experience. These should include, but are not limited to:
a) reviewing the seating arrangements for residents to make sure that they are comfortably and appropriately seated, have choice in their table companions, and are able to enjoy meals as a social event;
b) reviewing other factors in the environment, such as noise, lighting and staff movement, to reduce distraction and distress, and increase independence;
c) providing true choice at the table for all residents, including a visual choice from plated meals for those residents with dementia;
d) improving the way staff present meals and interact with residents during service.

This takes into account the National Care Standards Care Homes for Older People Standard 13 - Eating Well, the Royal Institute of Public Health's "Eating for Health in Care Homes: A Practical Nutrition Handbook" 2007, the University of Stirling's "Hearing, sound and the acoustic environment for people with dementia" 2010, and the University of Stirling's "Light and lighting design for people with dementia" 2010.

This recommendation was made on 14 December 2016.

Action taken on previous recommendation
a) We understand that some residents wish to have their meals in their rooms and other sitting/dining space will be provided once further building work is completed. However, there was not enough seats or dining tables if everyone on the floor wanted to eat at the same time.
b) the TV remained on throughout the meal time although no-one was watching this
c) a visual choice from plated meals was not offered to residents
d) meals were plated in the kitchen and appeared well presented however there was not enough staff to interact appropriately and support residents during this mealtime we observed on two floors.

This recommendation was not implemented.

Recommendation 2

As a result of an upheld complaint investigation in October 2017 the following recommendation was made:

It is recommended that the manager reviews staffing levels, taking account of the views of staff and residents, to ensure that care and support can be delivered in a person centred, respectful and timeous manner.

This recommendation was made on 24 October 2017.

Action taken on previous recommendation

At this inspection we saw that residents often had to wait for staff assistance and for long periods of time there no continuous staff presence in the lounges.

Some residents told us that they felt they had to wait for staff assistance and they did not consider that there was always enough staff. Staff told us that staffing was a problem and there was not always enough staff available to meet residents needs.

The outcomes of our SOFI observations and observations of the dining experience also indicated that there were not enough staff on duty to meet residents needs in a timeous manner.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
14 Dec 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
8 Oct 2015	Unannounced	Care and support Environment	3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 3 - Adequate
13 Mar 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
14 Jul 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
4 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good Not assessed 3 - Adequate
27 Sep 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
4 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
12 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 4 - Good Not assessed
22 Apr 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
23 Nov 2009	Unannounced	Care and support Environment	4 - Good 3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 3 - Adequate
16 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate

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