

Muirfield Nursing Home Care Home Service

Hall Crescent Gullane EH31 2HA

Telephone: 01620 842 116

Type of inspection:

Unannounced

Completed on:

18 July 2022

Service provided by:

Randolph Hill Nursing Homes (Scotland) Ltd

Service no:

CS2008176136

Service provider number:

SP2003002451



About the service

The service is a care home providing care and support for up to 60 older people, located in Gullane, East Lothian. There were 56 people experiencing care with the service during the inspection. The care home was registered with the Care Inspectorate on 8 September 2008 and is managed by Randolph Hill Nursing Homes (Scotland) Ltd. Accommodation is provided on four floors in single bedrooms, each with an en suite shower room. Lounge and dining areas are available on each floor. There is a hair salon, spacious activity room and an enclosed garden to the rear.

About the inspection

This was an unannounced inspection which took place on 12 and 13 July 2022. The inspection was conducted by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

We evaluated how well people's health and wellbeing was being supported, the infection protection and control practices, the setting, as well as quality of staffing and management.

To inform our evaluation we:

- spoke with 16 people using the service and nine family members as well as visiting professionals
- spoke with staff and management
- observed daily life at the service
- observed practice of care workers
- assessed the setting for cleanliness and suitability
- considered previous areas of improvement made at the last inspection
- reviewed documents and computer systems.

Key messages

- Staff interacted warmly and respectfully with people.
- Staff followed infection, protection and control guidance well.
- There was a suitable selection of activities.
- The environment was very clean and tidy and in good condition.
- Staff were well trained and supported.
- Managers were competent and approachable.
- The service had comprehensive auditing of care.
- Personal plans were thorough and up to date though need to focus more on people's outcomes.

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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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 evaluated the service as operating at a good level for this key question. There were several strengths with the care provided and how this supported positive outcomes for people.

People were free to move around the home and make use of communal areas which were clean and welcoming. Staff interacted warmly and respectfully with people and knew their history, routines and preferences. Staff were well-trained in dementia care, assisting people who were anxious in a caring and calming way. People experiencing care told us staff "are lovely, very friendly" and "are very kind, couldn't praise them highly enough". When assisting people to move about, staff interacted supportively and with encouragement. Staff spoke positively about their role in improving people's lives and used people's preferred names when communicating with them. This meant people could build trusting relationships at the service.

There was a very good selection of activities including physical exercises, visiting entertainers and outings. The service had dedicated staff for group activities and they interacted supportively and with encouragement during the group activities. Relatives told us "activity people always come and ask her if she wants to take part" and "the activity sheet is always in her room and they seek her out if they feel it's something she would like to attend". The activities staff also spent one-to-one time with people to chat or undertake an activity. We observed people accessing the enclosed garden regularly. People's hobbies and interests were recorded in personal plans to enable to maintain what is important to them. These opportunities to take part in meaningful activities supports people to be involved and valued.

Mealtimes were well staffed and people were not kept waiting for their meals or being rushed. Menus need to be available to people, especially as the service's routine is to ask people for their meal choices the day before. Staff were attentive to people's needs. Support with eating and drinking was undertaken in a dignified way. The staff knew people's preferences and good quality meals and snacks were available for people. This meant people enjoyed their mealtime experience, a person experiencing care commented "no objection to the food at all and I find it very tasty" and a relative told us "I think the food is of a very high standard". People had nutritional risk assessments completed. When there were concerns about a person's food and drink intake this was regularly monitored.

Health issues of people experiencing care were monitored and actions taken when needed. This is to support the service to effectively respond to signs of deterioration in people's health. We noticed some occurrences of records not being completed for personal care with people.

Medication administration was very well organised with appropriate training and regular audits by management. This ensured that people experienced safe and effective medication.

Visits to the service did not require booking beforehand allowing friends and family to visit unplanned if they wished. A relative told us "We're all down most weeks, no restrictions, we can just turn up and not inform them". Visits took place in people's rooms and outside with no limits on the length or frequency of visiting. The visitor testing system in place to support people to visit safely through the pandemic was working well. This ensured that people's emotional and physical wellbeing was supported, and their rights protected in the service's approach to visiting.

People's bedrooms and communal areas were very clean and tidy, though retaining a welcoming and

comfortable setting. Frequently touched areas (for example, door handles and light switches) were being cleaned regularly. Relatives comments included "it's always neat and tidy" and "spotless, the whole place is".

The service had a well-managed process for laundry collection to support good infection, prevention and control practice and their laundry room was clean and tidy. The cleaning products and solutions were suitable for a range of cleaning purposes during the Covid-19 pandemic.

There was a good supply of personal protective equipment (PPE) such as gloves and masks. Staff were seen to wear, use and dispose of PPE in line with guidance. People and staff had ready access to alcohol-based hand rub. This ensured people are protected as staff take all necessary precautions to prevent infection.

How good is our leadership?

5 - Very Good

We evaluated the service as operating at a very good level for this key question. There were significant strengths with the leadership and quality assurance.

People we spoke to considered that management were approachable and responsive. Examples of relatives' comments are "good open conversation with management" and "the management in place has been very approachable".

There were observations of staff competence though we would suggest increasing the frequency of formal observation sessions.

Various quality checks were taking place, such as personal plans, medication administration and the environment. These were thorough and regularly undertaken. Satisfaction surveys had been undertaken with people experiencing care and their friends and relatives. Regular email updates were provided to relatives though the relative meetings need to restart.

This ensured there is a culture of continuous improvement for people experiencing care.

How good is our staff team?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the staff training and support.

Staff recruitment and induction processes were thorough. Training was comprehensive with a high level of completion. Staff had received Covid-19 and infection, prevention and control training, key features included the importance of correctly wearing masks, gloves and aprons as well as regular hand washing. Formal face-to-face supervision was taking place though team meetings for staff in non-caring roles needed to happen more regularly. This ensures staff have the necessary information and support to provide quality care based on relevant evidence, guidance and best practice.

The staff team was consistent and stable which meant they knew people's needs and preferences well. A relative told us there is "more consistency now, better for our relationship with the staff as well". We observed that staff worked together well, in a positive and calm manner. Comments from people experiencing care included "plenty of tea, staff are lovely too" and "the staff are all super". Staffing arrangements worked well; staff had time to provide care and support with compassion and engaged in meaningful conversations with people. We observed good team working with staff helping each other in

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response to changing situations, for example, when a person was distressed and needed more one-to-one support.

This ensured people benefited from a warm atmosphere because there are good working relationships.

How good is our setting?

5 - Very Good

We evaluated the service as operating at a very good level for this key question. There were significant strengths with the setting and was comfortable and homely.

The setting was well-designed and fit for purpose. It was very clean, tidy and homely. The furnishings and equipment were in good condition. People's rooms were spacious with an en suite shower. We observed that people's rooms were comfortable with personal decoration. There was a very well-tended enclosed garden with accessible paths. A person experiencing care said it is "very nice to stay here" and a relative told us "they keep the place beautiful".

There were arrangements in operation for maintenance of the premises and the equipment to ensure residents are safe.

This ensured people experienced an environment that has been adapted, equipped and furnished to meet their needs and wishes.

How well is our care and support planned?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with personal planning.

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Updates were recorded regularly as were any changes in actions needed. Personal plans noted people's choices and preferences, however these were not always written in a personalised way. There needs to be more focus regarding what people consider is important to them and the related outcomes they want to achieve. Personal plans were regularly reviewed with people experiencing care and their relatives. A relative informed us the service is "building a good team approach to care that involves us family members". This means that personal plans remain right for people as their needs change.

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

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.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'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' (HSCS 1.25).

This area for improvement was made on 5 March 2019.

Action taken since then

We observed a good range of group activities and one-to-one activities taking place with people who spent a lot of time in their room or had dementia. It was not just the activity staff involved in activities and care staff were also involved in the afternoon. People's hobbies and interests were recorded in personal plans to enable to maintain what is important to them.

This previous area for improvement has been met.

Previous area for improvement 2

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.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

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

This area for improvement was made on 5 March 2019.

Action taken since then

The appropriate quality audits were taking place, such as personal plans, medication administration and the environment. These were thorough and regularly undertaken. Satisfaction surveys had been undertaken with people experiencing care and their friends and relatives. There was a detailed and up-to-date home improvement plan

This previous area for improvement has been met.

Previous area for improvement 3

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.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

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This area for improvement was made on 5 March 2019.

Action taken since then

The text of the last inspection on 5 March 2019 mentioned that call bells could be loud and intrusive sometimes. This was not the case at this inspection. The last inspection mentioned the door to the ground floor unit was locked meaning that residents could not access the rest of the home. At this inspection the door to the ground floor unit was not locked and we found other doors locked or unlocked appropriately, for example, the first floor unit door was locked to keep people with dementia safe but balcony and enclosed garden doors were unlocked so people could access outdoor spaces. The last inspection mentioned more signage to assist people with orientation around the building. At this inspection, there was signage on communal bathrooms and toilets and the dining, lounge and nursing station areas had glass doors which made it easy to see what the room was used for.

The Kings Fund Audit Tool to support independence for people with dementia has been used as part of the service development plan and, as a result, garden pathing and seating was improved recently.

This previous area for improvement has been met.

Previous area for improvement 4

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.

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 5 March 2019.

Action taken since then

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Plans noted people's choices and preferences. Plans were regularly reviewed with people experiencing care and their relatives. Plans were not always written in a personalised way. There needs to be more focus regarding what people consider is important to them and the related outcomes they want to achieve. However, the service had undertaken steps to achieve this and therefore this area for improvement has been met and continual improvement has been mentioned in the 'How well is our care and support planned?' section of the report.

This previous area for improvement 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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
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How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
Harris I'm word (film 2)	
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge competence and development to care	

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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